

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | Cedarwood Lodge |
| Centre ID: | OSV-0002437 |
| Centre county: | Co. Dublin |
| Type of centre: | Health Act 2004 Section 39 Assistance |
| Registered provider: | Redwood Extended Care Facility Unlimited Company |
| Lead inspector: | Marie Byrne |
| Support inspector(s): | None |
| Type of inspection | Unannounced |
| Number of residents on the date of inspection: | 7 |
| 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 following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 11 January 2018 10:00 To: 11 January 2018 17:30

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

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| Outcome 01: Residents Rights, Dignity and Consultation |
| Outcome 03: Family and personal relationships and links with the community |
| 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 11. Healthcare Needs |
| Outcome 12. Medication Management |
| Outcome 13: Statement of Purpose |
| Outcome 14: Governance and Management |
| Outcome 17: Workforce |

Summary of findings from this inspection

This was the third inspection of the centre by the Health Information and Quality Authority (HIQA). The purpose of the last inspection was to inform a registration inspection. All actions outlined by the provider in the action plan following the last inspection were satisfactorily implemented.

This inspection was a triggered inspection following receipt of concerning information relating to risk management and safeguarding and safety of residents. This inspection was a one day unannounced inspection carried out by one inspector.

How we gathered our evidence:

As part of the inspection the inspector met and spoke with six residents and observed staff providing support to residents. The Inspector met and spoke with the person in charge, two team leads and the social care manager during the inspection. The provider representative, chief executive officer and the operations service manager attended feedback at the end of the inspection.

Documentation such as personal plans, risk management plans, minutes of meetings,

medicines records, policies and procedures, rosters, staff files and staff training records were reviewed.

Description of the service:

The centre was located near a town centre with access to public transport links. The centre provided residential care for seven residents. Six residents resided in the main house, and one resident in the apartment.

The house consisted of six bedrooms. Each bedroom was equipped with an en-suite bathroom. There were two large sitting rooms and an activities room in the house. There was also a large dining room, separate kitchen, a family and friend's room, two store rooms, an office and a number of bathrooms in the centre. The apartment accommodated one resident and consisted of a bedroom which had an en-suite bathroom, a living room, a bathroom and a kitchen.

Overall judgment of findings:

Overall the inspector found that the residents were well cared for. There were adequate risk management procedures in place in the centre, and adequate measures in place to protect residents being harmed or suffering abuse.

It was evident during the inspection that the staff team were knowledgeable of each residents support needs, and that they were committed to supporting them in a person-centred manner. Residents were observed throughout the inspection to lead and direct their day and engage in meaningful activities of their choosing. Residents reported to the inspector that they were happy and felt safe in the centre.

11 outcomes were inspected against, 10 outcomes were found to be compliant and one outcome was found to be substantially compliant.

The person in charge and social care manager facilitated the inspection.

Good practice was identified in areas such as:

- management of healthcare needs
- risk management
- medication management
- governance and management

The inspection findings are discussed in the body of this report and the regulation which is not being met in the action plan at the end of the report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Overall, the inspector found that residents were consulted with and participated in decisions about their care and about the organisation of the centre.

Regular residents meetings were held in the centre. There was a comprehensive agenda for these meetings which included complaints, review of easy read vulnerable adults policy, rights review committee, personal plans, weekly menu, local community information, the role of HIQA, fire procedures, activities/events, social trips, home leave, and any other business.

From reviewing documentation and discussions with residents and staff it was evident that residents had opportunities to participate in meaningful activities on a regular basis in line with their needs, and interests.

There were policies and procedures in place for the management of complaints. The complaints process was available in a format which was accessible for residents. It contained a picture of the complaints officer and detailed how residents could make a complaint. It was displayed in a recreation area in the centre. Residents described the complaints process to the inspector and named the staff members they would go to if they had a complaint.

The person in charge was the nominated complaints officer in the centre. The inspector reviewed the complaints log in the centre. It was found to be appropriately detailed. There was one open complaint in the centre which was in the process of being followed up upon by the complaints officer.

There was a residents' information guide in the centre which was in a format accessible for residents. It contained information relating to the services available for residents in the centre, the layout and facilities, and the ethos of the centre. There was information on residents' rights, choice, independence, inclusion, advocacy, activities, visitors, how residents have their say, and how to make a complaint.

Staff were observed to treat residents with dignity and respect on the day of inspection. Personal care practices respected residents' privacy and dignity. Staff were observed knocking on residents' bedroom doors and waiting for a reply before entering with residents' consent.

