Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Group H - Community Residential Service Limerick
Centre ID:	OSV-0005295
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd
Provider Nominee:	Geraldine Galvin
Lead inspector:	Louisa Power
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	0

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:
05 May 2016 09:05	05 May 2016 18:00
06 May 2016 07:55	06 May 2016 16:00

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

Background to the inspection

This was an 18 outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision.

How we gather our evidence

As part of the inspection, the inspector met and interacted with eight residents who reported that they were happy with life in the centre, their choices were promoted at all times and they were enjoyed accessing activities in the community. The inspector reviewed documentation such as policies and procedures, risk assessment and

templates. Interviews were carried out with the person in charge, social care leader and person nominated to act on behalf of the provider.

Description of the service
The provider must produce a document called the statement of purpose that explains the service they provide. The inspector found that the service was being provided as it was described in that document. The centre comprised two houses located within a mature housing development in a suburban area close to large city. The service was available to adult men and women who have intellectual disabilities.

Overall findings
The inspector found major non-compliances in four core areas. Inadequate fire containment measures were in place as recommended in a report by a suitably qualified professional in August 2014. A number of safeguarding concerns had not been recorded, investigated and responded to in line with the centre's policy, national guidance and legislation. Unsafe medicines management practices were seen for residents who attend the centre on respite. Management systems were not adequate to support and promote the delivery of safe and effective services.

The inspector was not satisfied that the provider had put system in place to ensure that the regulations were being met in a number of areas. This resulted in some positive experiences, but also poor experiences for residents, the details of which are described in the report.

Good practice was identified in the following areas:
• residents were supported to communicate (outcome 2)
• strong links with the community and family were promoted (outcome 3)
• residents' education, training and development goals were met (outcome 10).

The inspector found that the lack of effective governance and management systems had resulted in:
• inadequate fire safety precautions (outcome 7)
• inconsistent management of safeguarding concerns (outcome 8)
• unsafe medicines management practices (outcome 12).

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

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:
Residents with whom the inspector spoke and interacted with stated that they felt safe and spoke positively about their care and the consideration they received. Interaction between residents and staff was observed and the inspector noted staff promoted residents' dignity and maximised their independence, while also being respectful when providing assistance.

Systems were in place to promote the involvement of residents and their representatives in the centre. Regular house meetings took place in each service unit. It was demonstrated that each resident's individual views and requests were discussed. An advocacy representative had been appointed by the residents. The inspector spoke with the advocacy representative who outlined that she attended regular meetings chaired by the person nominated to represent the provider and that she brought any issues discussed at house meetings to the meeting for discussion. The inspector viewed minutes of these meetings which outlined that pertinent issues such as noise disruption, social events, maintenance and changes in the management structure were discussed.

Staff were observed to provide residents with choice and control by facilitating residents' individual preferences in relation to their daily routine, meals, assisting residents in personalising their bedrooms and their choice of activities. Residents were encouraged to choose their activities for the day. The inspector saw that steps were taken to support and assist residents to provide consent and make decisions about their care and support.

Residents were provided with support in a dignified and respectful manner. Residents' capacity to exercise personal independence was promoted. For example, residents' ability to perform tasks in relation to personal hygiene and dressing was identified and residents were encouraged to perform these tasks.

Residents were encouraged to maintain their own privacy and dignity. Staff were observed to knock on bedroom doors before entering. However, the inspector noted that a shared en suite bedroom was provided in one of the service units (Service Unit A). This bedroom was shared by two residents of the same gender; one resident lived in the centre full time and they shared with one of two residents who attended for short term respite regularly. However, the resident who lived in the centre full time outlined to the inspector that they would like a bedroom of their own. The inspector observed that measures had not been implemented to ensure the privacy and dignity of both residents. The resident whose bed was furthest from the en suite facilities had to cross in front of the other resident's bed to access these facilities which could cause disturbance in sleep. Display space and storage for personal possessions was less in the twin bedroom than in the single bedrooms.

Suitable locks were provided on the doors of toilets and sanitary facilities. Sanitary facilities were shared and the inspector noted that staff took appropriate measures to promote the privacy and dignity of residents during personal care. Intimate care plans were developed for each resident to guide staff. However, the inspector noted that not all aspects of personal care where residents required support were included in the intimate care plans to ensure that residents' privacy and dignity is promoted at all times. These included the provision of support during shaving and oral/dental care.

Residents' personal communications were respected. Some residents reported that they had their own personal mobile telephones while others reported that they could access the telephone provided in the centre at all times. Wireless internet was provided throughout.

