

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by S.O.S. Kilkenny Ltd
Centre ID:	OSV-0003413
Centre county:	Kilkenny
Email address:	sdownes@soskilkenny.com
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	S.O.S. Kilkenny Ltd
Provider Nominee:	Francis Coughlan
Lead inspector:	Vincent Kearns
Support inspector(s):	Louisa Power;
Type of inspection	Announced
Number of residents on the date of inspection:	15
Number of vacancies on the date of inspection:	9

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 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: 12 August 2014 08:30 To: 13 August 2014 14:30

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

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

Summary of findings from this inspection

This registration inspection was announced and took place over two days. This report sets out the findings of a registration inspection, which took place on 12 and 13 August 2014. As part of the registration inspection inspectors met with residents, the person in charge, deputy residential manager, provider and other staff members. The provider had applied for registration for this centre under the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013.

As part of the inspection process, the provider and person in charge have to satisfy the Chief Inspector of Social Services that they are fit to provide the service for the categories of care they have applied for and that the service will comply with the

Health Act 2007 (Care And Support Of Residents in Designated Centres For Persons (Children And Adults) With Disabilities) Regulations 2013. Inspectors met with the person in charge and deputy residential manager and discussed the management and clinical governance arrangements and the role of the person in charge. The person in charge completed a fit person interview and was deemed to be fit by inspectors. In addition, the provider completed a fit person interview in respect of this centre, and was also deemed to be fit. Inspectors reviewed all the information provided in the registration application and associated documents. Inspectors met with the person in charge and examined policies and procedures which covered issues such as medication management, accidents and incidents management, complaints and emergency plan. The person in charge informed inspectors that she endeavoured to provide a person centred service to effectively meet the needs of residents.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities. These areas include:

- financial records in one premises were not adequate
- some personal plans required updating
- there were issues in relation to the premises
- there were health and safety issues
- there were issues in relation to the prevention of healthcare-associated infections
- there were requirements in relation to the use of listening monitoring
- the level of support for recreational activities was not adequate
- there were issues in relation to medication management.

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 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 to whom inspectors spoke to stated that that they enjoyed living in the centre and stated that they were very happy with the care and consideration shown by staff. There were copies of easy read residents guide, complaints procedure, and the Statement of Purpose located in each premises. There was a policy on the management of complaints and most residents were aware of how to make a complaint. The complaints policy identified the nominated complaints officer and also included an independent appeals process as required by legislation. Inspectors noted that in each premises there was a board with the names and photograph of each member of staff working in the centre. In addition, there were copies of a one page sheet that contained photographs of the management staff. These included the provider, person in charge, deputy residential manger, complaints officer and the independent advocate on one side and an easy to read complaint form on the other side of this form. The person in charge stated that she dealt with any complaints as soon as possible and felt that residents were happy with the service they received. The inspectors reviewed the complaints log and noted that this complaints' log recorded the nature of the complaint, the name of staff involved, if the issue was resolved or not, any action taken and any strategies taken to prevent a reoccurrence. In addition, the complaints log recorded whether or not the complainant was satisfied and copies of an easy read version of the complaints policy were available. During the inspection, inspectors noted residents approaching the person in charge, provider and the deputy residential manager with issues and it was clear to inspectors that managers were open and receptive to dealing positively with any issues residents might have.

Residents to whom inspectors spoke confirmed that they felt safe and spoke positively about their care and consideration they received. Residents described the staff as being readily available to them if they had any concerns. Inspectors observed staff interaction

with residents and noted staff promoted residents dignity and maximised their independence, while also being respectful when providing assistance. The person in charge informed inspectors that residents and their representatives were actively involved in the centre. There were a number of options for residents to voice their views including a weekly individual residents' house meetings, through the human rights committee forum, the "my life, my choice" meetings, the advocacy group and residents' "in-line communication" meetings. Inspectors noted there was a visitor's record maintained and there was evidence of visitors attending the centre at different times. Inspectors observed staff endeavouring to provide residents with as much choice and control as possible by facilitating residents individual preferences for example in relation to their daily routine, meals, assisting residents in personalising their bedrooms and choice of activities.