Residents had access to numerous rooms in the centre to have private contact with their family and friends including a family and friend's room, a number of living rooms and a recreation room. The privacy of residents' personal information was respected throughout the centre.

There was a policy in place on residents' personal property, personal finances and possessions. Through discussions with residents and staff, and review of the centres policy, and financial audits, it was evident that residents' personal property including their personal monies were kept safe through appropriate practices and record keeping. Residents retained control over their personal possessions in line with their wishes.

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):

No actions were required from the previous inspection.

Findings:

Overall, the inspector found that residents were supported to develop and maintain personal relationships and links with the wider community, and that their families were encouraged to get involved in the lives of residents.

There were no restrictions on family or friend's visits unless requested by residents, or when visits or the timing of visits were deemed to pose a risk.

Families were kept informed of residents' wellbeing and involved in personal plan meetings and reviews in line with the wishes of residents. Residents and their families

were invited to attend yearly case conference meetings in the centre.

There was a visitor's policy and a procedure in place in the centre and a visitor book in place. There was also a visitor's guide and associated risk assessments in place. There was evidence of regular family contact and home visits.

Residents reported to the inspector that they were involved in their local community and supported to access community facilities in line with their wishes.

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):

No actions were required from the previous inspection.

Findings:

Overall, the inspector found that each resident's wellbeing and welfare was maintained by a high standard of evidence-based care and support.

There was a comprehensive assessment of the health, personal, social care and support needs of each resident in the centre. The inspector reviewed a number of residents' personal plans. A comprehensive assessment of need was in place for each resident. There was also an individual support plan in place which detailed which members of the multidisciplinary team (MDT) supported the resident and their contact details. There were detailed assessments carried out and care plans developed in line with residents' identified needs.

There was a multidisciplinary team review meeting held for each resident in the centre every six to eight weeks. There was evidence of review and evaluation of personal plans in line with residents' changing needs, and evidence that plans were implemented and improving outcomes for residents. A case conference meeting was also held annually in the centre and evidence that residents and their representatives were in attendance at these meetings.

There was documentary evidence that residents had opportunities to engage in meaningful activities in line with their wishes and preferences. Activities were discussed at residents' meetings and then discussed daily and changes made in line with residents wishes on that day. There was a vehicle in the centre to support residents to engage in meaningful activities.

Residents spoke with the inspector about goals they had in place and what activities they enjoyed such as trips to the local village and other destinations for shopping, coffee and meals.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

Overall, the inspector found that the location, design and layout of the centre was suitable for its stated purpose and was meeting the individual and collective needs of residents. The centre was homely and comfortable. Since the last inspection by the authority the large gate at the front of the premises, and the reception desk had been removed.

The centre was very spacious and there was plenty of private and communal accommodation. There was large secure outdoor space at the front of the building and a spacious well maintained back garden.

The centre was clean, suitably decorated and well maintained. A cleaner was employed in the centre three days per week. In addition there were cleaning schedules in place.

There was suitable storage, ventilation, heating and lighting in place throughout the centre. Equipment and facilities were serviced and maintained regularly, and records of this maintained in the centre.

There was a separate kitchen area with suitable and sufficient cooking facilities. There were baths, showers and toilets of a sufficient standard and number to meet residents' needs. Each resident's bedroom had an ensuite bathroom.

There were suitable arrangements in place for the safe disposal of general and clinical waste. There were adequate facilities in place for residents to launder their own clothes if they so wish.

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:

Overall, the inspector found that the health and safety of residents, visitors and staff was promoted and protected in the centre. There were policies and procedures in place for risk management and emergency planning. There was an organisation wide safety statement in place and there was also a site safety statement which had just been reviewed and updated.

The site specific safety statement detailed fire safety in the centre, manual handling safety, first aid, training and supervision. There was a major emergency plan in place and documentary evidence that this plan was reviewed and evaluated as necessary. The incident management flowchart contained within the major emergency plan clearly guided staff practice in the case of an emergency.

There was a risk register in place in the centre and there was evidence that it was reviewed regularly in line with the needs of residents and other risks identified in the centre. The person in charge reviews the document with the support of the social care manager. It is then reviewed at the organisations risk management meeting. There was a risk assessment control sheet in place which listed risk assessments in the centre, when they were last reviewed, any control measures which were added and their risk rating.

Individual risk assessments were in place in line with the risk register. There was evidence of regular review and update of these individual risk assessments. For example, in response to a recently identified risk, new electronic gate had just been installed at the entrance to the premises. The gate used coded access, and had an intercom and bell for visitors to use.

