

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St Christopher's Services Limited
Centre ID:	OSV-0003888
Centre county:	Longford
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Christopher's Services Limited
Provider Nominee:	Clare O'Dowd
Lead inspector:	Thelma O'Neill
Support inspector(s):	Marie Matthews;
Type of inspection	Announced
Number of residents on the date of inspection:	11
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 announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 17 July 2014 09:00 To: 17 July 2014 22:00

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

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 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This monitoring inspection was the first inspection of this Residential Service by St Christopher's Services, Longford carried out by the Authority. It was an announced one-day inspection.

The designated centre provided residential accommodation and support services for adults with a a low to moderate intellectual disability. The age profile of the residents is between 31 and 61 years. As part of the inspection, inspectors met with residents, staff members, provider and members of the management team. Inspectors observed practices and reviewed documentation such as personal plans, risk management documentation, medical records, policies and procedures.

The provider nominee, who is the Residential Services Coordinator, has responsibility for the governance and management of all eight residential services within the organisation. This includes 14 houses. The designated centre inspected on this occasion comprised of a group of five houses located together which accommodated 11 residents.

The houses were situated in a housing estate in the town. Each house accommodated between 1 and 3 residents and one house was supervised by a sleepover staff member on duty. There were no vacancies on the day of inspection.

The grounds around the houses were attractive and secure well-maintained gardens were provided for residents. A communal area at the front had garden furniture and was used by all residents. Inspectors found that houses were warm, homely, comfortable, clean, appropriately furnished and well maintained.

Inspectors observed that staff interacted with residents in a warm and friendly manner and displayed an in-depth understanding of individual resident's needs, wishes and preferences. There was evidence of a person-centred approach being promoted to meet the health and social care needs of residents and there was evidence of good practice in a range of areas.

Resident's were involved in decisions about their care and their daily routine and independence was promoted in residents daily routines. Residents took part in a range of social activities as well as attending day services. Personal plans were in place for each resident.

However; non-compliances were identified in some areas. While the centres promotion of independence was a key priority, a small number of residents required closer supervision than they were receiving. It was also identified that poor communication between day and residential services was resulting in negative outcomes for residents.

Other areas of non compliances with the regulations and the National Standards were also identified. These included improvements to risk and medication management and also ensuring all staff had up to date training in adult protection. These are discussed further in the report and included in the Action Plan at the end of this report.

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

Outcome 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:

Resident's well-being and welfare were documented in personalised plans which included information about their backgrounds, their interests, their likes and dislikes and their needs. Inspectors viewed a sample of resident's personal plans, and found that they were person centred and identified resident's needs, choices and aspirations. There was evidence of a multi-disciplinary approach in the individual files reviewed and inspectors saw that residents and/ or their families were actively involved in the development and review of personal plans.

All of the residents attended day services. Inspectors found that there were good opportunities for the residents' to participate in meaningful activities appropriate to their interests and capabilities. For example, recreational activities were available in day services, five days a week and residents went out for meals, visited the cinema and went on outings. Day services ceased during the month of August and residents had plans in place to go on holidays during this month. There was evidence that life-skills guidance was provided to residents to enable them to live as independently as possible. For example one resident, who liked to socialise independently in the town had completed 'Stranger Danger' training and used his mobile phone to help him to keep in touch with staff while he was out of the centre. This activity had been risk assessed and deemed to be a minimum risk. It was evident however, that some residents required greater supervision and support. This is discussed further in outcome 11.

Residents told inspectors they had achieved many of their personal goals set the previous year and there were pictures in residents' bedrooms of some of the activities they took part which included attending concerts and plays and going on holidays. Each

resident was assigned a key worker and monthly reviews were documented summarising the resident's progress. In some of the personal plans reviewed however, there were no actions /plans documented to show how residents would be assisted to achieve their new goals and no staff member identified to ensure the resident was assisted to achieve their current goals.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

A risk management policy was available group that clearly identified the procedures on risk identification, description, and risk rating. A health and safety statement was also available which was reviewed in January 2014. It contained an organisational risk register which identified known risks specified in the regulations. A local risk register was also found in each house. Monthly safety audits were carried out to ensure a safe environment.

The inspector viewed a number of individual risk assessments for residents. Some related to social activities or outings as discussed in outcome 5. There was generally a proactive approach to controlling risk to residents whilst ensuring that residents could still take part in their chosen activity.

