

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	HSE - James Connolly Memorial Residential Unit
Centre ID:	OSV-0002502
Centre county:	Donegal
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Jacinta Lyons
Lead inspector:	Jackie Warren
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	16
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 08 November 2016 10:00 To: 08 November 2016 18:05

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

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was a monitoring inspection carried out to monitor compliance with the regulations and standards.

How we gathered our evidence:

As part of the inspection, the inspector observed practices and reviewed documentation such as health and social care files, medication records, and health and safety documentation. The inspector met with five staff members and the person in charge and with five residents living in the centre. Although these residents did not communicate verbally with the inspector, it was clear that they were comfortable with staff and in their surroundings.

Description of the service:

The centre comprised a congregated setting on the outskirts of a coastal town. There were three single and two two-bedded bedrooms, in addition to one four-bedded and one five-bedded bedroom. The centre provided a residential care service for up to 16 male and female adults with an intellectual disability.

Overall judgment of findings:

Of the eight outcomes inspected during this inspection, six were either compliant or

substantially compliant with the regulations. One was moderately non compliant and there was one major non-compliance.

Residents received a good level of health and social care. Residents had interesting things to do during the day, and were also supported by staff to integrate in the local community. They also had good opportunity to keep in touch with family and friends. Residents' healthcare needs were well met and there were measures in place to safeguard residents from abuse. There was also a robust medication management system in place. The centre was suitably staffed to meet the needs of residents.

While there were health and safety measures in place, improvement to emergency evacuation procedures was required.

The provider had a clear governance system in place for the management of the centre, and auditing was being undertaken by staff to review the quality and safety of the service. However, an annual report on the quality and safety of the service, and six-monthly unannounced audits by the provider had not been undertaken.

Minor improvement was also required to the medication returns process, evaluation of residents' personal goals, and bed rail assessments.

Premises was not examined during this inspection, but the inspector noted that the person in charge had ceased admissions to the centre to reduce bedroom occupancy and therefore increase comfort for residents. Since the last inspection the capacity of the centre had been reduced by three. The person in charge outlined plans to transfer the service to smaller community based houses. The building was well maintained, accessible and clean.

Findings from the inspection and actions required are outlined in the body of the report and in the action plan at the end.

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

Outcome 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):

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

Findings:

The person in charge confirmed that contracts for the provision of services had been agreed with all residents. The inspector reviewed some contracts and noted that they included the services to be provided and any fees to be charged. All of the contracts viewed had been agreed by the residents or their representatives and the service provider.

There had been no recent admissions to the centre and there were no plans to admit any further residents to the service.

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):

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

Findings:

The inspector found that each resident's social wellbeing was maintained by a good standard of care and support. There was evidence of individualised assessment and personal planning, and residents had opportunities to pursue activities appropriate to their individual preferences and abilities, both in the centre and in the community.

Each resident had a personal plan which contained important personal information about the residents' backgrounds, including details of family members and other people who were important in their lives. Plans set out each resident's individual needs, health care supports required and identified life goals. Since the last inspection, staff had worked on residents' personal plans, to develop plans that were more suited to the needs of residents. These plans were colourful and included pictorial information which was important to residents, such as family links and social preferences.

There was an annual meeting for each resident attended by the resident, his or her family and support workers to discuss and plan around issues relevant to the resident's life and wellbeing. The inspector viewed some of these plans and found that the goals identified were based on experiences which were of importance to residents. The inspector found that while the plans were person centred and focussed on improving the quality of residents' lives, they had not been developed and recorded to a consistent standard. Some of the plans viewed were updated regularly by staff and progress on achieving goals was well documented. However, in others this progress was not being recorded to reflect the progress discussed with staff. The person in charge ensured that support was provided to meet these goals.

Many of the residents in this centre attended external resource services, but there were also activities taking place in the centre which some residents participated in with support from staff. The regular daily activities included reflexology, massage sessions, gardening, exercise plans and the use of the multi-sensory room. There were additional activities such as music and art taking place in a local resource service which residents could attend if they wished to.