Inspectors noted that where possible residents retained control over their own possessions and that there was adequate space provided for storage of personal possessions. Residents had easy access to personal monies and where possible control over their own financial affairs in accordance with their wishes. There was a policy on residents' personal property which was centre specific and inspectors reviewed the local arrangements' to ensure residents' financial arrangements were safeguarded through appropriate practices and record keeping. These arrangements included the allocation of a nominated staff member (key worker) where necessary to assist individual residents in their personal shopping. Inspectors noted that staff nominated in most premises were accountable to ensure adequate records and robust accounting procedures were used when handling residents monies. The deputy residential manager informed inspectors that she proactively monitored these arrangements to ensure their effectiveness in safeguarding residents' finances. In addition, the deputy residential manager stated that she had commenced a monthly audit of all residents financial records. Inspectors noted that all financial transactions when possible; were signed by residents. In addition, there were copies of written receipts retained for all purchases made on residents' behalf. Inspectors were informed by the deputy residential manager that all transactions were to be checked and counter signed by staff on commencement of each shift as an extra safeguarding measure. However, on examination of residents' financial records in one premises; inspectors noted that the checking of residents' finances was only conducted following an expenditure. Therefore potentially leaving some residents finances vulnerable to exploitation as there may have been long periods when some residents' finances had not been checked or accounted for.

Judgment:
Non Compliant - Minor

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

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

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

Findings:

Inspectors noted that residents had access to appropriate media, such as newspapers local and national, television, internet connection, and radio. There were copies of the centres' newsletter/magazine called 'Rewind.' This was glossy magazine featured lots of local news articles with many photographs and interviews of residents including residents' recent achievements in the special Olympics national games. There were large flat screen televisions in communal sitting rooms and many residents had televisions in their rooms and some had also opted to have pay for view programmes. Inspectors noted that there were a number of ways for residents' views to be communicated including formal scheduled meetings such as the 'in line communication meetings', 'my Life my choice forum', advocacy Group, chaired by independent advocate and the human rights committee meetings. There was a centre specific communications policy dated as reviewed in May 2014 and there was also a policy on the provision of information to residents also dated as reviewed in May 2014. There was a communication record book completed by staff at the end of each shift detailing any issues in relation to each resident for example any care issues, outings or appointments were recorded. Staff to inspectors spoke stated that this record ensured staff commencing their shift was informed and up to date in relation to any residents issues. Staff to whom inspectors spoke to were aware of individual communication needs of residents in their care and could outline the systems that were in place to meet the diverse communication needs of residents. In addition, inspectors noted that individual communication requirements including residents with complex communication needs had been highlighted in personal plans and were also reflected in practice. For example inspectors noted that staff used unaided augmentative communication approaches such as gestures, signals, facial expressions and vocalizations to communicate with some residents. Inspectors noted from residents personal plans that there had been input from multi-disciplinary professionals including speech and language therapists and occupational therapists to assist residents meet their range of communication needs. Staff to whom inspectors spoke outlined how residents were facilitated access, where required, to assistive technology and aids. Inspectors observed residents had access to hearing aids and appliances to promote their full capabilities including rollators, specialised seating and chairs and technology that supported mobility and posture. The deputy residential manager informed inspectors that the centre had access to transport and regularly used a local taxi service to assist residents in fostering links with the local community. Residents regularly attended local businesses, shops, social outings and a number of residents went home at weekends. Residents to whom inspectors spoke stated that they felt part of the community and some had attended local sporting events and community events such as the local farmers market and local sporting events held nearby.

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 to whom inspectors spoke to stated that they regularly had visitors and could see them in either their bedrooms or in the sitting/sunroom rooms. Inspectors noted the open and welcoming reception that they received from residents and staff on arrival to each premises. There were visitor records maintained in each premises that recorded family, friends and staff who had visited the centre at different times and without any restriction. There was a centre specific policy on visits in the centre that had been reviewed in March 2014. Residents to whom inspectors spoke to described how they also regularly visited their families especially at weekends. From a review of the personal plans inspectors noted that many residents' families had attended review meetings in the centre. The provider informed inspectors that when deciding on the suitability of a premises in a centre; access to facilities within the local community was one of the main considerations. Inspectors noted that each premises had good access to community facilities and a number of residents outlined the many connections they had developed within their community. For example some residents attended local day services, one resident described working in the catering area and another described how he was involved in volunteer work in the local community including working in a charity shop, the local church and the tidy towns' community initiative.

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:

Inspectors reviewed the Statement of Purpose and noted that all residents were afforded respect, choice and dignity at all times through a holistic and person centred approach to care and a welcoming and homelike environment was provided. The person in charge informed inspectors that all prospective residents and their representatives were afforded an opportunity to visit the centre and speak to staff prior to admission. Inspectors were informed by the person in charge that consideration was always given to ensure that the needs and safety of the resident being admitted were considered along with the safety of other residents currently living in the centre.

