

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	The Willows
Centre ID:	OSV-0003385
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Nua Healthcare Services Unlimited Company
Lead inspector:	Anna Doyle
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	4
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 inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 07 December 2017 10:00 To: 07 December 2017 17:50

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 03: Family and personal relationships and links with the community
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 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was an announced inspection to assess the centre's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. It was conducted as part of the Authority's assessment of the provider's application to renew the registration of this centre. As part of this application the provider was requested to submit specified documents, all of which had been submitted at the time of the inspection.

The property is leased from a third party. It was the third inspection of this centre. The required actions from the centre's previous inspection in July 2017 were followed up as part of this inspection. At that inspection five of the outcomes had been compliant with the regulations; therefore all regulations under those outcomes were not fully inspected as part of this inspection.

How we gathered our evidence:

The inspector met all of the residents residing in the centre and two of the residents met with the inspector to discuss some aspects of the care and support being

provided in the centre. The inspector also reviewed five questionnaires which were completed by residents and one of their representatives. Other questionnaires distributed had not been returned to the centre at the time of this report being written. The questionnaires received provided the inspector with information and feedback on the quality of the care and support provided in the centre. The inspector reviewed some practices and documentation, including residents' annual reviews, incidents, audits, policies and procedures, fire management related documents and risk assessments. The person in charge facilitated the inspection. They had been assessed under the regulations at an earlier date.

Description of the service:

The service provider had produced a statement of purpose which outlined the services provided within this centre. The centre is managed by Nua Healthcare Services and delivers services to adults with autism, intellectual disability and some mental health issues. The Willows aim to provide 24-hour care to both female and male adults, over the age of 21 years.

The centre comprises of one house which provides accommodation to four residents and is located in a rural setting in Co. Kildare. It is a dormer bungalow dwelling and each resident has their own bedroom. There is access to a secure garden space to the back of the property. There is an additional unit to the side of the property where residents can access gym equipment and a kitchen area to complete some independent living skills.

Overall judgment of our findings:

The inspector found that residents in the centre lived an active life and were involved in varied activities as evidenced both on observation on the day of the inspection and from talking to residents. They were being supported by staff to improve independent living skills in the centre and in their community. Residents said that they liked living in the centre and information reviewed from the questionnaires verified this.

The premises were generally well presented and maintained to a good standard on the day of the inspection and residents were involved and supported in maintaining their home. Of the eleven outcomes inspected, seven were found to be compliant. Two outcomes were found moderately non compliant under Outcome 8, safeguarding and Outcome 11, medication management. The other two outcomes were found to be in substantial compliance with the regulations.

The findings are discussed further in the report and the areas for improvement are 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 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):

No actions were required from the previous inspection.

Findings:

The inspector found that residents were consulted about how the centre was run; however, improvements were required in one intervention in place for a resident which was compromising their right to privacy.

During a walk around of the centre, the inspector found that some personal details pertaining to one resident was displayed on a large white board beside the resident's room. While, some of this information was very important to the resident in terms of guiding their activities for the day, some of the information on the board was confidential to the resident's care. The person in charge agreed to address this to ensure confidentiality and privacy for the resident.

The inspector was informed at the opening meeting that there were no open complaints on file and the complaints procedure was on display in the centre. Residents spoken to were aware of their rights to make a complaint.

As part of the actions from the last inspection the provider had updated the finance policy to include guidance on how staff should support residents with online banking. The person in charge stated that the provider had not implemented this practice in the centre as the board of management were still considering this option. Alternative measures had been adopted to ensure transparency around residents' financial records. This included, reconciling residents financial records against their bank statements on a monthly basis to ensure transparency and accuracy.

The inspector reviewed one resident's financial records and was satisfied that the

recording and auditing practices in the centre were appropriate and demonstrated transparency. For example, all receipts were signed by staff and the person in charge audited residents' finances on a monthly basis.