There was a risk assessment in place and evidence of consultation with residents prior to the gate being installed. The installation had also been discussed at the staff meeting

in the centre and the organisations risk management group meeting. Social stories were in place for residents on how to use the code for gate, and staff supported them to learn how to use the gate.

The centre had policies and procedures in place relating to incidents when a resident goes missing. Satisfactory procedures were in place for the prevention and control of infection in the centre.

Arrangements were in place for investigating and learning from incidents in the centre. The inspector reviewed a sample of incident reports. There was a review form completed which identified required follow up actions. There was evidence of review and follow up on all incident reports reviewed.

Suitable fire equipment was available throughout the centre. There were adequate means of escape and emergency lighting in place. The procedure for safe evacuation of the centre was prominently displayed and in a format accessible to residents. Each resident had a personal emergency evacuation plan (PEEP) in place which detailed required supports to safely evacuate the centre. There was evidence of quarterly servicing of the fire alarm, and annual servicing of fire safety equipment.

There was evidence of fire drills in the centre at least six monthly. Records were kept of fire drills and there was evidence of learning and follow up following drills.

Staff in the centre had received fire safety training. Staff and residents described how to safely evacuate the centre in the case of an emergency in line with risk assessments and personal emergency evacuation plans. There was evidence of daily inspection of fire escapes and emergency lighting in the centre.

Judgment:
Compliant

Outcome 08: Safeguarding and Safety

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

Theme:
Safe Services

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

Findings:

Overall, the inspector found that appropriate measures were in place to protect residents being harmed or suffering abuse in the centre.

There was a policy and procedures in place for the prevention, detection and response to abuse. Through discussions with residents and staff, and review of documentation in the centre it was evident that regular discussions were held in the centre in relation to prevention, detection and response to abuse.

Staff had received training in understanding and responding to allegations, suspicions and disclosures of abuse, and demonstrated a good awareness of what to do if there was an allegation, suspicion, or disclosure of abuse. Residents reported to the inspector that they felt safe in the centre, and that they knew who to talk to if they had any concerns about their safety.

There was a policy in place for the provision of intimate care. The inspector reviewed a number of intimate care plans in the centre. They were detailed and guided staff practice. Staff members were observed by the inspector to treat residents with respect and warmth.

Adult protection audits were completed regularly by the person in charge. Strengths, actions and areas for development were identified in these audits. There was evidence of follow up from actions of these audits including providing updates for residents at the residents' meetings. There was an adult protection log maintained in the centre, and relevant blank documentation for staff to complete if there were any allegations, suspicions or disclosures of abuse.

There was a policy in place for the provision of behavioural support for residents. Staff in the centre were trained in managing and responding to behaviour including de-escalation and intervention techniques. There was evidence that residents' positive behaviour support plans were implemented and reviewed as necessary. There was a policy in place for the use of restrictive procedures. The centre was observed to be a restraint-free environment on the day of inspection.

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):

No actions were required from the previous inspection.

Findings:

Overall, inspector found that residents in the centre were supported to achieve and enjoy best possible health. Their health care needs were met in line with their personal plan through timely access to healthcare services.

The inspector reviewed a number of residents' personal plans and there was evidence of appropriate assessments and care plans in place. Residents had access to relevant allied health professionals in line with their assessed needs.

Residents in the centre were supported to access a general practitioner of their choice. The inspector spoke with a community nurse employed by the organisation to provide support to residents in relation to the assessment, care and management of their healthcare needs.

There was documentary evidence in the centre that six to eight weekly multidisciplinary team meetings were held for all residents in the centre. The attendance at these meetings included the person in charge, community nurse, psychiatrist, occupational therapist, physiotherapist, staff working in the centre and the psychologist. Multidisciplinary team review forms were in place and completed regularly.

Residents in the centre were supported to buy, prepare and cook their meals in line with their wishes and preferences. There were risk assessments in place in relation to the use of some kitchen equipment in line with identified risks. Food in the centre was observed by the inspector to be nutritious and appetising.

There were plenty of snack and drinks available in the centre. Residents who required support to eat and drink were supported in a sensitive and appropriate manner. The advice of specialists was implemented in line with residents' personal plans.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Overall, the inspector found that each resident was protected by the written operational policies in the centre relating to the ordering, prescribing, storing and administration of medicines to residents.

Staff were observed by the inspector to adhere to appropriate medication management practices in line with the organisations policies and procedures. However, there was no system in place for ensuring that out of date or returned medicines were stored in a secure manner that was segregated from other medicinal products.

There were systems in place for reviewing and monitoring safe medicines management practices in the centre. The inspector reviewed a number of medicines audits which were completed in the centre by the pharmacist and by the community nurse. There was evidence of follow up on actions identified in the audits.

