

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Waterford Cheshire
<b>Centre ID:</b>	OSV-0003457
<b>Centre county:</b>	Waterford
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	The Cheshire Foundation in Ireland
<b>Provider Nominee:</b>	Patrick Quinn
<b>Lead inspector:</b>	Julie Pryce
<b>Support inspector(s):</b>	Gary Kiernan
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	14
<b>Number of vacancies on the date of inspection:</b>	2

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
27 April 2017 09:30	27 April 2017 18:30
28 April 2017 09:30	28 April 2017 17:00

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

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

**Summary of findings from this inspection**

This was an 18 outcome inspection carried out to monitor compliance with the regulations and standard, to follow up on the agreed actions from the previous inspection held on 26 May 2017 and to inform a registration decision.

How we gathered our evidence:

As part of the inspection, the inspectors met and spoke with seven residents. Residents told the inspectors that they were happy in their homes, and explained some of the difficulties they encountered in exercising their autonomy. The

inspectors were satisfied that these difficulties were recognised by the provider and that all efforts had been made by the provider and person in charge to resolve these difficulties.

The inspector also met with the person in charge and staff members. The inspector observed practices and reviewed documentation such as personal plans, risk assessments, money management plans, policies and staff files.

#### Description of the service

The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. Inspectors found that the service was being provided as it was described in that document. The facility had the capacity to accommodate 16 residents in total. Each resident had an accessible self contained apartment. A number of apartments were located on the first floor and were accessible by lift. Other apartments were accessed from outside the main building with their own private front doors. The centre was seen to be purpose built and provided accommodation of high quality which was very clean and well maintained.

#### Overall findings:

Significant improvements had been made since the previous inspection and overall inspectors found that residents had a good quality of life in the centre and that they were happy in their homes. The inspectors found that residents' healthcare needs were being met and that they had opportunities to participate in activities of interest to them.

Good practice was identified in areas such as:

- provision of healthcare (Outcome 11)
- residents were supported to have a meaningful day (Outcome 5)
- adequate resources were available to meet the needs of residents (Outcome 16)

The inspectors found that improvements were required in the following areas:

- The call bell system (Outcome 1)
- The management of stock of medication (Outcome 12)

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

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

**Outcome 01: Residents Rights, Dignity and Consultation**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Inspectors found that significant progress had been made on a rights issue identified during the previous inspection.

Whilst there were on-going difficulties in finding a balance between respecting the autonomy of residents in managing their own medication and supporting staff's good practice, there had been various measures taken, and most of the issues were now resolved or in the process of being resolved.

There was evidence of residents being consulted, for example regular residents' meetings were held where various issues were discussed. Residents also told inspectors that they could speak to the person in charge or access a representative of the provider if they required.

There was a complaints procedure in place, and an accessible version of this procedure was available, and displayed as required by the regulations. However, an ongoing complaint of residents in relation to the call bell system had not been addressed and responded to by the provider. Inspectors found that the matter had been raised on a number of occasions by different residents. While the provider had taken some steps to address this, this action was not effective and did not constitute a timely response.

**Judgment:**

Substantially Compliant

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**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):**  
No actions were required from the previous inspection.

**Findings:**  
Residents were supported to communicate in accordance with their needs, and information was available to residents in a format accessible to them.

There was a section in each resident’s personal plan which included an overview of communication needs, and some residents had a more detailed communications passport or folder. For example, the folder for one resident included pictures of activities, menu items and emotions to assist communication.

An external support worked had attended staff meetings to instruct staff in the augmentative forms of communication for some residents. Residents had been referred to a speech and language therapist where required.

Concerns from residents as to the manner in which staff addressed them had been reported and recorded, and follow up actions had been taken and documented.

**Judgment:**  
Compliant

**Outcome 03: Family and personal relationships and links with the community**  
*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**  
Individualised Supports and Care

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

**Findings:**  
Links were maintained with the families of residents in accordance with their wishes.

Residents each had their own apartment, and visitors were at their own invitation.