Accidents and incidents were recorded electronically and reviewed by both the Person in Charge and the provider. There was not always evidence of learning from some of the incidents which had occurred and inspectors found in some instances that measures were not put in place to prevent re-occurrences. For example, one resident had been injured during a fall down the stairs. The stairs had a hand rail on one side only. There was no evidence that any action had been taken to identify the cause of the fall or if the provision of a second hand rail had been considered to help prevent further falls. There were also a pattern of medication errors recorded and there was no evidence that this had been assessed or preventative action to prevent further errors. This is discussed further under outcome 12.

Staff files reviewed by inspectors had evidence that staff had completed manual handling training however a number of staff were overdue refresher training. Vehicles used by residents were appropriately maintained and were checked monthly for safety by the services' vehicle safety officer.

Appropriate fire equipment and emergency lighting was located throughout the centre and there was evidence that equipment was regularly. Weekly and monthly fire safety checks were recorded in the centres fire register. All fire exits were unobstructed and staff took part in regular fire evacuation drills which were documented. A personal evacuation plan was documented in each resident's personal plan and a copy of this was also kept near the entrance to the centre.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Inspectors found that measures were in place to protect service users being harmed or suffering abuse. A centre specific policy was available for the prevention, detection and response to allegations of abuse. It included procedures to guide staff on the different forms of abuse and their responsibility if they suspected any form of abuse and the procedure for managing an allegation or suspicion of abuse. The name and contact details of the designated contact person was included in the policy.

Staff interviewed confirmed that that they were aware of this policy, and of their responsibility to report any allegations or suspicions of abuse. Staff had completed training on Trust in Care but it was over 4 years since some staff completed training . Inspectors observed that staff members interacted with residents in a respectful and dignified manner. Residents told inspectors they felt safe and could talk to staff. A procedure was also available on the provision of personal care to service users which included guidance on respecting residents' privacy and dignity.

There was a policy available to guide staff on "responding to challenging behaviour. Inspectors reviewed the personal plan of a resident who presented with behaviour that challenged. A behavioural support plan was in place and there was evidence that the resident was provided with appropriate support to help promote a positive approach to the behaviour. Efforts were made to identify and alleviate the underlying causes of

behaviour and any triggers which caused the behaviour. Inspectors saw that multi-disciplinary input was sought and behaviour support strategies were in place to effectively manage and reduce the incidents of challenging behaviour. Reactive strategies were also in place to ensure a consistent approach was maintained by all staff in response to any behavioural outbursts. Training records reviewed showed that several staff were due to have refresher training in the management of behaviour that is challenging. The provider explained that there had been changes to the course which had caused a delay and said new dates were scheduled to include all the staff in the service.

Judgment:
Non Compliant - Moderate

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:

A comprehensive health assessment had been carried out for each resident and inspectors saw that appropriate screening/checks were in place to ensure optimal health and well being among the resident group within the centre. A key worker was assigned to each resident to assist them to achieve the best service and achieve their goals.

Good access to the local general practitioner was described by the Person in Charge (PIC) and this was evident in the files reviewed. An out of hour's service was also available. There was evidence of most residents been appropriately referred to specialist health services including physiotherapy, occupational therapy, chiropody and a dentist and inspectors saw that residents were supported to attend these appointments. Inspectors identified that poor communication between day services and residential services was resulting in some referrals not been facilitated. For example there was no evidence that one resident who was asthmatic had seen the Community Asthma Nurse. Inspectors were told day that services looked after appointments however there was no record available of this referral having been facilitated.

Care plans were not always reviewed when there was a change in the residents needs. For example inspectors reviewed the personal plan of a resident who was initially thought to have sustained a fractured toe but after a subsequent x ray and review by her GP, no fracture was detected. The residents care plan was not updated with this information and the resident continued to be treated by the physiotherapist for a fracture, as they had not been informed of the x-ray results.

Residents had their main meal in the day service but prepared a meal for themselves in the evening. Some residents however were not receiving the necessary support to ensure optimum health. For example, one resident who was diagnosed as a diabetic was making poor dietary choices for her evening meal and no advice had been sought from a dietician regarding her diet. Similarly another resident who was consistently gaining weight was not been adequately supervised or assisted to ensure he made healthy meal choices and had not been referred to a dietician.