There was a complaints policy which was also available in an accessible format and had been reviewed in February 2015. The complaints policy identified the nominated complaints officer and also included an independent appeals process as required by legislation. The inspector saw that the complaints policy and process was discussed with residents at house meetings.

The inspector reviewed the complaints log detailing the investigation, responses and outcome of any complaints. The complaints form also recorded whether the complainant was satisfied. The investigation undertaken in response to complaints was thorough, comprehensive and prompt.

Residents were encouraged and facilitate to retain control over their own possessions. Records in relation to residents' valuables were maintained and updated regularly in line with the centre-specific policy. Residents were supported to do their own laundry if they wished and adequate facilities were available.

Residents had easy access to personal monies and, where possible, control over their own financial affairs in accordance with their wishes. Money competency assessments

were completed annually for each resident which outlined the supports and training needs, if any, required. Staff outlined a transparent and robust system for the management of residents' finances who required support in this area. An itemised record of the all transactions with the accompanying receipts was kept.

Residents are facilitated to exercise their civil, political and religious rights. Easy read information was provided to residents in relation to their rights. Residents were afforded the opportunity to vote and staff confirmed that information had been provided in relation to a recent general election. Residents were supported to access religious services and supports in line with their wishes.

Judgment:
Non Compliant - Moderate

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:
Residents were facilitated to communicate in line with the centre's policy, reviewed in July 2015. A comprehensive assessment of each resident's individual communication needs was completed annually and this informed the personal plan developed for this area. In addition, some residents had access to specialist input from speech and language therapists, in line with their needs, who completed comprehensive communication assessments. Residents were facilitated to access assistive technology, aids and appliances to promote their full communication capabilities.

The inspector noted that aids were available to facilitate communication with residents, in line with the recommendations from the speech and language therapists. The inspector observed that an individualised portable communication book had been developed for a resident and pictorial aids were attached using velcro by both the resident and the staff to facilitate communication.

Personal plans reviewed in relation to communication were comprehensive and outlined individual requirements, interventions and goals in relation to effective communication.

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:
Residents were supported to develop and maintain personal relationships and links with the wider community. Families were encouraged to be involved in the lives of residents.

Positive relationships between residents and family members were supported. Residents were supported to spend time with family including overnight trips at weekends and holidays. At the time of the inspection, a resident was abroad on holidays with her family. Residents were facilitated to keep in regular contact with family through telephone calls and family members were made welcome when visiting. There were adequate facilities for each resident to receive visitors and a number of areas were available if residents wished to meet visitors in private.

Staff stated and the inspector saw that families were kept informed of residents' well being on an ongoing basis. Records confirmed that families and residents attended personal planning meetings and reviews in accordance with the wishes of the resident.

The inspector reviewed the policy in relation to visitors, which had been reviewed in June 2014. The policy outlined that visitors were 'valued and supported in line with the wishes of individual residents.

Residents were supported to participate in a range of activities in the local and wider community including meals out, swimming, Special Olympics training and events, horse riding and adult education classes. Residents enjoyed socialising in the local community and had attended a musical in the local concert hall the weekend before the inspection. A number of residents had been involved in a dance production in a local arts venue in March 2016. On the first day of the inspection, residents attended a music session which occurred weekly in one of the service units. An art session was also facilitated weekly in one of the service units. Residents were encouraged to shop and use services such as beauticians, hairdressers and public transport locally.

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:
The policy on admissions, transfers and discharge or residents, which had been reviewed in October 2015, was made available to the inspector. The policy outlined the transparent criteria for admission and took account of the need to protect residents from abuse by their peers. Residents' admissions were seen to be in line with the statement of purpose.

A written contract was in place which dealt with the support, care and welfare of the resident in the centre and included details of the services to be provided. The fees and additional charges were included.

Judgment:
Compliant

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:
A sample of residents' plans was reviewed. An assessment of the health, personal, social care and support needs of the resident was completed annually and the information recorded as part of the assessment was individualised and person centred. The assessment formed the basis of an individual plan of care. A plan of care had been

developed for each resident. The plan of care outlined residents' needs in many areas including communication, comprehension and decision making, eating and drinking, mobility, personal care, safe environment, sensory needs, spirituality and relationships. The resident and representatives were consulted with and participated in the development of the plan of care.

Goals and objectives were clearly outlined. There was evidence of resident involvement in agreeing/setting these goals. There was also evidence that individual goals were achieved and had a positive impact on the resident's personal development.