Staff also supported residents' access to the facilities in the local community such as shopping, eating out, meeting their families, concerts, swimming and leisure outings. There was transport available to bring residents to activities they wished to attend. Arrangements were also made for residents to take holidays and go for outings. Residents had recently attended a Halloween party, and a Christmas party to which residents' families were invited was planned.

Judgment:

Substantially 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):

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

Findings:

The inspector found that the management team had measures in place to promote and protect the health and safety of residents, visitors and staff. However, improvement was required to risk management, emergency fire evacuation procedures and manual handling training.

There was an up-to-date health and safety statement and risk management policy available, in conjunction with a risk register. The policy included guidance for staff on the risks specifically mentioned in the regulations such as unexplained absence, self harm and accidental injury. The risk management policy also included guidance on the arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents. However, although the risk register had identified a range of risks, control measures had not been identified for some of these risks.

The inspector reviewed fire safety procedures. The provider had measures in place to control the spread of fire. The person in charge stated that all internal doors were fire doors and automatic closing mechanisms were fitted on internal doors. The person in charge explained plans to upgrade the mechanisms on some internal doors to enhance residents' unrestricted movement in the centre.

There were up-to-date servicing records for all fire fighting equipment, fire alarms and emergency lighting. Internal safety checks, such as monthly checks of fire fighting equipment and weekly checks of internal fire doors, were being carried out in line with organisational recommendations. At the time of inspection all exit doors were free from obstruction.

Frequent fire drills were carried out, including one annual fire drill during sleeping hours. However, the drills did not simulate actual circumstances as each drill was in respect of one bedroom and not an entire compartment. Therefore, the drills did not give a true indication of how long it would take to evacuate residents from one compartment of the building to a safe area. Furthermore, the fire evacuation plans depended on the availability of people external to the centre to assist with the evacuation.

Individual evacuation plans had been developed for each resident and these were readily accessible if required. While most of the plans were informative, some did not provide clear guidance on how each resident would be evacuated.

There was insufficient evidence to confirm that all staff had received manual handling. Although all long-term staff had received training in manual handling techniques, there

was no evidence to indicate whether or not newly recruited staff had up-to-date manual handling training.

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

During the last inspection, inspectors found that behaviour management plans and abuse management required improvement and these had been addressed. Improvement to staff safeguarding training was also required at the previous inspection and this had been partially addressed.

During this inspection, the inspector found there were measures in place to protect residents from being harmed or abused. However, some staff had not received safeguarding training but this was addressed promptly after the inspection. Improvement to bed rail assessment was also required.

There was a safeguarding policy to guide staff. Members of the management team confirmed that they had received training in safeguarding, understood their responsibilities in relation to adult protection, and were clear on how an allegation or suspicion of abuse would be managed. No recent allegations or suspicions of abuse had occurred in the centre.

Training records indicated, and staff confirmed, that most staff had attended training in safeguarding. However, a small number of staff had not received this training, but were scheduled to attend it in the coming weeks. Following the inspection, the person in charge supplied evidence to confirm that this had been completed and that all staff had now received safeguarding training. Staff who spoke with the inspector were clear on what actions they would take in the event of suspected or alleged abuse. There was also information available to residents of what constituted abuse and how they should respond to it. The inspector observed staff interacting with residents in a respectful and

friendly manner.

There was a policy on responding to behaviours that challenge to guide staff. Positive behaviour support plans were in place for residents who displayed behaviours that challenged.

While the provider and person in charge promoted a restraint free environment, there were some bed rails in use to maintain resident safety while in bed. Staff were clear on the rationale for the use of bed rails. However, some bed rail assessments had not been undertaken in line with the national policy on restraint. For example, alternatives to the use of bed rails, and the reasons why these alternatives were not successful, were not suitably recorded.

Judgment:

Substantially Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that there were systems in place to ensure that residents' healthcare needs were well met.

There was access to general practitioners (GPs) and healthcare professionals. The inspector reviewed a sample of files and found that a GP reviewed residents as required. Other health care checks, such as dementia screening, were also arranged for some residents. Residents had access to a range of health professionals including physiotherapists, psychologists and a dietician and referrals were made as required. Outcomes of these consultations were recorded and used to inform plans of care. Speech and language therapy was available and some residents had been reviewed to assess their capacity to swallow.