Residents maintained contacts with their friends and families as they chose and commented positively on the way they were supported to do this.

Residents had been supported to forge and maintain links with the local community in accordance with their wishes and assessed needs. For example, residents were involved in various community activities, and accessed local facilities as they chose.

**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):**

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

**Findings:**

Inspectors followed up on the actions from the previous inspection and found that they had been effectively addressed by the provider. The admissions policy and process had been reviewed since the previous inspection to ensure that the centre could meet the needs of residents.

Contracts of care now clearly outlined the terms and conditions of tenancy of residents, and outlined any charges which would be incurred.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The inspectors found that systems were in place to support residents to have a meaningful day, and that all residents had a personal plan in place.

Personal plans had been found to be comprehensive and detailed on previous inspections, and inspectors found on a review of a sample of personal plans on this occasion that this standard had been maintained. Plans contained detailed information on each resident, and goals had been reviewed regularly. The care plans in relation to healthcare needs were in sufficient detail as to guide staff.

Residents were involved in the development of their personal plans and goals, and some residents took full responsibility for the development of their own plans. Support meetings were held every two months and personal plans were reviewed regularly.

Staff demonstrated a detailed knowledge of the social and healthcare needs of residents and the supports required.

The inspectors were satisfied that residents continued to have opportunities for social participation, education and training, and had a meaningful day in accordance with their needs and preferences.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The designated centre comprised 22 accessible self contained apartments. Thirteen apartments were at ground level, with most of these apartments having their own patio or garden area. Seven apartments were located on the first floor and were accessible via a lift. All apartments had a kitchen and dining area, an accessible bathroom area and a



bedroom. A small number of apartments had a second bedroom.

There was a main reception area to the front of the building. There was a resource room available for community groups and a number of residents attended activities co-ordinated by external voluntary organisations. Other communal areas included a library room in the reception area, a physiotherapy room upstairs and a dining area.

Residents' individual apartments were personalised and decorated in accordance with their preferences. The centre was surrounded by grounds which were well maintained.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**

Effective Services

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

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

**Findings:**

There were systems in place to promote the health, safety and welfare of residents.

There was regular fire safety training for the staff and regular fire drills were conducted. Records of fire drill were maintained which identified any issues which arose. There was a personal emergency evacuation plan in place for each resident which outlined specific needs, for example the support needs of a resident who was deaf. All fire safety equipment had been tested regularly. An emergency plan was in place which included transport, emergency numbers and alternative accommodation.

There were structures and processes in place in relation to the assessment and management of risk. A risk policy was in place and a risk register was maintained. Various individual risk assessments for residents were in place, for example risks associated with lack of communication, transfers and manual handling and wheelchair faults.

There were systems in place for the management of accidents and incidents. Accident and incidents forms were completed and a copy sent to the health and safety manager for review. The centre was in the process of adopting an electronic system of incident management, whereby incidents would be risk rated.

**Judgment:**

Compliant

## **Outcome 08: Safeguarding and Safety**

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

### **Theme:**

Safe Services

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

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

### **Findings:**

There was behaviour support in place for those residents who required it, and an ethos of promoting a restraint free environment.

Behaviour support plans were in place in sufficient detail as to guide staff. They had been developed in conjunction with the recommendations of the psychologist and were reviewed regularly. Plans included detailed descriptions of behaviour, and detailed guidance for staff.

Staff were familiar with them and with the interventions required to support residents. A daily record was kept in relation to the management of behaviours of concern, and incidents were reported and recorded in accordance with the accident and incident structures of the centre.

Staff had all received training in the protection of vulnerable adults, and were aware of the steps to be taken in the event of any allegations of abuse. There were systems in place in the event of any allegations of abuse to ensure the safeguarding of residents. Any incidents reviewed by the inspector had been notified to HIQA as required, and appropriate follow up actions had been taken and clearly documented.