Inspectors noted that there was a centre specific admission policy that detailed pre-admission arrangements and the admissions process. This policy stated that it was imperative that every care was taken to ensure that all residents in the centre were as far as reasonably possible protected from all forms of abuse. This policy also stated that such protection also included protection from abuse from their peers, and all residents could exercise their right to make a complaint and/or seek representation from an independent advocate. The deputy residential manager outlined to inspectors the arrangements for any prospective resident and/or their representative to visit the centre, as far as reasonably practicable; before admission. In addition, she was able to give examples to inspectors of how recently admitted/transferred residents had been suitably accommodated. Residents to whom inspectors spoke to confirmed that they had been afforded ample opportunity to visit the centre prior to admission/transfer. In relation to one resident with communication difficulties inspectors noted that an augmentative communication approach had been used. This approach included the use of picture boards with photographs of the residents' perspective room/house, street, local shops and staff also used suitable vocalizations to communicate with this resident. Inspectors reviewed copies of the written agreements in relation to the term and conditions of admission to the centre. Inspectors noted that such contracts did detail the support, care and welfare of the resident and details of the services to be provided for that resident. In addition, such agreements also detailed the fees to be charged in relation to residents care and welfare in the this centre as required by the Regulations.

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:

There were a number of centre specific policies in relation to the social care and welfare of residents. These policies included the temporary absence of a resident and internal transfer/transition of resident within the residential service and assessing and management of individual social care needs. Inspectors were informed by residents and staff that there were a number of options available for all residents in relation to activities and work. For example art and crafts including weaving, candle making, and pottery were available in the activation centre. On the first day of inspection, inspectors were shown some excellent examples of art work that residents had completed and used to enhance the decor of their premises. In one premises market gardening was actively pursued by a number of residents and inspectors were informed that residents used a number of polytunnels to produce a variety of vegetables. Inspectors noted that residents were involved in the day to day running of their homes' including shopping, preparing and cooking of meals within each premises. The grounds of one premises gave evidence of active gardening by residents with flowerbeds, potted hanging baskets and the construction of new patio area. One resident stated that he particularly enjoyed tidying up neighbours gardens and cutting back overgrown briars and weeds. Residents to whom inspectors spoke detailed a number of other off-site activities they enjoyed including working in the bowling, golfing, gym work and swimming in the local pool. While there was a general routine to life in the centre with some level of activity/job allocation in place; residents informed inspectors that they had a good choice of meaningful activities from which they could choose to attend or work in each day. Residents to whom inspectors spoke stated that they enjoyed attending the activity centre and other off-site activities. Some residents also outlined how they enjoyed just relaxing in their room, spending time alone and sometimes watching television or listening to music.

Inspectors reviewed a selection of personal plans which were centre-specific. There was evidence of ongoing monitoring of residents needs including residents' interests, communication needs and daily living support assessments. There was some evidence of interdisciplinary team involvement in residents' care including nursing, dietician, psychiatric, medical and General Practitioner (GP), dentist and chiropody services. Inspectors were informed that care staff fulfilled the role of individual residents' key workers in relation to individual residents care and support. The key workers were also responsible for pursuing objectives in conjunction with individual residents within each residents' personal plan. Inspectors noted that residents' personal plans had agreed time scales and set dates in relation to identified goals and objectives and there was evidence of residents' or where appropriate their representatives involvement in setting their personal goals. In addition, there were records of progress in relation to residents' individual goals having been achieved. Inspectors noted that personal plans also recorded the names of persons responsible for pursuing objectives with residents and personal plans were made available in an accessible format and, where appropriate, his or her representative. However, in a number of personal plans in one premises the review periods were out of date and residents personal plans had not had a yearly review, as required by regulation.

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 centre consisted of four different premises located in the residential suburbs of Kilkenny city. One premises did not have any residents as it had just been completed and inspectors were informed that the builders snag list now only contained minor issues. Inspectors noted that this building was modern in design and layout and residents had actively participated in deciding many aspects of the decorating and furniture including choosing their own bedroom curtains and furniture. All premises were easily accessible, bright, well ventilated, had central heating and most were decorated to an adequate standard. Each of the premises was homely and generally met the needs of residents by making good use of soft colours, suitable furniture and comfortable seating. Inspectors noted that the design and layout of each premises was compatible with the aims of the Statement of Purpose.

