

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Glenullen
<b>Centre ID:</b>	OSV-0005549
<b>Centre county:</b>	Dublin 24
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	G.A.L.R.O. Limited
<b>Provider Nominee:</b>	Joe Sheahan
<b>Lead inspector:</b>	Maureen Burns Rees
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<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 1 day(s).

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

From: 28 February 2017 09:30 To: 28 February 2017 16:00

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

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to the inspection:

This was the first inspection of the centre by HIQA as it was a new application to register a designated centre for individuals with a disability. It was an nine outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision.

How we gathered our evidence:

As part of the inspection, the inspector met with the provider nominee (company director), area manager and person in charge. There were no service users availing of the service at the time of inspection but two children had been identified to be admitted to the centre once it was registered. The inspector reviewed the premises, policies and procedures, staff files and a suite of templates which had been presented for use in the centre.

Description of the service:

According to the provider's statement of purpose, the centre would provide high

support residential care for residents with an intellectual disability and/ or autism and /or basic medical needs, and who may present with behaviours of concern relating to their diagnosis. The service had received referrals and identified two specific service users at the time of inspection.

The centre is a recently renovated terraced house located in an urban area. It has adequate living space, with two good sized bedrooms, a sitting room and a small kitchen come dining room. There is an enclosed small yard to the rear of the property with soft surfacing to provide a suitable out door area for children to play in.

Overall Judgment of our findings:

Overall, the inspector found that the management team had completed significant work on templates and systems to ensure that the majority of regulations were being met. There were arrangements in place to promote service users' rights and safety and to provide a good quality of life for the service users while meeting their needs. The person in charge was also in charge of another designated centre. She demonstrated adequate knowledge and competence during the inspection, and the inspector was satisfied that she was a fit person to participate in the management of the centre.

Good practice was identified in areas such as:

- There were arrangements in place to assess residents' individual needs and choices and to put in place personal plans to meet the needs identified. (Outcome 5)
- Arrangements were in place to support service users on an individual basis to achieve and enjoy the best possible health. (Outcome 11)
- There were arrangements in place to monitor the quality and safety of care and support once the centre opened. (Outcome 14)

Areas of non-compliance with the Regulations and National Standards were identified in areas such as:

- There were some areas for improvement in relation to control measures to manage identified risks. (Outcome 7)
- A one way viewing window in the staff office was considered to infringe on service users rights. (Outcome 8)
- A thermometer to monitor the temperature in the medication fridge had not yet been put in place and arrangement for the disposal or return of medications to the pharmacist required some improvements. (Outcome 12)
- Improvements were required so as to ensure that all of the information as required by schedule 2 of the regulations in relation to staff documentation is in place. (Outcome 17)

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

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

There were arrangements in place to assess residents' individual needs and choices and to put in place personal plans to meet the needs identified.

There was an assessment of need template in place. It was proposed that a full assessment would be completed as part of the admission process and that this would be used to inform individual support plans for service users. The inspector reviewed a completed assessment for one of the children identified to live in the service. It outlined an assessment of the child's health, personal and social care and support needs.

There was a template personal plan in place with adequate space to detail individual needs and choices. There was also a separate template to record personal goals, actions required to achieve and timelines. The person in charge reported that once admitted each service user's key worker would be responsible to put in place a written personal plan within 28 days as per the requirement of the regulations. It was proposed that each person-centred plan would have a multidisciplinary input and that the service user and their family representative would be involved in developing plans put in place.

There were proposed processes to formally review residents' personal support plans on a yearly basis. The inspector reviewed templates for multidisciplinary team and personal care plan reviews. The person in charge reported that each plan would be reviewed annually or more frequently if there is a change in need. It was proposed that the multidisciplinary team and each service user's family would be consulted and involved in reviewing plans.

**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):**

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

**Findings:**

The design and layout of the centre was fit for purpose and reflected the layout as described in the centre's statement of purpose. However, there were some areas for improvements.

The centre had been recently been refurbished and decorated throughout. Overall, the centre was observed to be homely and suitably decorated. There was suitable lighting and ventilation in place. The inspector observed that there were sufficient furniture, fixtures and fittings in place. Each service user was to have their own bedroom which was of a suitable size and layout to meet the needs of the children identified to live in the centre. Adequate bathroom facilities were provided on the ground and upper floor level.