Staff and the person in charge outlined that the plan of care was subject to a review on an annual basis or more frequently if circumstances change. The inspector saw evidence that the review was carried out with the maximum participation of the resident. The review did assess the effectiveness of the plan and reviewed the goals/aspirations that had been identified. However, the goals were not specific as the person responsible and the timeframe were not identified for goals outlined in the plans reviewed by the inspector.

In relation to the development of healthcare plans for residents, the inspector noted that plans of care had been developed in line with residents' individual healthcare needs such as epilepsy, oral care, women's health, constipation, mental health, skin care and nutrition.

There was evidence of multidisciplinary team involvement for all residents, in line with their needs, including psychiatry, speech and language therapy, general practitioner (GP), optical, dietetics, dental and psychology services. However, the review of the plan of care was not multidisciplinary in all plans of care seen during inspection and the director of services confirmed that the review was not multidisciplinary for all residents in the centre.

Changes in circumstances and new developments were included in the personal plan and amendments were made as appropriate. The inspector saw the personal plan was made available to residents in an accessible format, in line with their needs.

A booklet was available for staff to record relevant and important information in the event of a resident being transferred to hospital. The booklet was completed in advance and contained comprehensive information in relation to the needs of the resident including communication, personal care and healthcare.

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 design and layout of the centre was in line with the centre's statement of purpose and met residents' individual and collective needs in a homely and comfortable way. However, there were some areas of maintenance that required attention.

The centre comprised two domestic two-storey houses located in the same housing development within a very short walking distance of each other. The centre was located in the suburbs of a large city close to local amenities and transport links.

Service Unit A had five bedrooms; one of the bedrooms was located on the ground floor and four bedrooms were located on the first floor. The bedroom on the ground floor was for staff use and doubled up as office space. Another bedroom on the first floor was an en suite twin bedroom used to accommodate two residents. Adequate sanitary facilities were provided with a toilet on the ground floor and an en suite shower room and bathroom on the first floor.

Service Unit B had six bedrooms; one of the bedrooms was located on the ground floor and five bedrooms were located on the first floor. The bedroom on the ground floor was for staff use and doubled up as office space. Another bedroom on the first floor was an en suite twin bedroom used to accommodate two residents who attended on respite. Adequate sanitary facilities were provided with a shower room and bathroom on the first floor and additional toilet facilities on the ground floor.

Bedrooms were personalised with the resident's choice of soft furnishings, photographs of family and friends and personal memorabilia. Storage space was provided for residents' personal use. Apart from the residents' own bedrooms, there were options for residents to spend time alone if they wished with a large sitting room and kitchen/dining area provided in both premises. All communal rooms were of a suitable size and layout for the needs of residents.

The centre was clean and suitably decorated. The residents had input into the décor of the centre and each area reflected the residents who resided there. There was suitable heating, lighting and ventilation and the centre was free from major hazards. There were suitable and sufficient furnishings, fixtures and fittings. Suitable adaptations such as grab rails were provided where appropriate.

Each premises had a separate kitchen that was fitted with appropriate cooking facilities and equipment. Adequate laundry facilities were provided and residents were supported to launder their own clothes if they so wish. A contract was in place for the disposal of waste.

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:
Overall, there was evidence that a proactive approach had been implemented in relation to risk management to promote and protect the health and safety of all. However, there were inadequate fire safety measures within the centre.

There was a health and safety statement in place which outlined general aims and objectives in relation to health and safety within the centre. The health and safety statement was augmented by a risk management policy, last reviewed in August 2015. The risk management policy outlined broad safety statements, the procedures for recording, reporting and investigation of accidents, a range of centre-specific risk assessments, an assessment of each risk and the controls identified as necessary to reduce each risk.

The inspector reviewed the risk register and saw that there was a system to identify and review hazards on an ongoing basis. The risks identified specifically in the regulations were included in the risk register. There was evidence that risk assessments had been implemented in practice and were kept under continual review. However, the inspector noted a number of risks which had not been included in the risk register including the shredder and the use of kitchen utensils. In addition, the inspector noted the risk register was not adequately reviewed as some of the risk assessment ratings had not been updated to take account changes in the centre which would affect the ratings such as in the case of medicines management and fire evacuation.

Records of weekly health and safety 'walkabouts' within the centre were made available to the centre where areas such as fire safety, electrical appliance, trailing leads, lighting, maintenance, floor covering, ventilation and waste management were examined. Any actions required as a result were seen to be completed in a timely fashion.