One resident informed the inspector about how they were included in the running of the centre, through residents' forums and key working meetings.

The person in charge informed the inspector that all residents were independent in personal care and therefore did not require intimate care plans in order to guide staff practice.

Judgment:

Substantially 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:

The inspector found that residents were encouraged to be part of the community in nearby towns. Residents' representatives were also involved in the residents' lives in line with the residents own wishes and support needs.

From speaking to residents, staff and on review of some personal plans the inspector found that residents were involved in their community. Residents had part time jobs in the locality and accessed local amenities in nearby towns. One resident spoke to the inspector about their plan to attend further education.

There was also records to demonstrate that residents' representatives were involved in their care and one resident was being supported to transition to a new locality with assistance from their representative. This was still in progress at the time of the inspection.

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):

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

Findings:

The inspector found that the actions from the last inspection had been completed and from a sample of identified goals and annual reviews, goals were being reviewed for residents.

One annual review completed for a resident in November 2017 demonstrated that identified goals had been documented for the resident in line with their wishes and interests. A resident spoken to also verified that they had agreed goals for the year which included pursuing further education to develop their skills. Another resident was being supported to improve their cooking skills in the centre.

Since the last inspection there had been no new admissions or discharges from the centre. One resident was being supported to transition to another centre at their request and a provisional transition plan had been developed to demonstrate how this would take place which included the resident being supported to visit the new centre.

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 inspector found that the layout and design of the centre was suitable for its stated purpose and was in line with the statement of purpose for the centre. However, improvements were required in outside facilities for residents.

There had been no changes made to the premises since the centre had been registered. The premises were well maintained and clean. Each resident had their own room which was personalised to their own tastes. However, only one residents' bedrooms was viewed in line with the residents' wishes on the day of the inspection.

From a walk around of the centre, the inspector found that the centre provided:

- Adequate private and communal accommodation, including adequate social and recreational space.
- Rooms of a suitable size and layout
- Adequate space and suitable storage facilities for the personal use of residents.
- Adequate ventilation, heating and lighting
- A kitchen/ dining area with suitable space for a large dining table.
- Shower and toilet facilities suitable to meet the needs of the residents
- Adequate facilities for residents to launder their own clothes if they so wished

There was a large enclosed garden to the rear of the property. However, the inspector found that there was limited access to seating areas for residents.

To the side of the property there was a large detached building which contained a meeting room, kitchen/dining area and gym room. This was available for residents to use when they wished during the day.

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):

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

Findings:

The inspector found that the systems in place to ensure that residents could be safely evacuated from the centre had been addressed since the last inspection and improvements had been made to the risk assessments in the centre.

There were three policies in place for the management of risk. The policies included the four risks identified by Regulation 26; however, the policy did not outline the

arrangements in place for investigating and learning from serious incidents or adverse events. The centre maintained a risk register and individual risk assessments.

Improvements were noted in risk assessments in place since the last inspection. From a review of a sample, the inspector found that the risk assessments outlined the control measures in place to minimise or mitigate risks.

A sample of incidents that had occurred in the centre since the last inspection were viewed. The inspector found that all incidents were reviewed by the person in charge and forwarded to the behaviour support specialist for further review where applicable. Other mechanisms in place demonstrated that senior personnel were informed of all incidents that occurred in the centre, through weekly reporting procedures in place.

All incidents were discussed at staff meetings in the centre and while the inspector found that this was the practice, the records did not demonstrate an appropriate review. However, this had been highlighted from the last quality and safety review of the centre and the action plan was still in progress at the time of the inspection.

Fire safety systems had been reviewed since the last inspection. This included the addition of emergency lighting and procedures around the evacuation of residents from the upstairs of the centre had been addressed. In addition, a fire officer had recently attended the centre to review fire safety. The report generated from this review indicated that there were satisfactory arrangements in place for the safe evacuation of residents in the centre.