The inspector also reviewed a number of medication error report forms in the centre. There was some evidence of follow up in relation to these errors. However, improvement was required in documenting all follow up actions completed. This was discussed during the inspection with the person in charge and the social care manager.

Judgment:

Substantially Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose in the centre which accurately described the facilities and services provided in the centre.

It outlined the aims, objectives and ethos of the centre. It was reviewed in line with the timeframe outlined in the regulations and contained all the information required in Schedule 1 of the regulations.

It was available in a format which was accessible to residents.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Overall, the inspector found that the quality of care and experiences of the residents in the centre was monitored on an ongoing basis.

There was an annual review of the quality and safety of care in the designated centre which provided for consultation with residents and their representatives. Actions were developed following the annual review, and there was evidence of follow up and completion of these actions.

The provider or provider representative visits the centre at least once every six months and produces a report on the safety and quality of care and support provided in the centre. There was evidence of follow up on actions following these six monthly reviews.

A large number of audits were completed regularly in the centre. They were completed by a variety of personnel such as the person in charge, the maintenance manager, the pharmacist, the community nurse, the catering manager and the speech and language therapist. The inspector reviewed a number of these audits and there was evidence of review and follow up on actions outlined in these audits.

The person in charge had an audit plan in place which outlined a list of audits for completion, the due dates and the dates they were completed.

There were clearly defined management structures which identified the lines of authority and accountability in the centre. The staff team reported to the person in charge who in turn reported to the social care manager. The inspector met and spoke with the person in charge and the social care manager at intervals on the day of inspection. They were both knowledgeable on the needs and abilities of residents, and displayed a good knowledge of the legislation and their statutory responsibilities. The residents could clearly identify the person in charge and the social care manager and spoke fondly of them both. Monthly governance meetings were held between the person in charge and the social care manager.

The person in charge was present in the centre Monday through to Friday and there was an on-call support manager available for support in their absence. The person in charge provided good leadership to the staff team and was engaged in the governance,

operational management and administration of the centre on a regular and consistent basis.

There was evidence that regular staff meetings were held in the centre. There was good attendance recorded at these meetings and evidence that the staff who did not attend had followed up and read the minutes.

Judgment:
Compliant

Outcome 17: Workforce

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

Theme:
Responsive Workforce

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

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

Findings:

Overall, inspectors found that there were appropriate staff numbers to meet the assessed needs of residents.

There had been a large number of staffing changes in the months preceding this inspection. Prior to these staffing changes there had been a stable workforce in place. A large proportion of the staff team were working in the centre for less than one year.

The person in charge and staff members who spoke with the inspector described the importance of ensuring a more experienced staff member was on duty with the newer members of the team to ensure continuity of care for residents. The inspector reviewed rosters in the centre for a two month period. It was evident that every effort was being made to ensure that at least one experienced staff was on duty both during the day and at night.

From speaking to staff and residents and reviewing rosters and incidents in the centre these changes did not appear to be contributing to negative outcomes for residents. The centre had its full complement of staff in line with its statement of purpose. During the opening meeting the person in charge informed the inspector that the centre had just received approval for an additional whole time equivalent staff for the centre.

The new staff members had received a classroom induction and an area specific induction where they had shadowed members of the existing team for a number of

shifts prior to being counted in the staffing quota. The new staff members had the required qualifications and experience to meet the assessed needs of residents.

On reviewing training records and speaking with the person in charge a training needs gap analysis was completed. It identified that there were a number of staff requiring refresher training and they had been booked in to attend these required courses.

There was a performance management and development system in place in the centre which was completed on an annual basis. This review was an opportunity for staff and managers to discuss work goals and development plans.

Staff members who spoke with the inspector were aware of the policies and procedures related resident's welfare and protection. The inspector reviewed a sample of staff files and they contained all information outlined in schedule 2 of the regulations.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Marie Byrne
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

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|----------------------------|---|
| Centre name: | A designated centre for people with disabilities operated by Redwood Extended Care Facility Unlimited Company |
| Centre ID: | OSV-0002437 |
| Date of Inspection: | 11 January 2018 |
| Date of response: | 19 February 2018 |

Requirements

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

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

Outcome 12. Medication Management

Theme: Health and Development

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

There was no system in place to ensure that out of date or medicines due for return to the pharmacy were stored securely and segregated from other medicinal products.

1. Action Required:

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

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 house now has a locked space separate to the medication trolley for pharmacy medication returns.

Proposed Timescale: 19/02/2018