<table>
<thead>
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<th>Centre name:</th>
<th>Stewarts Adult Respite Home Centre 14</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0004104</td>
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<td>Centre county:</td>
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<td>Type of centre:</td>
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<td>Registered provider:</td>
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<tr>
<td>Provider Nominee:</td>
<td>Brendan O'Connor</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Caroline Vahey</td>
</tr>
<tr>
<td>Support inspector(s):</td>
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</tr>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
• Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
• Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
• to monitor compliance with regulations and standards
• following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
• arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 25 October 2017 09:20  To: 25 October 2017 19:00

The table below sets out the outcomes that were inspected against on this inspection.

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<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tbody>
<tr>
<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 11: Healthcare Needs</td>
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<td>Outcome 12: Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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Summary of findings from this inspection
Background to the inspection.
This was the third inspection of the designated centre, the purpose of which was to inform a registration renewal decision. The centre had previously been inspected in January 2017. The provider, Stewarts Care Ltd had submitted an application to renew the registration of this designated centre and all documentation required was received. This was an announced inspection and eleven outcomes were inspected against.

Description of the centre.
The centre comprised of three units, all located in community settings. Two units were located in a town and one unit was located in a rural area. Transport by means of a service bus was provided for the one unit located in a rural setting. The centre provided respite services for approximately 120 adults and both male and females could be accommodated in the centre. Up to 15 residents could be accommodated in the centre at any one time. The centre had produced a statement of purpose which outlined the centre provided residential respite services for adults on a planned rotational basis. The facilities and services described in the statement of purpose...
were reflective of the findings on the day of inspection.

How the inspector gathered evidence.
The inspection was facilitated by the person in charge, supported by a person participating in management. The inspector met six residents on the morning of the inspection and spoke with a further three residents on the evening of the inspection. The inspector also met with two staff members and spoke with a clinical nurse manager during the inspection. Records such as personal plans, complaints log, finance records, risk assessments, staff training records, staff meetings and staff rosters were also reviewed.

Overall judgement of findings.
The inspector found residents were provided with a good standard of care and support consistent with their needs and with the provider's remit in meeting residents' needs in this a respite service. Residents expressed their satisfaction with the service provided and stated they enjoyed staying in the centre. Staff were knowledgeable of residents' needs and personal plans developed were in line with these needs. The person in charge provided good leadership and support, and responsive action was taken by the person in charge to address issues identified through risk management procedures and incident reporting. The centre was in compliance with ten of the eleven outcomes inspected against and one substantial compliance was identified in Outcome 12, medication management.

The findings of this inspection are set out in the body of the report and the regulation which was not met, in the action plan at the end of the report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found residents were consulted about plans for their stay in the respite centre and residents' privacy and dignity was respected. Complaints were well managed and the inspector found appropriate procedures were followed in managing money received into the centre on behalf of residents.

Residents were consulted about how the centre was run and residents' meetings were held in relation to residents' choices for their stay. Areas such as social activities and meal preferences were discussed and planned. The inspector met with a group of six residents on the morning of the inspection, and residents told the inspector of the decisions they had made for their stay with regards to activities and preference of meals.

There were monthly respite committee meetings held and a parent representative had recently been nominated to attend these meetings. Parents had been informed of this arrangement by letter.

Each resident had their own room for their stay and adequate storage was provided for personal times belonging to residents. Information pertaining to residents was securely stored.

There was a policy in place on complaints and an accessible complaints procedure was displayed in the centre. The inspector reviewed records of complaints in the centre and records were maintained of investigations into complaints. There was a nominated person to deal with complaints. Overall the inspector found complaints had been well
managed to the satisfaction of the complainant.

The inspector reviewed finances pertaining to two residents. Individual records were maintained of all monies received into the centre on behalf of residents. Receipts were kept for all purchases made by or on behalf of residents, and these receipts were sent home on discharge with remaining balances of money.

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his/her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found residents were supported with a good standard of care and support in line with their needs and with the provider's responsibility to meet residents' needs in this respite service. Residents had opportunities to participate in meaningful activities as per their preferences.

Each resident had an assessment of need completed of their health, social and personal needs. Multidisciplinary team members had been involved in the assessment of residents' needs where required and recommendations arising from assessments formed part of personal plans.

The inspector reviewed five personal plans. Plans were developed for residents' identified needs and included social care plans, healthcare plans, intimate care plans and behaviour support plans. Plans were detailed guiding the practice in the provision of care and support for residents' stay in this respite service. Plans were subject to review a minimum of annually or as needs changed.