A comprehensive emergency plan was in place which covered events such as natural disasters and utility failure. Provision was made to cover an event where the centre may be uninhabitable.

The inspector reviewed a sample of incident forms and saw that accidents and incidents were identified, reported on an incident form and there were arrangements in place for

investigating and learning from accidents. The inspector noted that the improvements identified were implemented in a timely fashion. Incident forms were reviewed by the service manager promptly.

The provider had arranged for a fire safety report to be completed by a suitably qualified person in August 2014. The inspector saw and the provider nominee confirmed that the 'high risk' works recommended in the report (installation of emergency lighting, thumb locks to final exit doors and fire panels) had been completed. However, works relating to fire containment including the installation of fire doors, increasing the depth of insulation in the ceiling, fitting of a fire safe hatch in the attic and 'firestopping' the ceilings had not been completed. Due to the potential catastrophic impact of a fire, the inspector judged this outcome to be at a level of major non-compliance due to insufficient fire containment in this centre. The provider had submitted an assurance to the Authority that the current fire safety arrangements in the centre adequately mitigated against any residual risks resulting from the non-completion of these fire safety works. This assurance, dated August 2014, indicated that an additional inspection would be required by a suitably qualified person following the completion of the high risk works.

Following the inspection, the provider sought a review by a suitably qualified person who confirmed that 'high risk' works had been completed. The report was submitted to HIQA by the provider. A specialist inspector has reviewed the report and this will inform ongoing regulatory activity.

Suitable fire safety equipment was provided throughout the centre. Fire safety equipment was to be serviced on an annual basis, most recently in October 2015. There was an adequate means of escape. Fire exits were unobstructed. The clear procedure for safe evacuation in event of fire was displayed in a number of areas.

The fire panel and emergency lighting in each service unit was serviced on a quarterly basis, most recently in February 2016. Records of daily and monthly fire checks were kept. These checks included inspection of the fire panel, escape routes, emergency lighting and evacuation procedure. However, the inspector noted one gap in the daily fire checks on 02 May 2016 in Service Unit B.

Staff demonstrated good knowledge in relation to fire safety and the procedure to follow in event of a fire. The training matrix confirmed that regular fire training was completed for all staff. However, the training matrix indicated that one staff member had not completed refresher fire training.

Fire drills took place at least every two months. Residents and staff reported that they had all attended a recent fire drill. The inspector noted that a detailed description of the fire drill, duration, participants and any issues identified was maintained for many fire drills. However, for one fire drill in Service Unit B, the number of staff who participated in the drill was not recorded.

A personal emergency evacuation plan (PEEP) was seen to have been developed for all residents. However, the PEEP only outlined whether a resident was ambulant or non-ambulant. The inspector noted that, for three fire drills from January to March 2016, a resident was reluctant to or refused to evacuate. Staff with whom the inspector spoke

outlined that effective measures had been put in place to mitigate this but the resident's PEEP had not been updated to reflect the measures.

Procedures were in place to for the prevention and control of infection. A comprehensive infection prevention and control policy was available, dated July 2015. The centre was visibly clean throughout. Staff confirmed that personal protective equipment such as gloves and aprons were available. A robust procedure was in place for the safe handling of laundry and alginate bags were available for the safe handling and segregation of soiled laundry. The training matrix indicated that all staff members had completed infection prevention and control training.

The training matrix confirmed that moving and handling training had been completed by all staff. Safe moving and handling practices were observed by the inspector.

Vehicles were available and records confirmed that the vehicles were roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.

Judgment:
Non Compliant - Major

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:
There was a policy and procedure in place in relation to the safeguarding of vulnerable adults, reviewed in January 2016. The policy identified the designated safeguarding officer and their deputy. The policy and procedure were comprehensive, evidence based and would effectively guide staff in the reporting and investigation of incidents, allegations or suspicions of abuse. The policy included a reporting pathway if the allegation was made against a member of the management team.

The intimate care policy, dated May 2015, outlined how residents and staff were protected. Each resident had a personal care plan which was reviewed on a regular basis. The plan outlined in detail the supports required, resident's preference in relation

to the gender of staff delivering personal care.

Staff with whom the inspector spoke were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. Residents with whom the inspector spoke confirmed that they felt safe in the centre and that they knew who to talk to if they needed to report any concerns of abuse. Training records confirmed that training in relation to responding to incidents, suspicions or allegations of abuse was mandatory. However, a date of training was not recorded for one staff member and this was confirmed by senior staff.