There were four vehicles available in the centre. The inspectors viewed the insurance and roadworthiness certificates in place for one vehicle and found that they were up to date on the day of the inspection.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that there were measures in place to safeguard residents in the centre. However, improvements were required in one behaviour support plan viewed and a restrictive practice in place for one resident.

The provider had a safeguarding policy in place in the centre. The person in charge and a staff member met were clear about the procedures in place in the event of an allegation of abuse been made. From a review of notifications submitted to HIQA by the person in charge, there was one safeguarding plan in place in response to the impact of behaviours of concern on other residents. Staff spoken with were clear about the measures in place and the plan in place had been reviewed and appeared effective as there had been not further incidents reported.

One behaviour support plan was viewed by the inspector which had been recently reviewed by a behaviour specialist. Both the person in charge and staff demonstrated a good understanding of how to support this resident. However, some details contained in this plan could not be implemented in practice. This was discussed with the person in charge.

In addition, one intervention in the residents behaviour support plan, which required implementing a restrictive practice had not always been followed in line with the recommended time frame outlined in the behaviour support plan, nor had this be considered as part of the review of the residents' plan or fully reviewed after this restriction had been implemented.

There were a number of restrictive practices used in the centre, all of which had been notified to HIQA. There was some evidence of restrictions being reviewed and reduced in the centre. For example, the use of a transport harness for one resident was being reduced and reviewed at the time of the inspection.

However, the inspector found that the review in place for one restriction was not comprehensive and had not been reviewed in consultation with all relevant allied professionals involved in the residents care. In addition, while some practices were in place to monitor the use of this restriction, improvements were required to ensure that the residents' rights and dignity were upheld at all times when this restriction was implemented. The person in charge intended to address this with all allied health professionals involved in this residents care.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that there systems were in place to audit and review medication practices in the centre. However, improvements were required in staff training, some auditing practices and ensuring that the appropriate medication plans were in place to guide staff practice.

Over the course of this inspection, the inspector found that the practices in place to support one resident who was prescribed a medication in response to a potentially life threatening condition required review as:

- There were two medication plans in place to guide practice. One which had been signed by the resident’s general practitioner and one which had not been signed. The unsigned plan had conflicting information recorded to the signed copy. This required review and the person in charge agreed to submit clarification to HIQA after the inspection. This was submitted and had been signed by a prescribing doctor. In addition, the person in charge assured the inspector that they would make staff aware to follow the signed protocol until clarity was sought the day after the inspection.
- The audits in place for this medication did not include all of the requirements in the manufacturer’s guidelines in terms of checking the validity of the medication.
- There were no records to demonstrate that staff had received training in this area and staff spoken to were unclear as to who was responsible for administering this medication. This training was organised by the person in charge by the end of the inspection.

A medication audit had recently been completed in the centre which formed part of the provider’s requirement to complete unannounced quality and safety review. This audit was submitted to HIQA after the inspection, one review the inspector found that improvements were identified and an action plan had been developed to address these.

There were no controlled drugs prescribed in the centre.

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):

No actions were required from the previous inspection.

Findings:

The provider prepared a written statement of purpose which outlined the service provided 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):

No actions were required from the previous inspection.

Findings:

Overall, the inspector found that there were effective management systems in place which included a defined management structure that supported and promoted the delivery of safe, quality care services.

The person in charge was present for the inspection. They demonstrated a good knowledge of the residents support needs in the centre. They were fulltime in their role and were supported by two deputy team leaders in the centre.

The person in charge reported to a regional manager and stated that they felt supported in their role by this person and the management team in Nua Healthcare. They liaised with the regional manager over the phone on a daily basis and the regional manager facilitated supervision with the person in charge.

There were reporting structures in place in the centre which highlighted concerns to the regional manager and the provider on a weekly basis. For example, the person in charge submitted a governance report for the attention of the provider and also completed a weekly report to the regional manager. These reports highlighted incidents that had occurred in the centre and corrective actions taken were also identified.