There was a small sized kitchen come dining room which had sufficient cooking facilities, kitchen equipment and tableware. There were facilities in place for service users to launder their own cloths if they so wished.

There was a small sized area to the back of the centre which provided a suitable outside area for children to play in. Suitable soft padding ground covering had been put in place. However, garden furniture and or suitable items for children to play with had not yet been purchased.

It was reported that there were no specialist equipment requirements for the two children identified to live in the centre.

**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):**

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

**Findings:**

There were arrangements in place to promote and protect the health and safety of service users and staff. However, there were some areas for improvement in relation to control measures to manage identified risks.

There was a health and safety statement, dated February 2017, which was specific to the centre. Site specific risk assessments had been undertaken and appropriately recorded. There were templates in place for health and safety checks which it was proposed would be completed by an identified staff member. There was a risk management policy, dated February 2017, which met the requirements of Regulation 26. Templates for individual risk assessments for service users, on admission and as required thereafter, were in place. There was a local risk register in place which it was reported would inform the corporate risk register. The inspector noted that control measures to manage a number of risks identified in the centre had not yet been put in place. These included the installation of a gate at the front of the centre, magnetic fixtures to the front door and window restrictors.

There were arrangements in place for investigating and learning from serious incidents and adverse events involving service users. This meant that there would be opportunities for learning to improve services and prevent incidents. There was a template, for incident reporting and a separate template for near miss reporting, which included a section to record action taken and further actions required. There was also a template for post incident review. It was proposed that all incidents and near misses would be reviewed and signed off by the person in charge and where appropriate by the area manager. It was also proposed that all individual incidents would be reviewed and discussed at team meetings scheduled to occur on a monthly basis and at broader management meetings on a three monthly basis. This would provide an opportunity to identify trends of incidents and near-misses, and learning for the centre and wider service.

There were procedures in place for the prevention and control of infection. Suitable colour-coded cleaning equipment had been put in place. There were template cleaning schedules in place and sign-off sheets. The centre had infection control guidelines in place. The inspector observed that there were facilities and equipment for hand hygiene available. Posters were appropriately displayed, which demonstrated the correct hand-washing technique. Records showed that seven staff out of the proposed staff team of 15 had completed infection control training. The person in charge proposed that appropriate training for other staff would be provided.

There were adequate precautions in place against the risk of fire. There was a fire safety policy, dated February 2017. The inspector found that there were adequate means of

escape and that all fire exits were unobstructed. A procedure for the safe evacuation of service users and staff, in the event of fire, was prominently displayed. The fire assembly point was identified with appropriate signage. A fire risk assessment had been undertaken. An emergency evacuation box had been put in place and included essential items in the event of an emergency. The inspector reviewed templates for personal emergency evacuation plans which referred to the mobility and cognitive understanding of service users. There was documentary evidence to show that fire-fighting equipment, fire alarms and emergency lighting were appropriately installed and serviced by an external company. There were arrangements in place for undertaking and recording formal safety checks of fire equipment, fire exits, emergency and other safety precautions. Fire drill templates were in place which included space to record those attending, time required for full evacuation and issues encountered. There was a fire safety audit template in place. The service had a nominated fire safety officer in place. It was proposed that the lead member of staff on duty would be assigned the role of fire marshal on each shift. Written responsibilities regarding this role were in place.

A road-worthy vehicle to transport service users to school or other social outings had been secured for the centre. The person in charge proposed that appropriate service records, insurance certificates and tax documentation would be maintained in relation to same.

**Judgment:**

Substantially Compliant

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

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

**Findings:**

There were measures in place to safeguard any child who would live in the centre. However, a one way viewing window in the staff office was considered to infringe on potential service users rights.

The service had a policy for prevention, detection and response to abuse, dated September 2016. The inspector noted that the responsibilities and contact details for the designated liaison person were detailed in the policy along with details of deputy. The



person in charge was knowledgeable about what constituted abuse and how she would respond to any suspicions of abuse. It was proposed that appropriate safeguarding training would be provided for all staff. The centre had intimate care policy in place, dated September 2016. The inspector reviewed templates for intimate care assessments and plans. The person in charge reported that there was a draft protected disclosure policy in place, which it was proposed would ensure that there were no barriers for staff or families disclosing abuse. However, this policy had not yet been approved or circulated.

