

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	A designated centre for people with disabilities operated by Muiriosa Foundation
<b>Centre ID:</b>	OSV-0004088
<b>Centre county:</b>	Laois
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Muiriosa Foundation
<b>Provider Nominee:</b>	Heather Hogan
<b>Lead inspector:</b>	Julie Pryce
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	2
<b>Number of vacancies on the date of inspection:</b>	1

## **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 decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
29 October 2014 11:00	29 October 2014 18:30
30 October 2014 11:00	30 October 2014 14:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This inspection of a designated centre operated by the Miuriosa Foundation was conducted by the Health Information and Quality Authority (the Authority) in response to an application from the provider to register the centre. The centre comprises two houses, one of which is not yet occupied by residents. As part of the inspection, the inspector visited the both houses and met with residents and the staff members. The inspector observed practices and reviewed documentation such as policies, personal plans, and accident and incident records. The inspector also reviewed questionnaires completed by relatives of the residents.

Both homes were comfortable and adequate to meet the assessed needs of the residents to live in the community. There was evidence of significant improvement in the outcomes for residents since their move to this community home from an institutional setting, for example in relation to social activities, choice and communication as was evidenced in the marked changes in behaviour for some of the residents.

Some areas for improvement were identified, for example in the management of medication and healthcare plans. These are further discussed in the body of the report and 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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that there were structures in place to promote the rights of residents, for example, staff and management were aware of the rights of individuals and of what constituted a restriction of rights. There were currently no rights restrictions identified, and residents had access to an advocacy service if required. There was a complaints procedure in sufficient detail as to guide staff, residents and their families. It was clearly displayed in an accessible format.

Staff were aware of the importance of consultancy and involving residents in the organisation of the designated centre. Residents all had communication difficulties, and each had a clear communication profile in place to assist the process of consultation. Staff were knowledgeable in relation to their methods of communication, and of their preferences. Residents' possessions were listed via photographs of all their belongings.

The inspector was concerned that the lids of blister packs used to facilitate medication administration contained personal information about residents, including their names, addresses and medications, were disposed of in household waste, and that the privacy of their personal information was not safeguarded. The person in charge had introduced safe disposal in the form of shredding by the second day of the inspection.

**Judgment:**

Non Compliant - Minor

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions*

*are provided to residents if required to ensure their communication needs are met.*

**Theme:**

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

**Findings:**

Each resident had a detailed communication profile in their personal plan which included information in relation to the best way to communicate with them. Other pertinent information had been identified, for example, details of circumstances that might make a resident feel anxious, or safe, and the way in which residents indicate their choices. An accessible version of these profiles was available. Staff were knowledgeable about this information, as was clear from any interaction observed by the inspector.

**Judgment:**

Compliant

**Outcome 03: Family and personal relationships and links with the community**

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

**Findings:**

There was evidence of maintenance of links with family and friends of residents where possible, visits were welcomed and facilitated and families were involved in the care of residents.

Links with the community had been forged and maintained, for example, residents used local shops and restaurants and availed of community primary care. In addition, one resident was involved in a community class in the local town.

**Judgment:**

Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

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

This was the centre's first inspection by the Authority.

**Findings:**

Contracts of care had been prepared which outlined the services provided and the fees applicable. One of these contracts was not yet signed on behalf of the resident. The person in charge outlined attempts made to have this contract signed, and a plan was devised to address this.

An admissions policy was in place in sufficient detail as to guide staff, and a resident who will be moving into the new accommodation is in the process of regular visits to this accommodation in accordance with this policy.

**Judgment:**

Non Compliant - Minor

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Personal plans were in place for all residents which included a 'navigational guide' outlining important information relating to the resident, such as, risks, goals and issues of importance to the person. Plans included a communication profile, a motivational assessment and plan and detailed personal information. The transfer of these plans into an accessible version had been commenced, and included photographs and a pictorial schedule for one resident. However, residents did not yet have a comprehensive accessible plan. In addition the assessed healthcare needs of one of the residents had not informed the personal plan, as outlined in Outcome 11.

Activities were planned in accordance with residents' assessed needs and there was evidence of a meaningful day for residents.

The transition plan for the resident who it is intended will avail of a residential service in the currently unoccupied premises was examined by the inspector. The plan was written in accordance with the organisation's policy and was in sufficient detail as to guide staff. There was evidence of the implementation of this plan, for example, the resident was visiting the house every few days, spending time in the house and preparing meals

there. Some of his personal belongings, for example, photographs were already in place.

**Judgment:**

Non Compliant - Moderate

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector visited both the current residence and the proposed residence. Both residences were well maintained, decorated and equipped, and laid out to meet the assessed needs of residents.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that systems were in place for the prevention and detection of fire. Staff training in relation to fire safety was up to date and there was a record of regular fire drills. Staff could outline the procedure in the case of an emergency, including the individual requirements of residents to ensure their safety. There was a clear emergency plan in place which included all the requirements of the regulations, and individual personal evacuation plans were in place for each resident. All required equipment servicing was in place, daily inspections of fire exits had been conducted and a monthly fire safety audit was conducted by the person in charge.