The provider and person in charge monitored the systems in place to protect residents and ensure that there are no barriers to staff or residents disclosing abuse. A robust recruitment and selection procedure was implemented, training in understanding abuse was mandatory and staff stated that there was an open culture of reporting within the organisation.

The person in charge outlined the process in place for ensuring that all incidents, allegations and suspicions of abuse were appropriately and comprehensively recorded, investigated and responded to in line with the centre's policy, national guidance and legislation. However, the inspector noted that a number of safeguarding concerns had not been recorded, investigated and responded to in line with the centre's policy, national guidance and legislation. Due to the potentially major impact of the inadequate response to safeguarding concerns, the inspector judged this to be at a level of major non compliance. Since the inspection, the provider has provided evidence that subsequent safeguarding concerns were responded to appropriately.

A policy was in place to support residents with behaviour that challenges, reviewed in May 2014. The policy was comprehensive and focussed on understanding the function of the behaviour, responding and communicating appropriately and identifying triggers for the behaviour. Training records confirmed that training was provided to staff in the management of behaviour that is challenging including de-escalation and intervention techniques.

The inspector reviewed a selection of plans for support behaviour that challenges and spoke with staff. Residents and their representatives were involved in discussions and reviews that had been arranged to support residents to manage their own behaviour. Specialist input had been sought and clear strategies were in place to support residents to manage their own behaviour and staff were able to describe the strategies in use. Protocols were in place and evidence based tools were used to validate that the strategies outlined were effective.

The policy in relation to restrictive practices was made available to the inspector. The policy had been reviewed in July 2014, was comprehensive and was in line with evidence-based practice. Staff with whom the inspector spoke were knowledgeable in relation to the policy and confirmed that restrictive practices were not in use in the centre at the time of the inspection.

Judgment:
Non Compliant - Major

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

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspector noted that a comprehensive record of all incidents was maintained. Notifications to the Authority were made in line with the requirements of the regulations.

Judgment:
Compliant

Outcome 10. General Welfare and Development
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.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
There was a policy in place on access to education, training and development which was made available to the inspector. Residents with whom the inspector spoke outlined that their education, training and development needs were met through attending a day service run by the organisation locally on week days. A number of day services were available to residents in line with their needs. An annual assessment of resident's educational, training and employment goals was undertaken as part of the comprehensive assessment. Education, training and employment goals were identified in collaboration with the day service and there was evidence that residents were supported to achieve and add to these goals within the residential service.

Judgment:
Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Residents were supported on an individual basis to achieve and enjoy best possible health. However, improvements were required in relation to the documentation of each resident's wishes in relation to care and support during times of illness.

Residents' healthcare needs were met through timely access to health care services and appropriate treatment and therapies. A medical practitioner of their choice was available to each resident and an "out of hours" service was available if required. Access to a medical practitioner was facilitated regularly. There was clear evidence that there treatment was recommended and agreed by residents, this treatment was facilitated. Residents' right to refuse medical treatment was respected.

Where referrals were made to specialist services or consultants, staff supported residents to attend appointments. In line with their needs, residents had ongoing access to allied healthcare professionals including psychiatry, psychology, dental, optical, speech and language, dietetics, physiotherapy and occupational therapy.

The management of epilepsy was in line with evidence-based practice. Residents were supported to attend regular reviews in relation to epilepsy management. Staff with whom the inspector spoke were conversant in the management of epilepsy and seizures. Where 'rescue' medicine was prescribed, the inspector saw that the medicine was available at all times and staff had been trained in the administration of this medicine. Individualised epilepsy care plans had been developed for all residents with a diagnosis of epilepsy which outlined type of epilepsy, description of seizures, identified triggers, medicines prescribed, frequency of review, 'rescue' medicines prescribed and management of seizures.

The end of life policy was made available to the inspector which described the procedure to be followed in the event of a sudden or unexpected death. The inspector noted that a comprehensive and sensitive discussion had taken place with residents and their representatives to residents' views in relation to loss, death, dying and end of life. A plan of care for end of life was developed based on this discussion. However, much of the information contained in the plan of care related to care after death. The person in charge confirmed that an individualised plan of care had not been developed in relation

to care at times of illness for each resident. Therefore, information would not be available to guide staff in meeting all residents' needs whilst respecting their dignity, autonomy, rights and wishes.