Arrangements were in place to provide service users with emotional and behavioural support that would promote a positive approach to managing behaviour that challenges. The centre had a policy on provision of behavioural support, dated November 2016. It was noted that the two children identified to live in the centre could present with behaviour that challenges. The person in charge was familiar with the management of challenging behaviour, with de-escalation techniques and had attended appropriate training. However, training records showed that a number of the staff identified to work in the centre had not completed training in behaviour support or a recognised behavioural management approach for an extended period.

There was a policy on the use of restrictive practices, dated November 2016. There were template logs in place for recording restrictive practices. It was proposed that all restrictive interventions would be regularly reviewed by the providers rights committee, and that family members would be informed of all restrictive practices. On the day of inspection the inspector noted that a one-way viewing window had been installed between the staff office and children's sitting room. The person in charge proposed that the viewing window would be used by staff to monitor children as required. However, the inspector identified that this impacted on the child's rights to dignity and privacy and that the reason for using the viewing window had not been clearly assessed or 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):**

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

**Findings:**

Arrangements were in place to support any child living in the centre on an individual basis to achieve and enjoy the best possible health.

There was a comprehensive assessment template in place which required information relating to the health needs of service users. The person in charge reported that childrens' health needs and strengths would be assessed as part of the pre admission process in consultation with the service users and their families. The personal plan template included space for information relating to the service users' health needs and care requirements.

It was reported that the two children identified to live in the centre had minimal healthcare needs. The person in charge proposed that each of the service user would have an opportunity to choose their own GP (general practitioner). The service had access to a number of therapeutic supports which would be available to service users in the centre. These included: speech and language therapist, psychologist and behavioural specialist. There was a folder with health promotional material in a user-friendly format available in the centre.

The centre had a small but fully equipped kitchen come dining area with adequate seating to allow meal times to be a social occasion. The service had a policy on monitoring and documenting nutritional intake, dated September 2016. The inspector reviewed template weekly menu planners with menu options. It was proposed that menu options would be agreed at the weekly service user meetings. The person in charge proposed that children living in the centre would be supported to buy and prepare their own meals.

**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 were systems in place to support staff in protecting children living in the centre in relation to medication management. However, a thermometer to monitor the temperature in the medication fridge had not yet been put in place and arrangement for the disposal or return of medications to the pharmacist required some improvements.

The service had a medication management policy in place, dated February 2017. It was noted that the staff team with the exception of one staff member had completed training in the safe administration of medications. The inspector reviewed template medication prescription and administration records and found that they provided

adequate space to record the required information. There was a medicine competency checklist template, which the person in charge proposed that she would complete with all staff on a periodic basis. There were also templates for individual medication management plans, staff signature banks, medication stock control log and medication order receipt form. A medication fridge and secure storage press were available in the house. However, a thermometer to monitor and record the temperature of the fridge was not in place.

There were arrangements in place to review and monitor safe medication management practices. The inspector reviewed templates for undertaking medication audits which it was proposed would be undertaken on a regular basis by the person in charge. It was proposed that the output from these audits would be reviewed by the area manager and broader management team with any learning identified shared across the wider service. There were a number of pharmacists available in the local area whom service users would be able to choose from.

The procedures for the handling and disposal of unused and out-of-date drugs required some improvements. A separate designated and secure area for the storage of out-of-date medications had been identified in the staff office. The person in charge reported that all unused and out-of-date drugs would be returned to the pharmacy for disposal. There was a template form to record all medication returned along with the signature of the staff member returning the medication. However, there was no space to record the signature of the receiving pharmacist.

**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):**

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

**Findings:**

There was a statement of purpose in place, dated February 2017. It set out the aims, objectives and ethos of the centre. It also stated the facilities and services which would be provided for children living in the centre. It contained all of the information required by schedule 1 of the regulations.

**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 clearly defined management structure. There were arrangements in place to monitor the quality and safety of care and support once the centre opened.

It was proposed that the provider nominee/company director would undertake the annual review and six monthly unannounced visits in the centre in line with the regulatory requirements. There were a number of audit templates in place, including for medication, health and safety. It was proposed audits would be undertaken in the centre on a regular basis so as to ensure that the service provided was safe and appropriate to service users' needs.

There was a clearly defined management structure that identified lines of authority and accountability for the service. The person in charge reported to an area manager who in turn reported to the provider nominee/ director of service.