Judgment:

Non Compliant - Moderate

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:

The inspectors reviewed the centres written operational policies for the ordering, prescribing, storing and administration of medicines which had been reviewed recently. Medications were all stored securely in a locked cupboard in the staff office and the medication keys were held by the staff member on duty.

One resident who used an inhaler took responsibility for his own medication. Inspectors saw that an appropriate assessment had been completed. Staff told inspectors they prompted the resident to help ensure he remembered to take his medication.

A sample of medication administration records was reviewed by inspectors. Appropriate medication management practices were not always adhered to. A number of medication errors were detected and a review of the accident and incident log revealed a pattern of medication errors. No action had been taken to address this issue. This was brought to the providers attention immediately following the inspection who advised that corrective action was taken immediately.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There was 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, reflected the diverse needs of residents. Minor revision of the document was required to include the details of the staff member who provides cover for the Person in Charge in her absence.

Judgment:

Non Compliant - Minor

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 that identified the lines of authority and accountability. Staff and service users were clear in relation to lines of authority and service users were able to identify the Person in Charge who worked on site. The person in charge reported to the residential coordinator who in turn reported to the general manager. In the absence of the person in charge, a shift leader on duty was responsible.

On call arrangements were in place 24/7. The inspector found that staff were aware of these and had ready access to the contact details. There was evidence of regular staff

meetings and of meetings with the centres residential co-ordinator. There was a system of staff appraisal in place and evidence that these were held annually was seen on the staff files reviewed. There was an annual review of the quality and safety of care in the designated centre.

The Provider had undertaken an unannounced visit to the centre in May and produced a written report as to the safety and quality of care and support provided as required by the regulations. There was evidence of regular meetings between the General Manager and the Residential Coordinator and between the person in charge and the staff.

Judgment:
Compliant

Outcome 17: Workforce

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

Theme:
Responsive Workforce

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

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

Findings:

The inspector reviewed the recruitment practices and found there was a system in place to ensure all the required documentation for staff employed in the centre was in place. The inspector reviewed three staff files which were held centrally and found that all required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were in place. Documentation was well organised and easily retrievable.

Staff and residents interacted comfortably and staff supported residents to engage in the inspection process and meet with inspectors following consultation. All relevant members of staff have an up-to-date registration with the relevant professional body, if required, for their role. Staff had completed mandatory training and had access to education and training to according to the needs of residents and in accordance with evidence based practice. As discussed in outcome 8 and outcome 12, some required refresher training in adult protection and in safe medication management. A training matrix in use required review to accurately reflect the dates training took place and identify when refresher training was due.

As discussed under outcomes 11 and 14, some residents required a higher level of supervision than they were receiving. The provider has been requested to carry out a review of staffing levels and staff deployment in the centre to ensure there is an appropriate level of support and supervision to meet the needs of residents.

Judgment:
Non Compliant - Moderate

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:

Thelma O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Christopher's Services Limited
Centre ID:	OSV-0003888
Date of Inspection:	17 July 2014
Date of response:	22 October 2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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 Registered Provider is failing to comply with a regulatory requirement in the following respect:

In some of the personal plans there were no actions documented to show how residents would be assisted to achieve their new goals and no staff member identified to ensure the resident was assisted to achieve their current goals.

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

Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

Person Centred Planning goals were reviewed and a designated person named to support goals has been activated

- A monthly activity tracker has commenced to track individual resident's social activities.
- Site specific day to day home support manual was developed in consultation with service users.
- Individual shopping list have been developed to reflect services users choices and preferences which encourages healthy and nutritious meal options.
- A review of shift planner has taken place and amended to ensure residents are assisted with identified goals.

Proposed Timescale: Completed

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:

Accidents, errors and incidents were not always appropriately reviewed including medication errors and falls

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:

- The FRATS assessment tool has been completed in consultation with two residents.
- A review of the risk assessment for the use of the stairs has been completed in consultation with one resident and a stair hand rail has been installed.

Proposed Timescale: Completed

Theme: Effective Services

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

Updated manual handling training was required for some staff

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:

Two staff members are scheduled to attend People Moving and Handling training on the 17/10/2014

Proposed Timescale: Completed

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Staff were overdue refresher training in the management of behaviour that is challenging.

Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

MAPA Training is scheduled to take place on the 12/12/2014

Proposed Timescale: 31/12/2014

Theme: Safe Services

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

Refresher training for some staff in the protection of vulnerable adults was overdue.

Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

Refresher Protection of Venerable Adults Training was delivered to three staff on the 14/10/2014.

- Further Protection of Venerable Adults Training is scheduled for three remaining staff.

Proposed Timescale: 24/10/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Poor communication between day services and residential services was resulting in some referrals not being facilitated.

Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

A meeting has taken place with the day service to identify proposals for improved communication systems between both services. Proposal is to be presented at the next scheduled PIC meeting on 23/10/2014.

- Hospital and Out Patient Appointment folder is in place.
- Dated of appointments are scheduled on off duty roster and a designated person from the designated centre is assigned to support the resident at appointments.
- Medical review calendar is now in place.
- A standard operating procedure on management of health related appointments is in the induction folder.

Proposed Timescale: Completed

Theme: Health and Development

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

Care plans were not always reviewed when there was a change in the residents needs including update post suspected injury.

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 circumstances and new developments.

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

The changing needs of residents are now reflected in monthly key working reports and care plans are reviewed accordantly.

- Any professional agency involvement is logged on the appropriate recording sheet.
- A standard operating procedure as to what documentation needs to be reviewed following the intervention of a professional agency is available in the induction folder.

Proposed Timescale: Completed

Theme: Health and Development

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

Some residents were not receiving the necessary support to ensure optimum health including referral to appropriate services.

Action Required:

Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.

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

- Risk assessments in relation to specific medical / dietary conditions are now in place.
- Out Patient Appointments to specific medical / dietary clinics are being supported by a staff member from the designated centre.
- Diet and nutrition care/support plans have been reviewed and amended as required.
- Site specific day to day home support manual have been developed in consultation with residents, which identifies what support an individual resident requires with their specific medical / dietary needs.
- Individual shopping list have been developed to reflect residents choice and preferences which encourages healthy and nutritious meal options.
- Residents where appropriate are supported to do their grocery shopping and health food choices are encouraged.

Proposed Timescale: Completed

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:

Appropriate medication management practices were not always adhered to. A number of medication errors were detected and a review of the accident and incident log revealed a pattern of medication errors.

Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

- Re Induction to the medication policy was delivered on the 01/09/2014
- Office has been relocated upstairs to reduce distraction and promote safe administration of medication when supporting a resident.
- We are in the process of acquiring suitable medication cupboards which would be site

specific.

- Full stock control was carried out and medication not in use has been returned to the appropriate pharmacy.
- Medication is now been administered from Blister Packing where possible.
- All PRN support / care plans have been reviewed and amended where required.
- Two Staff carry out a Medication stock control on a Thursday and this is reflected in the shift planner manual.
- Request for review of SAMs training has been made by PIC, which will be delivered by the end of the year
- Reassessment has been completed in consultation with two residents who self medicate.
- PIC is in the process of seeking further training in the area of medication management with the Nurse Development Unit with the Executive in Tullamore.
- Medication Audit was completed on 15/10/2014 by Policy & Standards Officer.

Proposed Timescale: 31/12/2014

Theme: Health and Development

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

No action had been taken to address the pattern of medication errors which had occurred in the centre.

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:

- Medication errors observed during the inspection were reviewed and appropriate action was taken immediately.
- Re Induction to the medication policy was delivered on the 01/09/2014
- All future medication errors will be recorded, reported and reviewed in accordance with the medication policy, incident and accident reporting policy and best practice.

Proposed Timescale: 31/10/2014

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

Revision of the document was required to include the details of the staff member who provides cover for the Person in Charge in her absence.

Action Required:

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

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

- A review of the Statement of Purpose has taken place and an amended draft has been submitted to the Provider Nominee for approval to reflect the findings of the report.
- On approval, the statement will be circulated to the residents and their families.

Proposed Timescale: 24/10/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

A review is required to ensure the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

- A robust review of the service was completed by the provider nominee in August 2014.
- Feedback was provided and in consultation with the residents and the team of the designated centre SMART action plans and goals were developed and dates for progress meetings put in place.
- Off duty was reviewed and additional support was provided based on identified needs of residents.
- Action plans continue to be developed as feedback and consultation with residents and staff is discussed at the progress meetings.

Proposed Timescale: 22/09/2014

Theme: Responsive Workforce

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

Some staff required refresher training in adult protection and in safe medication management.

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:

- MAPA Training to take place for all staff.
- Refresher SAMs training for staff.
- Medication Management training for Nurses

Proposed Timescale: 31/12/2014