

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Riverside Residential
Centre ID:	OSV-0003600
Centre county:	Dublin 17
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	Maureen Hefferon
Lead inspector:	Karina O'Sullivan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	6
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 28 February 2017 09:30 To: 28 February 2017 20:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was the third inspection of this designated centre. This inspection was to monitor ongoing compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

How we gathered our evidence:

As part of the inspection, the inspector visited the designated centre, met with four residents and spoke with the person in charge, four staff members and one family members. The inspector viewed documentation such as, support plans, recording logs and policies and procedures. Over the course of this inspection residents communicated in their own preferred manner with the inspector. Residents allowed the inspector to observe their daily life in the designated centre. This included meal times and activities. The inspector spoke with three residents, one resident stated "I have a good time here, staff are good to me". Another resident stated "staff make me happy here they listen to me, I like living with the people I live with here and I get out and about when I want to".

Description of the service:

This designated centre was operated by St Michael's house a company registered as

a charity. St Michael's House is governed by voluntary board of directors to whom the CEO (Chief executive officer) reports. This designated centre is based in Dublin 17. Six residents resided in the designated centre at the time of this inspection. The provider had produced a document called the statement of purpose, as required by regulation, this described the service provided. The inspector found the service provided was in line with the statement of purpose. The designated centre aimed to provide residential accommodation for female and male adults over the age of 18 with intellectual disabilities as outlined in the statement of purpose. The designated centre is a six bedroom bungalow, set on a campus with one other designated centre, two day services and a leisure centre.

Overall judgments of our findings:

Eight outcomes were inspected against and one outcome was found to be in major non compliance with the regulations in relation to medication management. Two outcomes were found to be moderately non compliant. Three outcomes were found to be substantially compliant with two outcomes fully compliant. Areas of improvement included, information contained within residents' files and risk management.

The person in charge facilitated the inspection along with the service manager.

All proposals outlined and plans agreed will be verified at the next inspection.

All inspection findings regarding compliance and non-compliance are discussed in further detail within the inspection report and accompanying action plan.

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 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found residents social care needs were maintained to a high standard within this designated centre.

The inspector viewed five resident's wellbeing assessments these included both social and health assessments in eight areas. These included communication, social support, emotional wellbeing, general health, physical and intimate care support, safety, environment and rights. From these assessments an action plan was generated this was discussed at a wellbeing meeting with the resident. This resulted in the development of various support plans.

Residents also had picture based social goals identified, two of the residents discussed their social goals with the inspector and also the level of progression they had achieved in relation to goals set. These included areas such as, attending football matches and music events. The inspector also viewed documentation in relation to why these goals were chosen, steps needed to achieve these goals and evidence of progression in relation to the goals. Some residents were clearly able to identify this information to the inspector, while other residents were not, the inspector viewed evidence of progression of goals through photographs contained within the resident's file.

The inspector found residents had the opportunities to participate in meaningful activities appropriate to their interests and preferences. Some residents discussed these activities with the inspector, while another resident provided the inspector with a tour of their home. This included identifying person-centred activities such as, snooker equipment, music instruments and sport memorabilia.

Five residents attended a day service with one resident choosing not to attend a day service. This resident was currently awaiting feedback for an application submitted to complete a course. This resident was also working on increasing their independence within the grounds of the designated centre through travelling independently to the leisure centre. The inspector spoke with the resident in relation to this and also viewed evidence of progress in relation to this skill within their plan.

The inspector found the designated centre required transport so residents could access the community facilities due to the location. One vehicle was present within the designated centre to facilitate community integration. On the day of inspection one resident had a day off from their day service and decided to go out of the designated centre to get a haircut.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found the designated centre was suitable and safe for the number and needs of residents. Improvements were required in relation to the risk management system, emergency lighting and fire training.

There was certification and documentation to show the fire alarm, emergency lighting and fire equipment were serviced by an external company this was dated December 2016. However, issues in relation to emergency lighting was identified within each quarterly report, no evidence of follow up was evident in relation to areas identified. The person in charge and the service manager identified they would address this issue with the relevant department the following day.

The designated centre had an organisational risk management policy in place, this included the specific risks identified in regulation 26. The designated centre had a risk register, this recorded a number of risks within the house and the controls in place to address these. These included area such as aggression and violence, self harm and lone working.