Any restrictive interventions had been assessed as being the least restrictive to manage the risk and were implemented with the consent of residents. There was evidence of a significant reduction in the level of restrictive practices in place recently.

There were robust systems in place in relation to the management of residents' finances. Where residents were supported by staff in the management of their finances there were clear systems in place, including consent forms, money management assessments and safeguarding support plans. All transactions supported by staff were signed for and receipts kept, and monthly reconciliations took place.

### **Judgment:**

Compliant

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<b>Outcome 09: Notification of Incidents</b> <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i>
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<b>Theme:</b> Safe Services
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<b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.
<b>Findings:</b> All required notifications to HIQA had been made in a timely manner.

<b>Judgment:</b> Compliant
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<b>Outcome 10. General Welfare and Development</b> <i>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.</i>
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<b>Theme:</b> Health and Development
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<b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.
<b>Findings:</b> There was evidence that residents' opportunities for new experiences, social participation, education, training and employment were facilitated and supported. There was a policy on access to education, training and development. Residents were involved in various occupations and educational pursuits, some had full time employment and others were involved in college courses.

<b>Judgment:</b> Compliant
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<b>Outcome 11. Healthcare Needs</b> <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i>
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<p><b>Theme:</b> Health and Development</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> Healthcare had been found to be delivered in a safe and appropriate manner on the previous inspection, and inspectors found that this good practice had been maintained.</p> <p>Each resident had an annual health assessment, and other assessments were also in place, for example pressure area assessments and speech and language assessments. Residents had access to allied healthcare professionals in accordance with their needs, including general practitioners, speech and language therapy and pharmacy, and were supported to change any of these supports if they were not happy with them.</p> <p>Healthcare plans were in place for all issues reviewed by the inspectors, including epilepsy management plans, stoma care plans and pain management plans. The implementation of these plans was recorded.</p> <p>Records were kept of the nutritional intake of residents whose nutrition was of concern, and input output charts were maintained if required.</p> <p>Residents managed their shopping and food preparation in their own homes, with the appropriate level of support from staff.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 12. Medication Management</b> <i>Each resident is protected by the designated centres policies and procedures for medication management.</i></p>
<p><b>Theme:</b> Health and Development</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> There were structures and processes in place in relation to the safe management of medications, and improvements had been made in supporting residents' independence in medication management.</p> <p>Each resident had a self medication assessment completed in order to support their</p>

independence. There were clear medication management plans in place, which outlined the supports required by each individual. Some residents managed their medication independently, and others had varying levels of support in accordance with their needs and preferences.

While there were on-going difficulties in finding a balance between respecting the autonomy of residents to make their own decisions on medication, and to support staff in safe practice, improvements had been made.

Medications were stored securely and were supplied in a blister pack system for the most part. Documentation relating to the management of medications for residents was in place. Prescriptions for regular medications contained all the information required by the regulations, but prescriptions for some P.R.N. medication prescriptions did not include a clear dose or a maximum dose. In addition, while most medications were supplied in blister packs, where loose medications were supplied there was no stock check.

All staff had received training in the safe administration of medications, and there was a centre specific policy in place in sufficient detail as to guide staff. Medication errors were managed by the adverse event reporting process, and individual supervision was undertaken to identify any learning from the incident.

A monthly audit was undertaken of a sample of residents' medication management.

**Judgment:**

Substantially Compliant

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The provider had developed a statement of purpose which described the service being provided. A few of the requirements of the regulations were not included, but the document was corrected and submitted to HIQA shortly after the inspection.

**Judgment:**

Compliant

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**Outcome 14: Governance and Management**  
*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**  
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
There was a clear management structure in place and an appropriately skilled and qualified person in charge.

There was a system of audits in place in the form of monthly KPIs, which included safeguarding plans, money management and complaints. The provider had conducted unannounced visits to the centre, and had prepared an annual review of the quality and safety of care and support. However, some improvements were required in the monitoring of required actions identified during these processes to ensure completion.