There was evidence of structures and processes in place in relation to risk assessment which included individual resident risk assessments, environmental risk assessment and lone worker risk assessments. Accidents and incidents were recorded including action plans and these were signed off by senior management.



An infection control issue in the designated centre was appropriately managed, including a local protocol, staff knowledge and appropriate hygiene practices.

**Judgment:**

Compliant

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The provider had put in place systems to promote the safeguarding of residents and to protect them from the risk of abuse. The inspector found that staff were knowledgeable in relation to types of abuse, recognising signs of abuse and their role in the safeguarding of residents and had received training in the protection of vulnerable adults.

There were behaviour support plans in place for those residents who required them, based on their assessed needs. These plans were in sufficient detail as to guide staff, were regularly reviewed and the implementation of these plans was recorded in sufficient detail as to inform the reviews.

There were some systems in place in relation to the safe management of residents' finances, including frequent checks of balances and the maintenance of receipts for all spending. However, there was a practice of sharing of expenses, for example, where two residents had a meal together, one resident would pay for both meals with the expectation that the other resident would pay on the next occasion. However, there was no evidence of a robust system to monitor this practice. There was, in addition, no current system of auditing of residents' finances.

**Judgment:**

Non Compliant - Minor

**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.*

**Theme:**

Safe Services
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b> All notifications required by the regulations had been submitted to the Authority and the person in charge demonstrated knowledge of the requirements.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 10. General Welfare and Development</b> <i>Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.</i></p>
<p><b>Theme:</b> Health and Development</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b> The provider had provided access to facilities for occupation and recreation for residents and opportunities to participate in activities in accordance with their interests and capacities.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 11. Healthcare Needs</b> <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i></p>
<p><b>Theme:</b> Health and Development</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b> There was evidence of the provision of an appropriate diet for residents, including evidence of the input of the speech and language therapist for some residents, and the availability of a dietician when required. The recommendations of these healthcare professionals informed the healthcare plans, for example the requirement for a modified diet. Records of all nutritional intake were maintained.</p>

Choice was offered, in pictorial format where it would assist residents, and staff were aware of the way residents indicated their preferences. A protocol was in place to ensure the involvement of residents in grocery shopping based on their plans and preferences. In additions snacks and drinks were readily available.

Residents had access to healthcare professionals in accordance with their assessed needs, for example, audiologist, neurologist, dentist and chiropody. There was an out of hours General Practitioner service available to residents.

There was a healthcare assessment in place for residents, and a healthcare plan which included many of the assessed needs. However, whilst staff could describe the healthcare needs and interventions for a particular issue for one resident, the plan was not documented. This is discussed under Outcome 5.

In addition the mobility needs for one resident had not been fully met. The person in charge addressed this issue during the course of the inspection.

**Judgment:**

Non Compliant - Minor

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Medication was managed by ordering from the local community pharmacist who then supplied regular medications in blister packs. Residents had been assessed in relation to self administration of medication, and all currently required the assistance of staff.

Prescriptions included all the information required under schedule 3 of the regulations, and protocols were in place to guide the decision making around the administration of 'as required' (PRN) medications.

However, several errors were found by the inspector in the administration and recording of medication and in relation to stock control and storage of medication. For example, a short term medication had been continued further to the discontinuation date, and there was a shortfall in the stocks of (PRN) medications. These had been undetected despite both internal and external medication management audits having been conducted.

In addition the disposable lids of blister packs supplied from the pharmacy included identifying information as discussed under Outcome 1.

**Judgment:**

Non Compliant - Major

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The Statement of Purpose included all the requirements of the regulations and adequately described the service provided in the centre.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that the person in charge of the centre was suitably qualified and experienced. He was knowledgeable regarding the requirements of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities. There were protected hours identified for the requirements of the person in charge and it was clear that he could adequately manage the two homes that comprised the designated centre.

Some audits had been conducted, but the system was not robust, for example, issues in relation to medication management had not been detected, as discussed under Outcome 12. In the audits examined by the inspector, whilst actions were identified, no completion date was specified, the person responsible for the actions was not identified, and there was no evidence that actions were monitored. There had been an

unannounced visit by the provider, but there was no record as to whether identified actions had been completed.

There was a clear management structure in place, and management meetings were conducted which involved persons in charge and line managers throughout the organisation. These meetings were minuted, the minutes included the identification of actions, the persons responsible and completion dates. However there was no evidence of the monitoring of these actions. The provider outlined a plan to rectify this at the next meeting.

Within the designated centre there were currently no structured team meetings, a communication book was in place whereby the person in charge identified required actions. However the monitoring of these actions was again unclear. The person in charge outlined a plan to re-introduce team meetings immediately following the inspection.

**Judgment:**

Non Compliant - Moderate

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

**Findings:**

Appropriate arrangements were available in the event of the absence of the person in charge, and the person in charge was aware of when absences must be notified to the Authority.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**

Use of Resources

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

This was the centre's first inspection by the Authority.

**Findings:**

The centre was well furnished and maintained and adequately equipped to meet the needs of the residents. It appeared to be adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that the numbers and skill mix of staff were appropriate to the assessed needs of the residents. For example, extra staff were rostered to facilitate any medical appointments of residents. In addition, the identified needs of residents required familiar staff and this was facilitated wherever possible.