Staff meetings were held in the centre and staff spoken to felt supported in their role.

A senior member of the management team for the organisation had completed an unannounced quality and safety review for the centre in November 2017. The findings of this were formulated into an action plan and at the time of the inspection some of the actions were still in progress.

An annual review for the centre had also been completed and included feedback from residents and their representatives. However, it was not clear how the feedback from the residents' representative was collated and whether it had included consultation with all representatives. For example, it stated that overall feedback from families have been positive. The person in charge intended to address this with the provider going forward.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. In the absence of the person in charge the regional manager will manage the centre.

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:

The inspector found that the staffing levels in the centre were in line with the statement of purpose for the centre.

There were no vacancies in the centre on the day of the inspection. The provider had contingencies in place to cover staff leave in the centre as regular relief staff were employed. The person in charge informed the inspector that there had been a consistent team employed in the centre over the last number of years.

The training records were not viewed as part of the inspection as they were viewed at the last inspection. The person in charge informed the inspector that a schedule of refresher training was overseen by personnel in the administration offices belonging to the provider. The person in charge was informed of any refresher dates required and verified that there was no refresher training due for staff.

There was a planned and actual rota in place, that met the requirements of the regulations. Staff spoken to felt supported in their role and spoke about the supervision provided by the person in charge.

There were no volunteers employed in the centre at the time of the inspection. Staff files were not reviewed at this inspection as this had been completed in July 2017 and no issues had been identified.

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:

Anna Doyle
Inspector of Social Services
Regulation Directorate

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Nua Healthcare Services Unlimited Company
Centre ID:	OSV-0003385
Date of Inspection:	07 December 2017
Date of response:	05 January 2018

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 (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

Some personal details pertaining to one resident was displayed on a large white board beside the resident's room in the centre.

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

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

- Personal details in relation to one resident will be removed to ensure their privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Proposed Timescale: 19/01/2018

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

There was no seating available for residents in the back garden.

2. Action Required:

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

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

- Seating will be made available for residents in the back garden.

Proposed Timescale: 19/01/2018

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:

Some details contained in one resident's behaviour support plan could not be implemented into practice and therefore did not guide staff practice.

One intervention in the residents behaviour support plan, which required implementing a restrictive practice had not always been followed in line with the recommended time frame outlined in the behaviour support plan nor had this been considered as part of the review of the residents plan or after this restriction had been implemented

3. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date

knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

- Behaviour support plan for one resident will be reviewed in full to ensure that it guides staff practice.
- Restrictive practice intervention for one resident will be reviewed with the staff team to ensure they have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support the resident to manage their behaviour.

Proposed Timescale: 02/02/2018

Theme: Safe Services

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

The review in place for one restriction was not comprehensive and had not been reviewed in consultation with all relevant allied professionals involved in the residents care.

The monitoring forms the use of this restriction, required improvements to ensure that the residents' rights and dignity were upheld at all times when this restriction was implemented.

4. 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:

1. One Restrictive Practices in the Centre will be reviewed by the PIC, Director of Services and other relevant professionals to justify its use and to ensure it is used for the shortest duration.
2. The monitoring form used for this restriction will be reviewed to ensure that the residents' rights and dignity are upheld at all times when this restriction is implemented.

Proposed Timescale: 02/02/2018

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:

There were two medication plans in place to guide practice for one resident in response to a potentially life threatening condition.

An audit in place for one medication did not include all of the requirements in the manufacturers' guidelines in terms of checking the validity of the medication.

There were no records to demonstrate that staff had received training in this area and staff spoken to were unclear as to who was responsible for administering this medication.

5. 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:

- Medication plan for one resident will be reviewed to guide staff practice.
- Audit in place for one medication will incorporate manufacturers guidelines in terms of checking the validity of the medication.
- The staff team received training in relation to the administration of specific medication. Record of same will be maintained within staff personnel files. [Completed 04.01.18].

Proposed Timescale: 31/01/2018