The inspector found plans were implemented and records were maintained on the progress of plans for example, daily progress notes, social activity records, fluid maintenance records and behaviour records.
Residents’ families or representatives had been involved in the development and review of personal plans. Personal support plans were reviewed with families at an annual meeting and family input was sought on these plans. Records were maintained confirming the content of this review. Residents’ families or their representatives were contacted two weeks prior to admission and information sought on changes to residents' needs and support requirements. Personal plans were then updated to reflect changes where required.

Residents had access to meaningful activities in line with their expressed choice and social care plans. The inspector reviewed social care records and plans and spoke to six residents. Residents confirmed they had made choices for their stay in respite and the inspector observed these choices formed part of the activity planner for the week. In addition, records maintained regarding social care confirmed residents had been facilitated to attend to activities as per their plans.

One unit had access to a centre bus and the person in charge confirmed taxis were used for residents in the remaining two units. Taxis for social care activities were paid for by Stewarts Care.

**Judgment:**
Compliant

**Outcome 06: Safe and suitable premises**
*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector found the premises were suitable for the stated purpose and met the residents’ individual and collective needs in a homely way. The actions arising from the previous inspection were satisfactorily addressed. Each unit was clean and well maintained.

Three premises comprising the centre were reviewed as part of this inspection.

Suitable private and communal accommodation was provided. Each resident had their own bedroom and bedrooms were suitably decorated. Improvements had recently been made to the decoration of one unit in order to make the centre more homely and individualised. The person in charge had developed individual photo charts for some
Residents which were displayed in residents' bedrooms during their stay.

Sitting rooms were available in each unit and one unit had a second sitting room. The inspector found these rooms were comfortably decorated with adequate seating provided for residents' use. Facilities such as television, DVD players, radios and games consoles were provided for residents use during their stay.

Suitable equipment was provided in the centre to meet residents' specified needs including individualised seating, manual handling equipment, high low beds and a wheelchair accessible bus.

There were suitable storage facilities in the centre for residents' personal use.

Each unit had a separate kitchen area with cooking facilities and dining area. Suitable arrangements were in place for the disposal of general waste.

Each unit had sufficient bathroom facilities with adequate toilet and shower facilities. A number of bedrooms in the centre also had ensuite facilities for residents' use. Turn locks were available on bathrooms in order to promote residents' privacy.

Laundry facilities were provided in each unit where residents could if they so wished, launder their own clothes. Where required staff provided support to launder residents' clothes.

**Judgment:**
Compliant

**Outcome 07: Health and Safety and Risk Management**

The health and safety of residents, visitors and staff is promoted and protected.

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found the health and safety of residents, visitors and staff was promoted and protected.

Suitable fire safety arrangements were found to be in place. Arrangements were in place for the containment of fire and fire doors were fitted throughout the centre. Where required magnetic door release devices were installed to promote accessibility for residents throughout the units. Each unit was equipped with a fire alarm, fire call points, fire extinguishers and fire blankets. The inspector reviewed records of servicing and all fire equipment was regularly serviced.
There were adequate means of escape and all exits were unobstructed on the day of inspection. Fire evacuation plans were developed for both day and night time evacuations and staff were knowledgeable on these evacuation plans and the support residents required to evacuate residents from the centre. Fire evacuation plans were prominently displayed. Personal emergency evacuation plans were also developed and specified the support resident required to leave the premises in the event of a fire.

Good practice was identified in fire drills. Regular fire drills were completed in varying circumstances, and the inspector found these evacuations had been completed within a satisfactory timeframe. Most staff had completed training in fire safety. One staff required training and the person in charge confirmed a date had been arranged in the coming weeks for this training to be completed.

There were policies and procedures in place for risk management. A risk register was developed for each unit and the inspector found the control measures outlined in risk assessments as per the risk register were implemented in practice. Individual risk assessments were also developed specific to residents' needs and detailed the control measures in place to mitigate risks identified. Individual risks included falls, choking, fire, use of transport and the inspector found arrangements were in place to implement control measures.

The inspector reviewed records of incidents in the centre. Incidents had been appropriately recorded and progressed and investigated. For example, safeguarding concerns were reported and measures were implemented to reduce the likelihood of reoccurrence. In addition, a review with an occupational therapist had been sought and completed following an adverse incident involving a resident, and additional equipment sourced as a result of this review.