Residents were encouraged and enabled to make healthy living choices in relation to exercise, weight control and healthy eating. Residents had access to a dietician, in line with their needs, and recommendations made were seen to be implemented. A process was in place to make referrals to a speech and language therapist, when appropriate. Residents were encouraged to be active through swimming, walking and participating in team sports.

Residents were encouraged to be involved in the preparation and cooking each meal. Staff with whom the inspector spoke confirmed that a choice was provided to residents for all meals. The meals outlined by staff and residents were nutritious and varied. The inspector observed a healthy choice of cereals, hot beverages, toast, dried fruits and yoghurt were available for breakfast in both service units. A healthy packed lunch was prepared with residents to take to their day service which included a sandwich of their choice, fruit and yoghurt. Staff were observed to freshly prepare the evening meal in consultation with the residents.

There were ample supplies and choice of fresh food available for the preparation of meals. Outside of set mealtimes, residents had access to a selection of refreshments and snacks and residents were encouraged to prepare their own refreshments and snacks. There was adequate provision for residents to store food in hygienic conditions.

Residents and their representatives were consulted about and involved in the meeting of their own health and medical needs. Health information specific to residents' needs was available in an easy read format.

Judgment:
Substantially 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):
This was the centre's first inspection by the Authority.

Findings:
Medicines for residents were supplied by a community pharmacy. Staff confirmed that the pharmacist was facilitated to meet his/her obligations to residents in accordance with the relevant legislation and guidance issued by the Pharmaceutical Society of

Ireland. The inspector saw a notice informing residents of an upcoming visit by the pharmacist to the centre.

There was a centre-specific medicines management policy and had been reviewed in July 2015. The policy detailed the procedures for safe ordering, prescribing, storing, administration and disposal of medicines. Staff demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. Staff with whom the inspector spoke outlined that medicines were checked against the prescription on receipt and the inspector saw that this check was documented. The inspector noted that medicines were stored securely throughout. Easy read information was available to residents in relation to their prescribed medicines.

A sample of medication prescription and administration records was reviewed. Medication prescriptions records contained the required information. Medication administration records identified the medications on the prescription and allowed space to record comments on withholding or refusing medications. However, the inspector concluded that the medicines management arrangements for those attending on respite were unsafe. The person in charge confirmed that a prescription was not available to staff when administering medicines to these residents to confirm that the medicine administered was in line with the prescription. The medication administration records for residents who attend the centre on respite did not contain the form, dose and route of the medicine administered. Therefore, it could not be confirmed that medicines were administered as prescribed to these residents.

Staff with whom the inspector spoke confirmed that no resident was taking responsibility for his/her own medicines at the time of the inspection but this would be encouraged in line with residents' wishes. A comprehensive and individualised risk assessment was available which took into account cognition, communication, reception and dexterity. The medicines management policy outlined appropriate safeguards to ensure compliance and concordance.

Staff outlined the manner in which medications which were out of date or dispensed to a resident but were no longer needed are stored in a secure manner, segregated from other medicinal products and were returned to the pharmacy for disposal. A written record was maintained of the medicines returned to the pharmacy which allowed for an itemised, verifiable audit trail.

Staff with whom the inspector spoke confirmed that there was a checking process in place to confirm that the medicines received from the pharmacy correspond with the medication prescription records. A system was in place for reviewing and monitoring safe medicines management practices. The results of the most recent medication management audit in February 2016 were made available to the inspector. The inspector confirmed that actions had been completed.

When residents left the centre for holidays or days out, a documented record was maintained of the quantity and medicines given to the resident and/or their representative. This record was signed by staff and the resident and/or their representative. A similar record was maintained when the resident returned to the centre and the quantities were reconciled by staff.

A sample of medication incident forms were reviewed and the inspector saw that errors were identified, reported on an incident form and there were arrangements in place for investigating incidents. Learning from incidents was clearly documented and preventative actions were seen to be implemented.

Training had been provided to staff on medicines management and the administration of 'rescue' medicine for seizures.

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 consisted of the aims, objectives and ethos of the designated centre and statement as to the facilities and services that were to be provided for residents. The statement of purpose was made available to residents and their representatives.

The statement of purpose contained all of the information required by Schedule 1 of the regulations and the inspector found that the Statement of Purpose was clearly implemented in practice. The statement of purpose had been last reviewed in September 2015.

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 quality of care and experience of the residents was monitored on an ongoing basis. The report of the most recent unannounced visit to the centre by the provider nomine in March 2016 was made available to the inspector. The report highlighted pertinent deficiencies and an action plan had been developed to address these deficiencies.