The centre was managed by a suitably skilled and experienced person. She had more than four years management experience and had a honours degree in applied social studies and social care and a masters in child and youth care. The inspector found that the person in charge was knowledgeable about the requirements of the regulations and standards and had a clear vision for the proposed service. The inspector noted that the person in charge had a full-time post. It was proposed that she would continue to be responsible for another designated centre once the centre opened. A new post of a deputy manager had recently been put in place whom it was proposed would act as deputy manager in both centres with the person in charge.

#### **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:**

There were recruitment procedures in place, which were managed centrally by the provider. However, improvements were required so as to ensure that all of the information as required by schedule 2 of the regulations in relation to staff documentation is in place. In addition, some training deficits were identified for a small number of staff.

The inspector reviewed the provider's policy on recruitment and selection, dated November 2016. The full staff complement of staff to work in the centre had been recruited. There was a proposed template staff roster in place. The inspector reviewed a sample of five staff files. The majority of the information as required in Schedule 2 of the regulations was available in the files reviewed. However, evidence of the persons identity, including a recent photograph was not available in two of the files reviewed.

There was a policy on staff training and development, dated November 2016. It was proposed that a training programme would be put in place and coordinated by the person in charge. The inspector noted that copies of the standards and regulations were available in the centre. Training records for staff identified to work in the centre were reviewed by the inspector and it was noted that a small number of staff required training or refresher training in a number of areas. For example, behaviour management and restrictive practices.

Formal supervision arrangements for staff were proposed. This meant that staff performance would be formally monitored in order to address any deficiencies that might exist and to improve practice and accountability. There was a supervision policy in place and a template for supervision. There was a template induction checklists in place which detailed matters that new staff were to be inducted on.

The person in charge told inspectors that there would be no volunteers working in the centre when it opened.

**Judgment:**

Substantially 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:***

Maureen Burns Rees  
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 G.A.L.R.O. Limited
<b>Centre ID:</b>	OSV-0005549
<b>Date of Inspection:</b>	28 February 2017
<b>Date of response:</b>	06 March 2017

### Requirements

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

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

### Outcome 06: Safe and suitable premises

**Theme:** Effective Services

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

Garden furniture and or suitable items for children to play with in the back yard had not yet been purchased.

**1. Action Required:**

Under Regulation 17 (3) you are required to: Where children are accommodated in the

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

designated centre provide appropriate outdoor recreational areas which have age-appropriate play and recreational facilities.

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

We will purchase garden furniture and suitable items for children to play with in the back yard.

**Proposed Timescale:** 10/03/2017

**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:**

The inspector noted that control measures to manage a number of risks identified in the centre had not yet been put in place. These included the installation of a gate at the front of the centre, magnetic fixtures to the front door and window restrictors.

**2. Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

We will install a front gate, magnetic fixtures to the front door and window restrictors.

**Proposed Timescale:** 31/03/2017

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

On the day of inspection the inspector noted that a one-way viewing window had been installed between the staff office and children's sitting room. The person in charge proposed that the viewing window would be used by staff to monitor children as required. However, the inspector identified that this impacted on the child's rights to dignity and privacy and that the reason for using the viewing window had not been clearly assessed or recorded.

**3. 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:**

We have attached an adhesive screen to the glass which is now white.

**Proposed Timescale:** 03/03/2017

**Outcome 12. Medication Management**

**Theme:** Health and Development

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

A thermometer to monitor and record the temperature in the medication fridge had not yet been put in place.

**4. 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:**

We will purchase a thermometer to monitor and record the temperature in the medication fridge.

**Proposed Timescale:** 06/03/2017

**Theme:** Health and Development

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

There was a template form to record all medication returned along with the signature of the staff member returning the medication. However, there was no space to record the signature of the receiving pharmacist.

**5. 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:**

We have inserted a space for the receiving pharmacist to sign for the return of medication.

**Proposed Timescale:** 28/02/2017

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Evidence of the persons identity, including a recent photograph was not available in two of the five staff files reviewed.

**6. Action Required:**

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

We will ensure that evidence of the person's identity, as specified in schedule 2, are obtained for staff.

**Proposed Timescale:** 03/03/2017

**Theme:** Responsive Workforce

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

It was noted that a small number of staff required training or refresher training in a number of areas. For example, behaviour management and restrictive practices.

**7. Action Required:**

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

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

We will carry out refresher training in areas needed such as behaviour management and restrictive practices.

**Proposed Timescale:** 31/03/2017