There were adequate showers and toilets with assistive structures in place including hand and grab rails; to meet the needs and abilities of the residents. There were adequate sitting, recreational and dining space separate to the residents' private accommodation and separate communal areas, which allowed for a separation of functions. Residents that showed inspectors their rooms stated that they were happy with the living arrangements and most had personalised their rooms with photographs of family and friends and personal memorabilia. Inspectors noted that apart from their residents' own bedrooms there were options for residents to spend time alone if they wished with a number of communal sitting rooms available.

However, there were a number of issues with the premises including:

- the décor was not adequate in some premises with paintwork and flooring requiring upgrading
- in one premises most of the external windows and facia were chipped and the paint was peeling
- there was rust on one shower hand rail and peeling chrome was evident on a shower handle
- there was no ceiling light cover on one bathroom light
- there was one fabric arm chair that was torn and needed repair

- in one premises there was dust in shower air vents and window blinds and cobwebs in a number of areas
- in one premises there were a number of plaster cracks in the ceiling
- in one premises the top surfaces on a number of pieces of bedroom furniture including dressing tables and chests of drawers were worn
- one toilet did not have any shelving for the soap dispenser
- in one premises there were no towel dispensers for the paper hand towels

Laundry facilities were provided within each premises and were adequate. Residents to whom inspectors spoke were happy with the laundry system and confirmed that their own clothes were returned to them. Equipment for use by residents or people who worked in the centre included wheelchairs and specialised chairs were in good working order and records were up to date for servicing of such equipment. Inspectors noted that in each premises there was an accessible external outdoor area/garden that was kept safe, tidy and attractive and inspectors observed a number of residents using these facilities. Generally there was garden seating provided and car parking spaces available in all premises that were accessible for car/mini bus transport.

Judgment:

Non Compliant - Moderate

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:

There was a risk management policy and this policy did detailed the measures and actions in place to control the following risks of unexpected absence of any resident, accidental injury to residents, visitors or staff, aggression and violence, and self-harm as required by regulation. In addition, the risk management policy did detail the arrangements for the identification and investigation of, and learning from, serious incidents or adverse events involving residents.

Inspectors noted that there was a valid certificate of compliance with statutory fire safety and building control requirements had been made available for this centre. Maintenance records for fire equipment including the fire alarm system, fire extinguishers and fire blankets were available. Inspectors noted that fire training for staff was up to date. All staff to whom inspectors spoke gave clear accounts of their understanding of fire procedures in the event of an outbreak of fire. There were individual fire evacuation plans for residents with mobility needs. There were monitoring checks in relation to all fire extinguishers and fire exits.

From a selection of personal plans reviewed inspectors noted that individual risk assessments had been conducted and included screening for falls risks, daily living support plans such as swallowing, diet and weight management and behaviours that challenge. There were also assessments of risks associated with supporting positive behaviour and the management of epilepsy, were appropriate.

There was a safety statement that detailed hazard identification which included slips, trips, falls, manual handling risks, assaultive behaviour and included measures aimed to reduce such hazards. However, inspectors noted a trip hazard in one premises and an unsecured window blind cords in one premises had not been risk assessed. In addition, inspectors had concerns regarding the level of observation of residents in one of the premises. Staff to whom inspectors spoke to also confirmed that they had concerns regarding observation of residents due to the design and layout of one of the premises.

Inspectors were informed by the person in charge that the cleaning of each premise in the centre was done by the staff who had a number of responsibilities including meeting the care and welfare needs of residents. There were supplies of latex gloves that were located in a number of areas throughout the centre. However, there were a number of issues in relation to the prevention of healthcare-associated infections:

- one of the premises was not adequately clean with evidence of dust, cobwebs in a number of areas
- the storage of cleaning mops in one premises was inadequate as a number of mops were stored in cleaning buckets when not in use

Judgment:

Non Compliant - Moderate

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:

Residents to whom inspectors spoke confirmed that they felt safe in the centre and spoke positively about the support and consideration they received from staff.