There was evidence of a defined management structure that identified the lines of authority and accountability, specified roles, and details of responsibilities for the areas of service provision. The person in charge was also appointed as the person in charge in two other centres. A social care leader was appointed to the centre to ensure the effective governance, operational management and administration of the centre.

The person in charge had the required qualifications, skills and experience. The person in charge stated that she visited the centre regularly. Residents and staff reported that the person in charge and the provider nominee were always accessible.

However, the inspector concluded, based on the findings of this report and the potential negative impact on residents, that the management systems at the time of the inspection did not support and promote the delivery of safe and effective services. There was evidence of inadequate oversight which had led to the failings outlined in this report including an inadequate response to safeguarding concerns and unsafe medicines management practices.

Judgment:
Non Compliant - Major

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:
There had been no periods where the person in charge was absent from the centre for 28 days or more since the commencement of the regulations and there had been no change to the person in charge. The provider nominee was aware of the obligation to inform the Chief Inspector if there is any proposed absence of the person in charge and the arrangements to cover for the absence. The inspector was satisfied that suitable arrangements were in place for the management of the designated centre in the absence of the person in charge.

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 inspector found that centre was adequately resourced to ensure the effective safe and effective delivery of care and support in accordance with the Statement of Purpose. Sufficient resources were available to support residents to achieve the goals. The inspector observed that there was sufficient transparency in planning and deployment of resources in the centre. The facilities and services available in the designated centre reflected 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:
There was a planned and actual staff roster in place which showed the staff on duty during the day and the sleepover staff on duty at night. Based on observations, a review of the roster and these inspection findings, the inspector was satisfied that the staff numbers, qualifications and skill-mix were appropriate to meeting the number and assessed needs of the residents. The inspector noted that a regular team supported residents and this provided continuity of care and support.

Staff files were kept centrally at the organisation's head offices and were not examined as part of this inspection. There was evidence of effective recruitment and induction procedures; in line with the centre-specific policy, last reviewed in June 2014.

A system of formal and informal staff supervision was in place which included regular staff meetings, formal supervision meetings and appraisals. Regular staff meetings were held every two months and were attended by the person in charge. Items discussed included health and safety, audit findings, supervision, maintenance and residents' needs. A system of formal appraisals was in place which was meaningful and focussed on improving practice, accountability and quality of care.

Staff with whom the inspector spoke were able to articulate clearly the management structure and reporting relationships. The inspector saw that copies of both the regulations and the standards had been made available to staff and staff spoken with demonstrated adequate knowledge of these documents.

Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies the programme reflected the needs of residents.

Judgment:
Compliant

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:
The records listed in Schedules 2, 3 and 4 of the regulations were maintained. All of the key policies as listed in Schedule 5 of the regulations were in place. These policies were stored in the centre and were easily accessible for staff. A process was in place to ensure that policies and procedures were reviewed and updated to reflect best practice and at intervals not exceeding three years. However, the medicines management policy did not contain information to guide staff on the safe administration of a number of dosage forms/routes including topical, inhalers, nebulisers, eye/ear/nasal drops and injections. The inspector noted that some residents were prescribed eye drops and topical preparations at the time of the inspection.

Records were kept securely, were easily accessible and were kept for the required period of time. A system was in place to store residents' records were stored securely. The inspector found that the system in place for maintaining files and records was very well organised.

Residents' records as required under Schedule 3 of the regulations were maintained.

Records listed in Schedule 4 to be kept in a designated centre were all made available to the inspector.

The centre was adequately insured against accident or injury and insurance cover complied with the all the requirements of the regulations.

Judgment:
Non Compliant - Moderate

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:

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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[1]

Centre name:	Group H - Community Residential Service Limerick
Centre ID:	OSV-0005295
Date of Inspection:	05 May 2016
Date of response:	06 July 2016

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:
A shared bedroom did not provided adequate private space for residents due to the floor space and layout of the bedroom.

Not all aspects of personal care where residents required support were included in the intimate care plans.

[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 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 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 shared bedroom is shared with 1 full time resident and two residents who attend the centre on a part time basis. As vacancies arise in the CRS, the full time resident will be given the choice to move to another centre where an individual bedroom will be made available to her. If not the part time residents will then be given the choice to move to alternative accommodation where an individual bedroom will be afforded to them. This will be processed through the service Admission, Discharge and Transfer Committee.

A review of all residents intimate care plans will be completed to ensure they contain all supports are identified in them by 29/07/2016.