A workplace improvement process had been commenced by the provider, and it was clear that improvements were being made in accordance with the action plan developed from this process.

The person in charge was appropriately skilled, experienced and qualified, and engaged in the inspection process. There was evidence of improved practice in several areas since his appointment to the post

**Judgment:**  
Substantially 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

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

No actions were required from the previous inspection.

**Findings:**

Appropriate arrangements were in place in the event of the absence of the person in charge, although no such absence was foreseen.

**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):**

No actions were required from the previous inspection.

**Findings:**

The designated centre was adequately resourced to meet the needs of residents. Each resident had their own apartment, and all communal areas and grounds were well maintained. Equipment was available as needed, and the staffing levels were adequate to meet the needs of residents.

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that the skills mix of staff was appropriate for the assessed needs of the residents living in the centre, and that the numbers of staff were adequate for the most part.

There was a planned and actual roster available, and a panel of relief staff was available if required. There was a nursing presence in the centre every day, and due to the level of nursing support required by residents, the provider was in the process of increasing nursing hours. The person in charge gave assurances that staff of both genders were available to meet the needs and preferences of residents.

Staff one-to-one meetings were held, and although there was still no structured and documented performance management in place, progress had been made towards this. The person in charge outlined informal supervision processes in place.

Staff had received mandatory training, for example in fire safety, safe administration of medication for those staff engaged in medication management and protection of vulnerable adults.

Staff records included most of the information required by schedule 2 of the regulations, for example, garda vetting was in place. However there was not a complete employment history for each staff member as required by the regulations, and not all staff had the required two references on file.

**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):**

No actions were required from the previous inspection.

**Findings:**

All records to be kept in the designated centre in respect of each resident were in place, all the policies required under Schedule 5 were in place and the records required under Schedule 4 were available and were examined by the inspector.



All information was stored safely and was readily retrievable.

**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:***

Julie Pryce  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by The Cheshire Foundation in Ireland
<b>Centre ID:</b>	OSV-0003457
<b>Date of Inspection:</b>	27 and 28 April 2017
<b>Date of response:</b>	21 June 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 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

Not all complaints had been responded to in a timely manner

**1. Action Required:**

Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

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

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

- In regards to the call bell system, a full review of the system from 01/01/2017 until 01/06/2017 will be carried out by the PIC and the local management team.
- Findings and recommendations will be reviewed to ensure the current call system meets the needs of the service. Trends will be captured and plans will be put in place to manage the response times of staff to the calls.
- While this review is in process a Standard Operating Procedure will be in place immediately by the PIC to reduce the wait time of service users requiring support.
- This will be monitored on a weekly basis by the PIC and local management to ensure waiting times are reduced and any corrective action is taken.
- The Service Users will be updated regarding the outcome of the review by the PIC.

**Proposed Timescale:** 31/08/2017

**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:**

Improvements were required in stock control, and in the documentation relating to P.R.N. medications.

**2. Action Required:**

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

- The PRN Medication Administration Record Sheet will be amended by the PIC and CNM to include a stock count column to track loose PRN medication in each individual service users stock upon administration of PRN.
- This will be monitored by the CNM on a weekly basis and any necessary corrective action will be taken.

**Proposed Timescale:** 30/06/2017

**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:**

Improvements were required in the monitoring of identified required actions from audits.

**3. Action Required:**

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

- All audit actions will be recorded on the Vi-Clarity recording system where responsible person's names will be set against the action and timescale. This will be reviewed by the PIC and local management on a weekly basis at management team meetings.
- Any outstanding actions noted and followed up and/or escalated as necessary to the Regional Manager will be discussed/actioned.
- The PIC and Regional Manager will review audit actions monthly and address outstanding concerns.

**Proposed Timescale:** 30/06/2017