Each resident had a personal plan which outlined the services and supports required to achieve and maintain good health. Personal plans for healthcare were reviewed frequently and when there was a change in needs or circumstances. The plans viewed contained detailed information around residents' healthcare needs, assessments, medical history, any treatment received and the healthcare support required from staff. In the sample of personal files viewed by the inspector informative plans of care had been developed to guide care of identified health issues, such as epilepsy, diabetes,

mobility, eye care and nutrition.

The inspector noted that residents' nutritional needs were well met. Some residents had specific needs relating to nutritional requirements and these were being met. For example, suitable alternatives were provided for residents on diabetic diets. Some residents required modified consistency diets and these were appropriately prepared and suitably presented. The provider had arranged for a dietician to review residents as required. The dietician had also provided training on healthy eating recommendations to catering staff.

All residents were supported and encouraged by staff to eat healthy balanced meals and partake in regular exercise. The kitchen in the centre was well stocked with healthy foods, drinks and snacks. The inspector met with the catering team who were knowledgeable about residents' dietary requirements and explained how these would be met. The inspector saw residents eating healthy, balanced meals at mealtimes which they appeared to enjoy. There were also aids, such as specialised cutlery, crockery and place mats, supplied to support some residents to eat more independently.

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):

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

Findings:

The inspector found that there were safe medication management practices in place, although some improvement was required to the management of unused and out of date medication.

Overall, there were appropriate, secure systems in place for the storage of medication, including refrigerated storage. However, the centre did not have suitable practice in relation to the disposal of unused and out-of-date medication. Although these medications were being securely stored, they were not being suitably recorded during storage to ensure traceability.

The inspector reviewed a sample of prescription/administration charts and noted that the information required to guide staff on safe medication administration was recorded. Names of medications, times and routes of administration and signatures of the staff members administering the medication were clearly recorded. There were colour

photographs of each resident available to verify identity if required. The maximum dosage of p.r.n. medication (medication taken only as required) was prescribed. Medications required to be administered crushed, were prescribed as such.

Medication was only administered by nursing staff and training records indicated that most nurses had received safe medication administration training in 2016. There was a medication management policy guiding practice.

There was a medication auditing system in place in the centre. Nursing staff carried out documented monthly medication audits for which a high level of compliance was found. There was a system for recording medication errors and incidents although there had been few recent occurrences of medication errors. Staff who spoke with the inspector were clear on the management of medication errors.

At the time of inspection none of the residents required medication requiring strict controls or self administered their medications.

Judgment:

Substantially 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):

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

Findings:

The provider had established a clear management structure and suitable supports were available to staff. There were some systems in place to review and improve the quality of service, although the required reviews of the service by the provider had not been undertaken.

The person in charge had responsibility for the overall management of the service and for overseeing the quality of care delivered to residents. He was assisted in this role by a clinical nurse manager II. Both the person in charge and the clinical nurse manager II were based in the centre and worked closely together in the governance of the centre. In addition, there was a nurse on duty assigned as nurse in charge each day to oversee

the routine delivery of care.

Both the person in charge and clinical nurse manager II knew the care needs of residents and demonstrated a clear commitment to improving the service offered to them.

The role of person in charge was full time and the person who filled the post was suitably qualified and experienced. The person in charge had relevant health care and management qualifications and had extensive experience working with people with intellectual disabilities. There were arrangements to cover the absence of the person in charge and there was an on call, out of hours arrangement in place to support staff.

Both the person in charge and the clinical nurse manger II attend six-weekly organisational management meetings with their peers, which they found to be a source of learning and sharing information.

There were systems for monitoring the quality and safety of care. There was an internal auditing system in place and monthly audits were being carried out, which included information to residents, personal plans, medication and nursing assessments. A summary of issues identified was completed and supplied to the person in charge and the clinical nurse manger II for their attention.

To date the provider had not carried out unannounced visits to the centre every six months to review the quality of service and compliance with legislation. An annual report on the quality and safety of care in the designated centre had not yet been prepared. The provider nominee was aware of the requirement to undertake these reviews and had a schedule in place to achieve this.

The organisation had developed a range of policies to guide practice. The management team had carried out risk analyses of the service and had ensured that staff attended a range of relevant training.