Proposed Timescale: 21/04/2017

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:
The review of the personal plans was not multidisciplinary.

2. Action Required:
Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

Please state the actions you have taken or are planning to take:
A review of all personal plans by the Multidisciplinary Team has been organized and will be completed for all residents personal plans by 30/09/2016.

Proposed Timescale: 30/09/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person responsible and the timeframe were not identified for goals.

3. Action Required:
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the

personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:
A review of all personal plans will ensure that all goals have a person responsible and timeframes identified to ensure all goals are tracked and completed.

Proposed Timescale: 29/07/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A number of risks had not been included in the risk register.

4. Action Required:
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
The risk register will be reviewed to incorporate all risks for residents.

Proposed Timescale: 05/07/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk register was not kept under continual review.

5. Action Required:
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:
The risk register will be kept under continual review by the PIC.

Proposed Timescale: 05/07/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were inadequate fire containment measures.

6. Action Required:
Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

Please state the actions you have taken or are planning to take:
The service had enlisted an external fire consultant agency in 2014 who completed a fire safety risk assessment. This consultant reviewed this risk assessment in light of works completed. The report from the fire consultant was submitted to HIQA by the provider.

Proposed Timescale: 29/07/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One staff member had not completed refresher fire training.

7. Action Required:
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

Please state the actions you have taken or are planning to take:
The individual staff is scheduled to attend the next fire refresher training day.

Proposed Timescale: 30/09/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was one gap noted in the daily fire checks.

8. Action Required:
Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

Please state the actions you have taken or are planning to take:
The social care leader will ensure that all daily fire checks are documented and will discuss this with all staff at the next staff house meetings.

Proposed Timescale: 22/07/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The number of staff who participated in the drill was not recorded for one fire drill.

9. Action Required:
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
The number of staff will be recorded in all fire drill documentation. The social care leader will communicate this to all staff at their next staff house meeting and individual supervision meetings.

Proposed Timescale: 22/07/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A PEEP had not been updated in line with a resident's changing status.

10. Action Required:
Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

Please state the actions you have taken or are planning to take:
The PEEP for the residents has been updated to reflect their changing status.

Proposed Timescale: 05/07/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A date for safeguarding training had not been recorded for one staff member.

11. Action Required:
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Please state the actions you have taken or are planning to take:
The date for safeguarding training for one staff member has since been recorded.

Proposed Timescale: 05/07/2016

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A number of safeguarding concerns had not been recorded, investigated and responded to in line with the centre's policy, national guidance and legislation

12. Action Required:
Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

Please state the actions you have taken or are planning to take:
Safeguarding concerns will be recorded, investigated and responded to in line with the centre's policy and national guidance and legislation. The Provider Nominee with meet with staff in the centre to ensure their knowledge of the safeguarding process. Staff will attend refresher courses to update their knowledge where required.

Proposed Timescale: 22/07/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
An individualised plan of care had not been developed in relation to care at times of illness for each resident.

13. Action Required:
Under Regulation 06 (3) you are required to: Support residents at times of illness and at the end of their lives in a manner which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

Please state the actions you have taken or are planning to take:
All residents plans of care will updated to reflect the care delivery for each resident at times of illness.

Proposed Timescale: 29/07/2016

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:
Medicines management arrangements for those attending on respite were unsafe.

14. 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:
A review of medication management arrangements for residents who are respite users has been commenced by the PIC and the Provider Nominee. Adjustments have been made to ensure safe processes are in place. A good practice guideline will be formulated to ensure medication management arrangements for respite users' is being formulated and will be presented to the service drugs and therapeutics committee for ratification. All staff will be updated to ensure that they follow best practice medication management through daily communication and at their next staff house meeting and supervision meetings.

Proposed Timescale: 20/09/2016

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:
The management systems at the time of the inspection did not support and promote the delivery of safe and effective services.

15. 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:
A review of the management systems to support and promote the delivery of safe and effective services has occurred by the Provider Nominee and recommendations are being implemented to ensure that the social care leader who is present in the centre will be the PIC in the future

Proposed Timescale: 26/06/2017

Outcome 18: Records and documentation
Theme: Use of Information **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** The medicines management policy did not contain information to guide staff on the safe administration of a number of dosage forms/routes. **16. Action Required:** Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice. **Please state the actions you have taken or are planning to take:** The medication policy is currently being reviewed to guide staff on the safe administration of a number of dosage forms/ routes. The policy will be presented to the service drugs and therapeutics committee for ratification.
Proposed Timescale: 20/09/2016