The inspector also viewed individual resident's risk assessments in place including areas such as community activities and transportation. The inspector found improvements

were required in some resident's risk assessments such as epilepsy.

The inspector viewed the accidents and incidents for a sample number of residents within the designated centre for example, one dated 22 December 2016. This resulted in preventative measures being implemented including the development of risk assessments. Clear learning from the incidents was evident to ensure more positive outcomes for residents in order to mitigate reoccurrence in the future within the designated centre.

The inspector viewed a fire drills dated 14 February 2017 demonstrating all residents safely evacuated the designated centre.

Residents had PEEP'S (personal emergency evacuation plans) in place to assist staff to safely evacuate all residents.

The inspector viewed training records for 16 members of staff and found one staff member required full training and two staff member required refresher training in the area of fire.

The designated centre had a health and safety statement. The responsibilities of the various staff members within the organization were outlined. The statement referenced a wide range of policies and procedures that supported the statement and guided staff in their work practices. The designated centre had an emergency evacuation plan in place for a number of various events such as fire, adverse weather conditions, flooding and power failure.

The designated centre's vehicle was appropriately taxed, insured and had a commercial vehicle roadworthiness test (CRVT) certificate the wheelchair lift was scheduled for a service the day after this inspection.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

The inspector found there were appropriate measures in place to protect residents being harmed and to keep people safe. However, some improvements were required in relation to the management of behaviour support.

The inspector viewed resident's behavioural support plans. The inspector found the documents identified both proactive and reactive strategies. Other support plan were also developed to assist staff in the management of residents emotional well being. The inspector found the interventions contained within these documents did not accurately reflect information contained within behavioural support plans and the quick reference document. There was also a lack of clarity in relation to an intervention identified within one plan. The documented intervention was an intervention of rights, however the person in charge stated that this intervention was not used in the designated centre.

The inspector found intimate care support plans were in place for various aspects of intimate care provision for residents requiring them.

The inspector found staff members spoken with were clear in relation to the reporting structure in place should an allegation of abuse arise. Residents spoken with were also clear should they observe or experience aspects of service delivery in an inappropriate manner that they would report this to.

The inspector viewed training records for 16 members of staff and found all staff members had received training in the area of adult protection and safeguarding training.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

Each resident was supported to achieve the best possible health. However, improvements were required in the information contained in resident's healthcare plans and the review process.

The inspector viewed five resident's assessments these included both social and health assessments in eight areas. These included communication, social support, emotional

wellbeing, general health, physical and intimate care support, safety, environment and rights. From these assessments an action plan was developed.

The inspector found, some healthcare conditions were not identified within the assessment despite a support plan in place for the condition. The inspector also identified some conditions were identified within the assessment however, no support plan was present in relation to the specific healthcare need. This was identified and discussed with the person in charge on the day of inspection.

The inspector found the review process in place for areas identified required improvement to identify the effectiveness of the interventions implemented. The inspector did acknowledge reviews were taking place monthly however, this was in relation to the support plan in place. The review did not identify what impact this plan was having on the resident's life.

The inspector viewed some epilepsy plans in place to guide staff members in effective delivery of care in relation to seizure management.

Residents had access to a G.P. (general practitioner), including phlebotomy tests as required for some residents due to medication prescribed.

Residents requiring modification to the texture of their food was outlined in the residents files. Inspectors viewed feeding, eating, drinking and swallowing (F.E.D.S) assessments in place for some residents. However, the modification of the consistency of food was documented within some resident's files using two different descriptors. The inspector found the new descriptors were implemented in 2014 in accordance with the organizations policy. The inspector found this could potentially lead to confusion among staff members particularly as relief staff were required to work within this area.

Regarding food and nutrition the inspector found residents participating in mealtimes within the designated centre in accordance with residents' preferences in relation to food choices. Residents participated in cooking in accordance with their own preferences. Some residents informed the inspector they preferred to do other household activities within their homes instead and their preference was respected.

The inspector viewed user-friendly menu selection of refreshments and snacks were available for residents outside mealtimes within the designated centre.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

The inspector found the medication management system within the designated centre required significant improvement in relation to the management and administration of medication.