Adequate measures were in place to prevent accidents. For example, assistive equipment for manual handling was in use in the centre, bedrails were fitted for those residents with specific mobility needs and wet floor signs were available to alert residents and staff to a potential risk of fall.

There were procedures in place in the event a resident went missing from the centre and a missing persons protocol was developed for each resident.

There was one vehicle in use in the centre and this vehicle was suitably equipped, and had an up-to-date certificate of road worthiness.

**Judgment:**
Compliant

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**Outcome 08: Safeguarding and Safety**

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness,
understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector found measures were in place to protect residents and appropriate action was taken in response to allegations, suspicions or disclosures of abuse. Residents were supported with their emotional needs and a restraint free environment was promoted.

The inspector reviewed incidents records in the centre and notifications submitted to the Health Information and Quality Authority (HIQA), pertaining to safeguarding concerns in the centre. Measures had been taken at the time of the incident to support residents and subsequently, to prevent further peer to peer incidents. The inspector found the measures implemented had adequately safeguarded residents. The inspector spoke with two staff members during the course of the inspection, who were knowledgeable on the types of abuse and the actions and reporting mechanisms in response to safeguarding concerns.

The inspector reviewed a sample of three staff training records and staff had received training in safeguarding.

The inspector observed that residents were treated with warmth and respect by staff on duty. The inspector spoke with three residents on the evening of the inspection who told the inspector they felt happy to stay in the centre and would know who to talk to if they had concerns. Residents also told the inspector staff had spoken with them about safeguarding.

The inspector reviewed a behaviour support plan which detailed proactive and reactive support strategies. Staff were able to demonstrate knowledge of this plan and the inspector observed that arrangements were in place to implement proactive strategies. The behaviour support had been subject to review within the last year.

Overall a restraint free environment was promoted. The inspector reviewed records pertaining to the use of a mechanical transport device for a resident and found it was clear from the records of an allied health care professional, that this device was in use for safety purposes.

**Judgment:**
Compliant
**Outcome 09: Notification of Incidents**

_A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector._

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<tr>
<th>Theme:</th>
<th>Safe Services</th>
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**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector found notifications had been made to HIQA on the occasion of adverse incidents involving residents as required by the Regulations.

**Judgment:**
Compliant

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**Outcome 11. Healthcare Needs**

_Residents are supported on an individual basis to achieve and enjoy the best possible health._

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<tr>
<th>Theme:</th>
<th>Health and Development</th>
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**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found residents' healthcare needs were met and residents were provided with food and nutrition in line with their wishes and personal plans.

Residents' healthcare needs had been assessed and healthcare plans outlined the support residents required to meet those needs. Arrangements were in place to meet the specified healthcare needs of residents for the duration of their stay in this respite centre. Where required reviews by allied healthcare professionals had been sought in order to review residents' needs, and to provide recommendations on healthcare interventions and plans.

The inspector reviewed healthcare plans related to percutaneous endoscopic gastrostomy and found clear guidance on residents' nutritional requirements, and on interventions to care for residents and to prevent complications. Records were maintained on residents' fluid and nutritional intake and the inspector found these were consistent with the needs specified in nutritional plans.

Residents' were provided with choice at mealtimes and residents told the inspector that
they were happy with the food provided. The food offered was varied and nutritious and residents were given the opportunity to participate in meal preparation should they wish.

Judgment:
Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The inspector found overall residents were protected by the procedures in place for medication management however, improvement was required in the detail on some prescriptions. In addition, the action arising following medication audits had not been implemented.

There were policies and procedures relating to medication management. Suitable storage was available in the centre and all medications were securely stored. Medications received into the centre were accounted for and stock records were maintained of all medication received. Unused medication was returned to families or residents’ representatives on discharge from the centre.

Up-to-date prescriptions were available from residents’ general practitioners and medication records were amended when required to reflect changes in medication prescriptions.

The inspector reviewed four residents’ prescription and administration records. Most prescription records were complete stating the name of medication, dosage, route, form and time. Medications had been administered as prescribed to the resident for whom they had been prescribed. PRN (medicine given only as the needs arises) prescriptions were available however, the circumstances under which these medications should be given were not clearly set out in prescriptions in some cases. In two cases, where similar PRN medication was prescribed it was not clear the decision making process as to which medication was to be administered initially, should the need arise.