Inspectors noted a positive, respectful and homely atmosphere within the premises and

residents appeared relaxed, positive and generally forthright in speaking about staff and living in the centre. The person in charge and the deputy residential manager were involved in the management of the day to day care provision for residents in the centre. The deputy residential manager informed inspectors that she monitored safe-guarding practices in the centre by regularly speaking to residents and their representatives, and by reviewing the systems in place to ensure safe and respectful care. During the inspection, inspectors observed the deputy residential manager and staff interacting and speaking to residents in a friendly, respectful and sensitive way. In each residents' personal plan there was a section called 'my life, my choice' plan which detailed many of the residents preferences and choices in relation to how they wished to live their lives. Staff to whom inspectors spoke were aware of individual residents' preferences and gave inspectors examples of how such personal choices were respected.

For residents with behaviours that challenge inspectors noted that their behavioural support plan was also an integral part of 'my life, my choice' plan. Staff to whom inspectors spoke stated that the decision to use any restrictive intervention such as bed rails or lap belts was discussed with individual residents and/or his or her representative. In addition, such actions were also discussed with the residents' GP and recorded in the individual's 'My Life, My choice' plan.

Inspectors viewed policies and procedures for the prevention, detection and response to allegations of adult abuse that had been dated as reviewed in January 2014. There was also a policy in relation to behaviour that challenges dated as commenced in July 2014. Inspectors noted that both policies were centre specific and comprehensive. Inspectors noted from staff files that adult abuse training had been provided and staff also confirmed that they had received training in relation to the policy on identifying and responding to adult abuse. In addition, staff to whom inspectors spoke were able to confirm their understanding of the features of adult abuse. From a selection of personal plans inspectors noted that behavioural interventions records gave clear directions to staff on how best to prevent or appropriately respond to behaviour that challenges. The person in charge outlined arrangements for the training of staff in the management of behaviour that challenges and detailed how an external company had been commissioned to provide this training for all staff. Staff to whom inspectors spoke were able to detail suitable strategies in relation to providing de-escalating and intervention techniques.

In one premises inspectors noted that a listening monitor was used in relation to one resident who suffered epilepsy. Staff informed the inspector that this monitor was used to detect and notify staff if the resident was experiencing a tonic-clonic seizure. This device assisted staff in responding and providing assistance to this resident in the event of a seizure. The person in charge informed inspectors that this residents' representatives had been consulted in the use of this device. Inspectors noted that there was a written protocol in place which outlined the reasons for the monitors use. However, there were a number of issues in relation to the use of this listening monitoring including:

- there was no policy/procedure available in relation to the use of this monitor for example when it was to be in use/turned off and who would be listening to it when it was in use
- there were no written records of how/when/where this monitor would be used having

been discussed with the resident or their representatives as appropriate

- in the resident personal plans there were no records of signed consent from the resident (where possible) or no evidence of discussions with residents representatives in relation to using this monitor where appropriate
- there was no recording/audit/review of the use of this monitor

Judgment:
Non Compliant - Moderate

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 person in charge outlined to inspectors the process for recording any incident that occurred in the centre and the procedure for maintaining and retaining suitable records as required under legislation. All incidents and accidents were recorded in the incident logbook. The person in charge also outlined the arrangements to ensure that a written report was provided to the Authority at the end of each quarter period of any occurrence in the centre of any incident as required.

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:

Inspectors were informed by staff that there were a number of options available for all residents in relation to activities. For example in the centralised activation centre there were activities such as, sport, art and creativity, drama, gardening, and photography. In addition, some residents worked in Dreamtime radio that was located on the same campus as the activation centre. There was flip side art studio based in Kilkenny city that was also an option for residents who wanted an alternative outlet from the main campus. During the inspection, inspectors noted that a number of residents participated in their own individualised activities; often on a one to one basis. For example some residents regularly enjoyed relaxing in their home sometimes just socialising with friends, watching television or listening to music. Inspectors also noted that a number of residents regularly visited family or friends, went to the local shops and attended religious services in their local church on Sundays and religious occasions. Residents to whom inspectors spoke stated that they also enjoyed eating out, going to hurling and football matches or the cinema. One resident described how she enjoyed cycling and others enjoyed cards or bowling. Inspectors noted from a selection of personal plans there was an established social activities schedule available and evidence of an assessment process that identified each resident's educational, employment and/or training goals. However, in two of the premises inspectors were informed that residents had limited options in relation to activities for a number of evenings during the week and for part of the weekends. While there was a staff member assigned to provide assistance in relation recreational activities on a number evenings and at weekends. Nevertheless inspectors noted in two premises there were up to seven residents and one staff each morning and evening. Staff to whom inspectors spoke with confirmed that this staffing arrangement restricted the options for residents to participate in activities in accordance with their interests, capacities and developmental needs.