Judgment:

Non Compliant - Moderate

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:

The inspector found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents at the time of inspection. Staff had received a range of training appropriate to their roles.

There was a planned and actual staff roster which the inspector viewed and found to be accurate. Staff were present in the centre to support residents at all times. While some residents chose to attend day services during the week, others preferred to stay in the centre and staff were available to support to them. Staff also accompanied residents for outings, such as concerts, family visits and trips away. The person in charge kept residents' assessed needs under review and adjusted staffing levels as necessary. For example, one-to-one support was arranged as required. There were four staff on active duty at night time, one of whom was always a nurse.

A range of training was provided and training records indicated that staff had received training such as fire safety, safeguarding, behaviour management and hand hygiene in 2016. In addition, some staff had received other training as required, such as training in medication management, food safety management, cardiopulmonary resuscitation, continence care, phlebotomy and feeding, eating, drinking and swallowing.

Although long-term staff had received manual handling training, it was not clear whether or not newly recruited staff had up-to-date manual handling certificates. This is further discussed in outcome 7.

The recruitment, selection and vetting of staff was not reviewed during this inspection.

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:

Jackie Warren
Inspector of Social Services
Regulation Directorate

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 Health Service Executive
Centre ID:	OSV-0002502
Date of Inspection:	08 November 2016
Date of response:	06 January 2017

Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

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

Some personal plans were not being suitably recorded and evaluated.

1. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in

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

circumstances and new developments.

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

The nurse manager of the unit has met with named nurses individually regarding recording and evaluation of personal plans

- All Personal centred plans are being reviewed, evaluated and updated by nurses and key workers
- This will be completed by the 16th of February 2017

Proposed Timescale: 16/02/2017

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:

Control measures had not been identified for some of the risks identified in the risk register.

2. Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

The risk register will be reviewed and updated by the person in charge and the nurse manager and control measures will be identified and addressed where required.

Proposed Timescale: 31/01/2017

Theme: Effective Services

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

Fire evacuation plans depended on the availability of people external to the centre to assist with the evacuation.

Some of the individual evacuation plans did not provide clear guidance on how each resident would be evacuated.

3. Action Required:

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

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

Revised evacuation plans were completed for all residents to provide unequivocal guidance for staff.

Fire evacuation plan was reviewed with the identification and provision of the requisite number of staff for an evacuation during the night time hours

Proposed Timescale: 06/01/2017

Theme: Effective Services

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

Fire drills did not simulate actual circumstances and therefore did not give any indication of how long it would take to evacuate residents to a safe area.

4. Action Required:

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

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

- A night time fire scenario drill was simulated with evacuation from the sleeping area was completed and the records were updated. The simulated evacuation was successful.

Proposed Timescale: 06/01/2017

Theme: Effective Services

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

There was insufficient evidence to confirm that all staff had received manual handling training.

5. Action Required:

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

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

The system in place for the recording of staff training for manual handling has been updated.

Additional manual handling for staff requiring updating on training in this area and training template has been updated.

Proposed Timescale: 06/01/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Assessment for the use of bed rails had not been undertaken in line with the national policy on restraint.

6. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

- Review of all bed rails assessments being undertaken by nursing staff and will record all alternative beds trialled and rationale for decision for using bed rails in line with the national policy. This will be completed by 31st January 2017

Proposed Timescale: 31/01/2017

Outcome 12. Medication Management

Theme: Health and Development

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

The centre did not have suitable practice in relation to the disposal of unused and out-of-date medication. These medications were not being suitably recorded during storage to ensure traceability.

7. 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:

- Recording system now in place to ensure traceability of unused and out of date medication while in storage .

Proposed Timescale: 06/01/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

An annual report on the quality and safety of care in the designated centre had not been prepared.

8. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

An annual report on Quality and safety in the designated centre will be completed

Proposed Timescale: 16/02/2017

Theme: Leadership, Governance and Management

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

The provider had not carried out unannounced visits to the centre every six months to review the quality of service and compliance with legislation.

9. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

The provider nominee has a schedule in place to complete six monthly inspection and written report and will be completed by 31st January 2017

Proposed Timescale: 31/01/2017