On the day of inspection the inspector found p.r.n. medicine (a medicine only taken as the need arises) out of date since February 2016 for one resident. This medication was administered twice on the 22 December 2016 to the resident. The inspector also found another resident's p.r.n. medication without any expiry date. Both medications were discarded when the inspector identified this to the person in charge.

The inspector found several other medications contained no expiry date on the day of inspection. The inspector also found some medications did not contain the resident's name for whom the medication was prescribed. This was not in accordance with the organizations policy in relation to medication administration.

The administration sheet for one resident did not identify the method of administration for one medication.

The inspector identified one medicinal product was prescribed as a p.r.n. however, staff and the person in charge identified this was administered daily to the resident and not as a p.r.n. medication.

The inspector crossed checked balances of some medication and found accurate records maintained.

The inspector viewed a medication management audit dated January 2017. Areas identified in relation to guidelines for administering p.r.n medication had been addressed. However, this audit did not identify medication management practices were not in accordance with the organizations policy in relation to administration of medication without expiry dates and resident's names and out of date medication. The inspector found oversight of medication required significant improvement.

The designated centre had written policies and procedures related to the administration, transcribing, storage, disposal and transfer of medicines. However, the inspector found this policy was not adhered to in within the designated centre.

Medication was supplied to the designated centre by a local pharmacist and medication was recorded when received and a stock check was carried out once a week.

There was a system in place for recording, reporting errors and reviewing medication. The inspector viewed incidents which occurred within the designated centre and found preventative measure were put in place to mitigate the risk of future reoccurrences.

The inspector found the signature bank within the designated centre was completed.

Judgment:

Non Compliant - Major

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Overall, the inspector found there was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the provision and quality of the service delivered.

There was an annual review of the quality and care completed in this designated centre dated December 2016.

There was a person nominated on behalf of the provider to carry out an unannounced visit on a six monthly basis. This reviewed the safety and quality of care and support provided in the designated centre. The inspector viewed one completed on the 09 May 2016 and another one was completed on the 10 November 2016. Both documents contained an action plan to address areas requiring improvement.

The person in charge facilitated this inspection. From speaking with the person in charge at length over the course of the inspection it was evident they had an in-depth knowledge of the individual needs and support requirements of each resident. Each staff member spoken with was extremely complementary of the support provided to them from the person in charge. They all acknowledged how approachable and available this member of staff was when the need arose within the designated centre. The person in charge was supported in their role by a service manager. The person in charge was aware of their statutory obligations and responsibilities with regard to the role of person in charge, the management of the designated centre and the remit of the Health Act (2007) and Regulations. Throughout the course of the inspection the inspector observed residents knew the person in charge and were very comfortable in their communication with this member of staff. The person in charge worked on a full time basis within this designated centre.

The inspector viewed minutes of team meetings within the designated centre dated for 2016 and 2017. Areas discussed included policies relating to the designated centre Health and safety issues were also discussed with outcomes of audits and other information relevant to the designated centre including dementia awareness information.

The person in charge met with the service manager to discuss areas relating to the designated centre the inspector viewed minutes of these meetings.

The person in charge also attended cluster meetings, this involved other designated centres within the same governance area of the service manager. The inspector viewed these meetings were areas discussed included organizational aspects of service provision and various reviews were discussed.

The inspector also viewed minutes of the service manager meeting with the director of services to discuss areas relating to the designated centre including resident's needs and staffing arrangements.

Samples of staff supervision records were viewed.

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):

No actions were required from the previous inspection.

Findings:

The inspector found there was appropriate staff numbers and skill mix to meet the assessed needs of residents.

The inspector found the actual and planned rota was maintained within the designated centre.

The inspector viewed training records for 16 members of staff and five staff member required training in the area of first aid.

Judgment:

Substantially 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):

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

Findings:

The inspector reviewed this outcome in relation to the non-compliances identified on the previous inspection.

The inspector found some schedule 5 policies were present in the designated centre were not the current policies used by the organization.

- provision of behavioural support was dated February 2013 to be reviewed in 2016.
- provision of intimate care January 2004 for review in 2005.

Over the course of the inspection the inspector viewed the directory of residents and found this document did not contain all the information as specified in Schedule 3. The date of admission and the name and address of any authority, organization or other body which arranged the resident's admission to the designated centre was not contained within the document.