Staff training records were examined and appropriate training was found to have been provided. Staff engaged by the inspector were found to be knowledgeable in relation to the assessed healthcare and social needs of residents, and in safeguarding of residents.

A system of staff appraisal had been introduced in the organisation but had not yet been conducted. The person in charge outlined a plan to rectify this.

**Judgment:**

Non Compliant - Minor

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

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

This was the centre's first inspection by the Authority.

**Findings:**

All records to be kept in the designated centre in respect of each resident were in place, all the policies required under Schedule 5 were in place and the records required under Schedule 4 were examined by the inspector.

**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:***

Julie Pryce  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Muiriosa Foundation
<b>Centre ID:</b>	OSV-0004088
<b>Date of Inspection:</b>	29 October 2014
<b>Date of response:</b>	08 January 2015

### 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 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Privacy of residents' personal information was not always ensured

**Action Required:**

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.



space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

**Please state the actions you have taken or are planning to take:**

The Registered Provider has worked with the Person in Charge to introduce a protocol for the appropriate disposal (shredding) of medication labels on site.

**Proposed Timescale:** 30/10/2014

**Outcome 04: Admissions and Contract for the Provision of Services**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Written agreements with residents were not all signed.

**Action Required:**

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

**Please state the actions you have taken or are planning to take:**

The Registered Provider has made follow up contact with the individuals representative to discuss and agree the Contract/Written Agreement.

**Proposed Timescale:** 30/01/2015

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

Personal plans were not made available to residents in an accessible format.

**Action Required:**

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

**Please state the actions you have taken or are planning to take:**

The Person in Charge will ensure that personal plans are developed in a meaningful and accessible format for residents and their representatives.

**Proposed Timescale:** 30/01/2015

**Theme:** Effective Services

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

The personal plans did not reflect all the assessed needs of residents.

**Action Required:**

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

**Please state the actions you have taken or are planning to take:**

The Person in Charge has reviewed the personal plans and documented all assessed healthcare needs in the personal plan.

**Proposed Timescale:** 10/11/2014

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There were not systems in place robust enough to protect residents from financial abuse.

**Action Required:**

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

**Please state the actions you have taken or are planning to take:**

The Registered Provider has worked with the Person in Charge to:

1. Introduce a protocol whereby residents pay for their own purchases including meals out and obtain individual receipts which are recorded in their individual financial records. The practice of taking turns for paying for meals out has ceased. Proposed Timescale: 31/10/14
2. To ensure that the bi-monthly formal financial audits are occurring as per policy.

**Proposed Timescale:** 30/01/2015

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Appropriate health care had not been provided for all residents in accordance with their assessed needs.

**Action Required:**

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

**Please state the actions you have taken or are planning to take:**

The Registered Provider has worked with the Person in Charge to ensure that all assessed healthcare needs and interventions are documented in the personal plan.

**Proposed Timescale:** 10/11/2014

**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:**

There were not practices in place to ensure the safe storage and administration of medications.

**Action Required:**

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

**Please state the actions you have taken or are planning to take:**

1. The Person in Charge has commenced monthly medication audits, to monitor stock control and address any shortfalls in practice and reports to the PPIM. Date commenced 20/11/14.
2. The PPIM will monitor compliance with the medication management system in place through 3 monthly spot checks on the medication management and administration system. Date commenced: 26/1/15.
3. The Person in Charge has introduced a local protocol for the administration of short term medication to ensure medication is administered as prescribed Date commenced 31/10/14.
4. A protocol for the appropriate disposal (shredding) of confidential information recorded on medication packs/disposable lids off blister pack has been put in place. Medication containers will be returned to pharmacist for recycling. Date commenced 31/10/14.
5. The Register Provider has written to all auditors drawing attention to the need to adhere to the Audit Tool (app 4) of the Medication Policy which highlights stock control. – Date commenced 8/1/15.
6. A schedule for refresher training on safe administration of medication has been set up for all staff. Date commenced 30/11/14.

**Proposed Timescale:** 26/01/2015

## **Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Appropriate management systems to ensure the effective monitoring of service were not in place.

**Action Required:**

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

**Please state the actions you have taken or are planning to take:**

1. The Person in Charge has commenced monthly medication audits, to monitor stock control and address any shortfalls in practice and reports to the PPIM. Date commenced 20/11/14.
2. The Registered Provider has put in place a monitoring system where matters arising and actions from each meeting are addressed within a specified timeframe. Date commenced 3/11/14.
3. A schedule of bi-monthly staff team meetings has been set up for 2015. Date commencing: 15/1/15.
4. The audit tool has been developed to include the person responsible and completion dates and a system put in place for monitoring progress.

**Proposed Timescale:** 15/01/2015

## **Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Staff were not formally supervised.

**Action Required:**

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

**Please state the actions you have taken or are planning to take:**

The Person in Charge has prepared a schedule of formal supervision sessions for all staff for 2015 commencing on 16/1/15.

**Proposed Timescale:** 16/01/2015