Some residents to whom inspectors spoke with also outlined the regular roles within their own premises and inspectors noted that such roles formed part of residents' goals in their personal plans. Some residents had specific tasks in their own premises or within the activities centre; while other residents had different personal goals to pursue with the assistance of staff. Inspectors noted that residents' roles and responsibilities included keeping their rooms tidy, making their beds, managing laundry, setting tables for meals, participating in food preparation and washing up after their meals. Inspectors were also informed that these roles were adapted to meet the capacity and needs of the individual residents. Inspectors noted that residents had opportunities for new experiences and social participation and residents outlined how they could access appropriate and accessible indoor and outdoor recreational events as outlined above. From a selection of personal plans inspectors noted that there were supports identified to assist residents meet these goals and to try realising their potential. In relation to education and training opportunities the provider outlined the following options were open to residents:

- the "vocational, training and opportunities scheme"; that offered participants opportunities to improve their general level of education, develop their skills and prepare for employment and further education and training
- "word aid" which was an adult learning service where adults get help with reading and writing skills
- "Kilkenny collective for arts talent" (KKAT); which was an art and study centre giving open access to arts and lifelong learning

<ul style="list-style-type: none"> • "vocational educational committee" (VEC); offered a variety of night classes • "waterford institute of technology"; offered a number of courses.
<p>Judgment: Non Compliant - Moderate</p>

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:
There was evidence of health assessments being used in relation to physical wellbeing, person-centred planning, diabetes, exercise plans, dementia and epilepsy. There were also assessments in relation to aggression, unexpected absence of a resident and outburst in public. There were records maintained of referrals and follow-up appointments in relation to some residents having had neurological, psychological and psychiatric assessments. Inspectors noted that there were also records of dental, optical, chiropody and dietetics reviews having been completed. Staff informed inspectors that in relation to residents accessing healthcare professionals this mainly occurred via the residents GP, public health nurse or any other healthcare appointment as required. In addition, the person in charged outlined how residents could easily access SOS nursing healthcare facility as required. There were a number of centre-specific policies in relation to the care and welfare of residents including policies on health assessment and care management. From a review of a selection of personal plans inspectors noted that resident's health and welfare needs were kept under review as required by the resident's changing needs or circumstances. Staff to whom inspectors spoke stated that the level of support which individual residents required varied and was documented as part of the residents' personal plan. From reviewing residents personal plans inspectors also noted that residents were provided with support in relation to areas of daily living including eating and drinking, personal cleansing and dressing, toileting and oral care.

Inspectors were informed that residents' choice in relation to food options was available and any particular dietary needs that they might have were addressed. Staff to whom inspectors spoke stated that the quality and choice of food were frequently discussed with individual residents and changes were made to the menu accordingly. Inspectors noted that residents generally had their breakfast and evening meal in each premise and their lunchtime meal mainly off site. Residents to whom inspectors spoke stated that they enjoyed their meals and that the food was good. Inspectors reviewed the dining experience and noted that meals were well presented and residents requiring assistance

from staff were observed providing such assistance in an appropriate manner. Inspectors noted that residents had access to refreshments and snacks with a selection of juices and fresh fruit readily available in most premises. Referrals for dietetic reviews had been made, the outcome of which was recorded in the residents' personal plans. Inspectors viewed the policy and guidelines for the monitoring and documentation of residents' nutritional intake and noted that residents' weights were generally checked monthly and weight records were maintained for most residents.

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):

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

Findings:

There was a centre-specific medication policy that detailed the procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines. The medication fridge stored medication at the appropriate temperature and there were suitable records available in relation to the regular temperature monitoring of these fridges. There were records of training of staff in medication management and staff to whom inspectors spoke demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. For one resident who risked having prolonged or serial convulsive seizures; inspectors noted there was a centre specific protocol for the use of buccal midazolam that had been signed by the residents' GP. This protocol detailed the criteria and method of administration as well as circumstances for administering a repeated dose. Residents' medication was stored and secured in the staff' office in each premises and inspectors noted that a blister pack format of administration was in place.

However, inspectors noted that there were a number of issues in relation to administration of medication including the following:

- there were no expiry dates on a number of residents' (PRN) as required medication on these medication blister packs
- there was no dates of medication commencement on one residents' medication blister pack
- there was medication stored in one premises that did not have expiry dates.