Monthly medication audits were completed and the inspector reviewed audits for three months in 2017. While a comprehensive audit overall was complete and one action had arisen, there was no evidence that this action had been completed as per the stated
action plan. The person participating in management confirmed this repeated action had not been completed.

**Judgment:**  
Substantially Compliant

### Outcome 13: Statement of Purpose

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**  
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
The centre had a statement of purpose which was subject to review a minimum of annually. The statement of purpose contained all of the information as per Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Judgment:**  
Compliant

### Outcome 14: Governance and Management

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**  
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
The inspector found appropriate management systems were in place to ensure the service was safe and met the needs of the residents. The service provided was
monitored on a regular basis.

Appropriate management systems were in place. The centre was managed by a full time person in charge, who was supported in their role by a person participating in management. The centre comprised of three units and each unit had an assigned staff who was identified as responsible for that unit. One of these units had a clinical nurse manager appointed in this role, while the remaining two units had senior staff nurses appointed. Staff reported to the responsible person in the unit who in turn reported to the person in charge. The person in charge reported to a programme manager. The programme manager reported to the director of care who in turn reported to the chief executive officer.

The person in charge visited each unit of the centre two to three times a week and was also available by phone if required. The person in charge facilitated staff meetings on a quarterly basis. Areas such as residents' needs, staffing, respite groups and risk management were reviewed as part of these meetings, and actions taken to identified issues. The person in charge met with the programme manager at approximately two monthly intervals. It was clear from the minutes reviewed and recent changes to staffing levels, that responsive action was taken by senior management to risks identified in the centre.

Audits were completed in the centre including health and safety audits, medication management audits and personal plan audits. Six monthly unannounced visits had been completed by the provider within the past week and actions had been developed to identified issues. There was evidence that some of these actions were completed on the day of inspection and an action plan was in place with specified timeframes to complete the remaining actions.

An annual review of the quality and safety of care and support had been completed for 2016 and this review had considered the views of residents and their representatives.

The person in charge was a qualified nurse and had been in post for fifteen years. Staff told the inspector the person in charge provided good leadership, was approachable and was responsive to any issues or concerns staff may raise in relation to the service provided in the centre. The person in charge, supported by a person participating in management was found to be involved in the governance and operational management of the centre on a consistent basis.

The person in charge and person participating in management, also provided an on-call service to community residential services in Stewarts Care. While it was identified that this arrangement impacted on the time available to manage the centre, there was a plan in place to reconfigure this on-call service in the near future.

**Judgment:**
Compliant

**Outcome 17: Workforce**
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

**Theme:**
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector found there were sufficient staff with the right skills and experience to meet the needs of the residents. Staff were knowledgeable on residents' needs and the support required to meet those needs.

Recent changes had been made to staffing levels at night time in one unit, in response to identified risks in the centre, and as a result the inspector found there were sufficient staffing employed in this unit. The remaining two units also had sufficient staff to meet the needs of the residents.

The centre was staffed by nurses and care staff. The inspector reviewed planned and actual rosters maintained for the centre, and staff were deployed effectively in order to provide the required level of care and support. There were no staff vacancies in the centre. Where planned or unplanned leave arose, these shifts were filled by regular relief or agency staff.

The inspector reviewed records of inductions completed by staff for new agency staff in the centre and found all agency staff had received induction into the centre.

The inspector reviewed a sample of staff training records for three staff and found staff had received most mandatory training. One staff was due to complete fire training in the coming weeks.

Staff were supervised directly by a clinical nurse manager or senior staff nurse working in the units of the centre. Arrangements were in place for formal supervision completed on a quarterly basis.

Schedule 2 records were not checked as part of this inspection.

**Judgment:**
Compliant

**Closing the Visit**
At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Caroline Vahey  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

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<td>Centre ID:</td>
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<tr>
<td>Date of Inspection:</td>
<td>25 October 2017</td>
</tr>
<tr>
<td>Date of response:</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

PRN (medicine given only as the need arises) prescriptions did not clearly set out the circumstances under which the medication was to be administered.

The action arising from three medication audits was not completed.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. **Action Required:**
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

**Please state the actions you have taken or are planning to take:**
All medications will be checked on admission and the instructions on administration will be reviewed to ensure that they are clear. If the instructions are not clear the residents G.P will be contacted to give clarity.

The Director of Nursing will issue an action plan following each medication audit and will follow up actions at the weekly Persons In Charge Meeting.

**Proposed Timescale:** 28/11/2017