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:

Karina O'Sullivan
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 report¹

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0003600
Date of Inspection:	28 February 2017
Date of response:	29 March 2017

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 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:

Some individual resident's risk assessments required review to reflect current practice within the designated centre.

Issues in relation to emergency lighting was identified within each quarterly report, no evidence of follow up was evident in relation to areas identified.

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 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 person in charge on behalf of the Registered Provider will comply with Regulation 26 (2) by addressing the issue in relation to emergency lighting with the relevant department in the Organisation. The person in charge will ensure update of documentation providing evidence of follow up and repair.

Completed documentation is available for review by Inspectors.

Proposed Timescale: 02/03/2017

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:

Some documents in place within resident files contained inconsistent information. The inspector identified this did not ensure staff were appropriately guided to respond to displays of behaviour that challenge and to support residents to manage their behaviour in a consistent approach.

2. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

The person in charge will comply with Regulation 07 (1) by updating a support plan to accurately reflect intervention contained within the behavioural support plan reviewed by designated psychologist. The updated support plan and behavioural support plan will be available for review by Inspectors.

Proposed Timescale: 05/04/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Some healthcare conditions were not identified within the assessment despite a support plan in place for the condition.

Other conditions were identified within the assessment however, no support plan was present in relation to the specific healthcare need.

The review process in place for areas identified did not identify the effectiveness of the interventions implemented.

The modification of the consistency of food was documented within some resident files using two different descriptors.

3. 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 person in charge will on behalf of the Registered Provider comply with Regulation 06 (01) by

Updating assessment to reflect healthcare condition identified within a support plan for the condition

Creating support plan in relation to specific healthcare need identified within individual assessment

Updating review process of support plans to identify the effectiveness of interventions implemented.

Updating an individual Quick Reference Guide to reflect IASLT descriptor within the individual's feeding, eating, drinking and swallowing assessment (F.E.D.S)

Support plans and quick reference guide is available for review by Inspectors

Proposed Timescale: 22/03/2017

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:

Out of date medication was administer to some residents.

4. Action Required:

Under Regulation 29 (4) (c) 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 out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national

legislation or guidance.

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

The person in charge will comply with Regulation 29 (4) (c) by updating auditing recording document to ensure adherence to Organisational policy and procedure in relation to out of date medications. The updated document will be available for review by Inspectors.

Proposed Timescale: 20/03/2017

Theme: Health and Development

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

Several medications contained no expiry date on the day of inspection.

Some medications did not contain the resident's name for whom the medication was prescribed.

The administration sheet for one resident did not identify the method of administration for one medication.

The inspector identified one medicinal product was prescribed as a p.r.n. however, staff and the person in charge identified this was administered daily to the resident and not as a p.r.n. medication.

5. 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:

The person in charge will comply with Regulation 29 (4) (a) by

Liaising with supplying Pharmacy's to ensure all prescribed medications contain expiry date

Ensuring all medication contains the name of the person for whom the medication is prescribed.

Updating an individual administration sheet to reflect the method of administration for one medication

Updating individual administration sheet to reflect a medicinal product as administered daily

Interventions are available for review by Inspectors

Proposed Timescale: 18/03/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

6. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

The person in charge will comply with Regulation 16 (1) (a) by contacting the relevant Organisational dept to ensure staff are booked on appropriate training in a timely manner.

Up to date training records will be available for review by Inspectors.

Proposed Timescale: 21/03/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

Some policies and procedures as set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 available to staff were not current documents.

7. Action Required:

Under Regulation 04 (2) you are required to: Make the written policies and procedures as set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 available to staff.

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

The Person in Charge on behalf of the Registered Provider will comply with Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulation 2013 by ensuring current documents are available to staff.

Up to date policy documents are available for review by Inspectors

Proposed Timescale: 20/03/2017

Theme: Use of Information

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

The directory of residents did not include all the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

8. Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

The Person in Charge on behalf of the Registered Provider will comply with Regulation 19 (3) by updating the Directory of Residents to include information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres (Children and Adults with Disabilities) Regulations 2013.

Updated Directories are available for review by Inspectors

Proposed Timescale: 20/03/2017