Judgment:

Non Compliant - Moderate

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:

A written Statement of Purpose was available and it broadly reflected the day-to-day operation of the centre, the services and facilities provided in the centre. The person in charge confirmed that she kept the Statement of Purpose under review and provided inspectors with a copy of the most up to date version. Inspectors noted that there was a copy of the Statement of Purpose in the office in each premises. In addition, a copy of the Statement of Purpose had been made available to all residents. Residents to whom inspectors spoke to were familiar with the Statement of Purpose.

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:

There was a full-time person in charge with the required experience and knowledge to ensure the effective support and welfare of residents in the centre. In the absence of the person in charge, the deputy residential manager undertook her responsibilities.

Inspectors spoke to the deputy residential manager who outlined how she supported the person in charge in her role on a daily basis. This support included providing effective supervision in relation to the management of the care and welfare provision within each premises. The deputy residential manager also outlined the out of hour's governance and management arrangements to ensure residents care and safety. She outlined plans to have information governance enhanced with networking of the computers in each premises. The deputy residential manager stated that this arrangement will enhance effective communications; facilitating staff to report incidents/accidents quickly to management via emails and also allow memo's to be immediately available to staff. The deputy residential manager outlined how she has introduced a positive performance management system with a the aim of enhancing and supporting staff in their work roles and professional development. The person in charge informed inspectors that she was also appointed as person in charge for a number of other centres. The person in charge stated that she divided her time fairly evenly and spent more time in any one centre as required; depending on the circumstances or issues that required her attention. Inspectors noted that for each other centre there was also a deputy residential manager who regularly reported directly to the person in charge. Inspectors were satisfied that the person in charge provided effective governance, operational management and administration of this centre.

The inspector noted that there was evidence of a clearly defined management structure that identified the lines of authority and accountability and detailed responsibilities for all areas of service provision. Staff to whom inspectors spoke to were clear on the management and governance arrangements including out-of-hours managerial support. Inspectors noted that the person in charge was also supported by the provider who was located in the centralised activity centre and was accessible to the person in charge, the deputy residential managers and staff. The inspectors observed that the person in charge had an inclusive presence in the centre and residents and staff confirmed that she was a committed and supportive manager. Inspectors noted that residents were familiar with the person in charge and approached her with issues during the inspection. The person in charge outlined to inspectors that there was an open door policy for residents and staff to approach her or any member of the management team. Inspectors noted at the main office near the activities centre; there was a large notice board with photographs of the person in charge and the provider that also indicated if they were currently in the building. This board welcomed residents' feedback and outlined in an easy read format, how to contact any member of the management team. Throughout the inspection the person in charge demonstrated an adequate knowledge of the 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. Inspectors also noted that the person in charge demonstrated a positive approach towards meeting regulatory requirements and a commitment to improving standards of care.

Judgment:
Compliant

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:

Inspectors were informed by the person in charge that there were suitable arrangements in advent of the person in charge absence. The person in charge also confirmed to inspectors that there had been no occasion when the person in charge had been absent from the centre for a continuous period of 28 days or more.

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:

Each premises was maintained to a good standard and had a fully equipped kitchen that was suitably stocked with a plentiful and appropriate supply of food. There were a number of storage cupboards located in the kitchen and dining areas. Each house was well equipped and decorated with the individual residents taste in mind. There was sufficient assistive equipment to meet the needs of residents with for example assisted showers and baths. Servicing records for assistive equipment was up to date. There were assisted bathrooms/shower rooms to cater for the individual and complex needs of some residents. There were electric fitted fireplaces and build in wide screen televisions in the sitting rooms. There were suitable social care staff and nursing staff generally available to assist residents twenty four hours a day for each day of the year. Residents had choice in relation to activities and could access activation facilities in their homes, in the activation centre located within the complex or off site in other venues. Inspectors noted that there was accessible transport services provided for residents and that residents were regularly transported to different venues including social occasions off

site.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The person in charge informed inspectors that upon commencement of employment all employees received induction training and were introduced to all policies and procedures in the centre. Inspectors noted that there was a centre specific policy on recruitment and selection of staff and the person in charge was familiar with the recruitment process. There was also a policy on training, education and development of staff dated as commenced in March 2014. The person in charge stated that many of the staff had been employed in the centre for significant periods of time and therefore there was a high level of continuity of staffing. Inspectors reviewed the staff roster and noted that it was an accurate reflection of the staffing arrangements. Staff to whom inspectors spoke were able to articulate clearly the management structure and reporting relationships and confirmed that copies of both the regulations and the standards had been made available to them. Inspectors noted that copies of the standards were available in a number of the residents' premises and staff spoken to demonstrated adequate knowledge of the regulations and standards. There was an induction programme for new staff which covered issues including professional practice, policies and procedures, intimate and personal care provision, health and safety and positive behaviour support. Staff to whom the inspectors spoke confirmed that they were afforded protected time and had participated in a structured induction programme. There was a centre specific policy on the management of volunteers in the centre and it required that a written agreement regarding volunteers roles and responsibilities was set out in writing. In addition, inspectors were informed by the person in charge that in practice such agreements were in place. The person in charge demonstrated a willingness and strong commitment to the delivery of person-centred care and to work towards meeting regulatory requirements. The inspectors noted that ongoing staff training was provided which included the following:

- fire safety training
- adult abuse training

- pader willi syndrome
- crisis prevention intervention
- standards and regulation
- medication management

Inspectors reviewed a selection of staff files and noted that such files contained all documents as required under schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) with Disabilities) Regulations 2013 were available

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:

Inspectors reviewed the centres policy and procedures and noted copies were stored in each premises. These records were maintained in a manner that allowed them to be easily retrieved by staff. Staff to whom inspectors spoke demonstrated an understanding of specific polices such as medication policy and managing allegations of adult abuse in practice. In relation to residents records such records were generally complete and up to date. The person in charge outlined the process to ensure that policies, procedures and practices were regularly reviewed and to ensure the changing needs of residents were met. This was achieved by the person in charge and her staff systematically correlating and reviewing policies and records as listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Residents and Adults) with Disabilities) Regulations 2013.

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:

Vincent Kearns
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 S.O.S. Kilkenny Ltd
Centre ID:	OSV-0003413
Date of Inspection:	12 August 2014
Date of response:	29 August 2014

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

To ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

- Staff will check residents' personal finance on a daily basis and sign same.

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

Proposed Timescale: 12/09/2014

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:

To ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

- Personal Outcome Reviews to take place during September with residents and families / advocates.

Proposed Timescale: 26/09/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

To provide premises which are of sound construction and kept in a good state of repair externally and internally.

Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

- Paintwork to be completed internally and externally
- Flooring to be replaced.
- Shower hand rail to be replaced
- Ceiling light cover to be fitted
- Plaster cracks to be repaired and painted

Proposed Timescale: 03/10/2014

Theme: Effective Services

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

To provide premises which are clean and suitably decorated.

Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

- Deep cleaning to be completed in one premises

Proposed Timescale: 19/09/2014

Theme: Effective Services

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

To provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

- Door openers compliant with fire regulations to be fitted in one premise to allow for greater observation of residents.
- Bedroom furniture to be replaced
- Shelving unit to be fitted in one bathroom for soap dispenser
- Towel dispenser to be fitted in one premises
- Armchair to be recovered / replaced

Proposed Timescale: 03/10/2014

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:

To ensure that the risk management policy includes hazard identification and

assessment of risks throughout the designated centre.

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:

- Trip hazard to be repaired in one premises
- Window blind cords to be secured to wall

Proposed Timescale: 19/09/2014

Theme: Effective Services

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

To ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

- The storage of mops and buckets to be separated to reduce the risk of cross infection.

Proposed Timescale: 19/09/2014

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:

To put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

Action Required:

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

- Policy / procedure to be developed outlining the use of a listening monitor and the detail of its use.
- Meeting to take place with resident their family / representative outlining the rationale and how the listening devise will be used
- Consent to be obtained from resident and their family /representative
- A date set for review for the use of the monitor.

Proposed Timescale: 07/10/2014

Outcome 10. General Welfare and Development

Theme: Health and Development

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

To ensure that residents are supported to access opportunities for education, training and employment.

Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

- Recreation support hours to be reviewed and increased to include enhanced support midweek in the evening time.

Proposed Timescale: 26/09/2014

Outcome 12. Medication Management

Theme: Health and Development

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

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.

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:

- Commencement date of medication to be recorded on one resident's medication blister pack.

Proposed Timescale: 26/09/2014

Theme: Health and Development

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

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.

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:

- Blister packs for medication to record the expiry date of PRN medication
- All medication to have expiry date recorded on packaging.

Proposed Timescale: 26/09/2014