

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Hall Lodge
Centre ID:	OSV-0001709
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Sunbeam House Services Company Limited by Guarantee
Lead inspector:	Jacqueline Joynt
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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 19 December 2017 09:40 To: 19 December 2017 17:30

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 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was an eight outcome inspection carried out to monitor compliance with the regulations and standards and further to an application to vary conditions of registration. The previous inspection was undertaken in May 2016 and two other inspections had taken place February and June 2014. The designated centre was registered in September 2015.

The inspection primarily focused on the application to vary a condition of registration submitted by the provider. The proposed variance was to change conditions of the number of beds in the centre from four to five. To accommodate the addition of a new resident a section of the centre had been transformed into a self-contained four roomed apartment.

How we gathered our evidence:

As part of the inspection, the inspector met three residents, one of which was the potential new resident. The inspector observed respectful interactions and positive engagements between residents and staff. The potential new resident appeared very excited about moving and informed the inspector how happy she was with her new

apartment. Throughout the day the inspector spoke with two social care workers, a nurse, the person in charge in the designated centre and also with the person in charge and staff from the potential resident's current centre .

In addition, the inspector completed a walk around of the premises including the section that had been transformed into an apartment. The inspector also reviewed documentation, including the potential resident's transition plan and a number of current residents' personal plans, medical related documentation, policies and procedures, fire management related documents and risk assessments.

Description of the service:

This designated centre is operated by Sunbeam House Services (SHS) Limited and is based in County Wicklow. There were two full-time residents living in the designated centre and two respite beds were also available within the designated centre.

The provider had submitted an application to vary conditions to increase the number of beds from four to five in order to provide support on an interim basis to an additional resident. A section at the right gable end of the building had been restructured and transformed into a self-contained four roomed apartment with its own gated and door entrance. Within the apartment there was a secure fire door dividing both sides of the building. The inspector was informed that this door will only be used when the fire alarm is activated. The provider had produced an up-to-date statement of purpose, as required by regulation, which described the service provided and included the potential resident and changes to the layout of the building.

The current residents had the use of a vehicle with a plan in place for the potential resident to be provided with a new leased vehicle.

Findings:

Overall, the inspector found that the plan in place to support the application to vary had resulted in a positive transformation of a section of the building into an apartment which provided a warm and pleasant environment for the potential resident moving in. It was evident that there was a comprehensive transition plan in place to support and meet the potential residents' needs. There was evidence of good collaboration between the potential resident, her family, staff and both persons in charge. The inspector also found that a number of improvements had been made to the overall service since the last inspection with many actions satisfactorily completed. However, the inspector identified that some improvements from last inspection still remained and there was a number of improvements required from this inspection, with the most urgent improvement relating to bedrooms provided for respite residents. While two rooms had been transformed in the main building these also required improvement to ensure that the environment was appropriate to meet the residents' needs and safety. These issues are discussed in the body of the report and included in the action plan.

Good practice was identified in areas such as:

- There was a comprehensive transition plan in place for the potential resident with evidence of good collaboration with all involved (outcome 5).
- There was evidence of shared learning in place from other centres who received high compliance levels through the regulatory monitoring process (outcome 17).
- There were arrangements in place for continuity of staffing so that attachments were not disrupted and support and maintenance of relationships were promoted (outcome 17).

Areas requiring improvement was identified in areas such as:

- A number of rooms, including bedrooms, in the main section of the building required urgent maintenance and painting work (outcome 6).
- En-suite bathrooms required immediate structural work to ensure infection prevention control is in place (outcome 7).
- Personal plans and transition plans belonging to residents were not available to them in accessible format (outcome 5).

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):

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

Findings:

On the day of inspection, the inspector found that each resident's wellbeing and welfare was maintained to a satisfactory standard. The inspector found each resident's health, personal and social care support needs were assessed and met by the provider. However, some improvements were required in relation to residents' personal plans.

The multidisciplinary reviews were effective and took into account changes in circumstances and new developments in residents' lives. This was supported by improvements made from the last inspection whereby a 'health and development plan' had been included in residents' personal plans. The plan ensured assessments for residents reflected changes and circumstance on an annual basis.

The two residents in the main building attended an on-site day service and the new potential resident avails of a self-directed living programme. Residents' personal plans viewed on the day were up-to-date and reviewed appropriately. Plans incorporated a "circle of support" which involved help and support from family, advocates and staff around achieving goals and reviewing plans. Residents' plans outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices. For example one resident was supported to cook and enjoy his dinner in an environment appropriate to his needs as an alternative to having it delivered to him in his residence. However, personal plans were not made available to the residents in an accessible format.

The inspector found evidence that the potential resident had maximum participation in the comprehensive transition process and plan that was in place. The transitional plan

which was part of the residents' personal plan was continuously developed and reviewed in consultation with the resident, relevant keyworker, allied health care professionals and family members. The plan promoted meaningfulness and independence in resident's life and recognised the intrinsic value of the person by respecting their uniqueness. The transition plan included information on the rationale for moving, timeline of transition and progress to date. The inspector found upon talking with the potential resident, that she seemed very aware of the plan in place however, the transitional plan which was part of the potential resident's personal plan had not been made available in an accessible format.

A number of site visits had taken place and on each occasion the potential resident was supported to shop for furnishings and decorative items that she wanted to put in the apartment. On one of the site visits family members were invited to visit. The person in charge advised the inspector that current residents and their family had been made aware of new resident joining the centre and had been advised of the plan to date.

Judgment:

Substantially 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 design and layout of the centre were in line with the centre's updated statement of purpose. The application to vary resulted in positive improvements in one part of the building however, resulted in other rooms in the main building requiring immediate maintenance and paintwork.

The inspector found that the section of the building that had been transformed into a four room self-contained apartment met the needs of the potential resident and the design and layout promoted the residents safety, dignity, independence and wellbeing. The inspector met with the potential resident and she excitedly and proudly showed off her sitting room and bedroom and pointed out choices she had made regarding furnishings and decorations within the rooms.

The section of the building where respite residents slept required immediate improvement. Due to the restructuring of the layout of the house the two respite

bedrooms had been moved to another location in the building. The inspector found that these rooms required urgent maintenance and paintwork including improvement to the overall design and layout of room. All respite and residents' en-suite bathrooms in the main building required structural work to the doorways to ensure the dignity of the resident was met and to mitigate the risk of infection.

In the main building two of the rooms had recently been transformed in to a sensory room and individualised sitting room. However, the inspector found that both rooms needed further decorative and structural improvements before they met the needs of resident and ensured their health and safety.

The sitting room and dining area in the main building were suitably decorated with festive decorations and a Christmas tree.

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):

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

Findings:

There were adequate policies and procedures in place for risk management and emergency planning including policies and procedures relating to health and safety.

Overall, the building was kept clean and tidy and was monitored regularly through appropriate auditing systems carried out by the person in charge. There was an organisational risk management policy in place which included the specific risks identified in regulation 26. The designated centre had a risk register and this documented a number of risks within the building and the controls in place to address these.

There was certification and documentation to demonstrate that the fire alarm, emergency lighting and fire equipment were serviced by an external company. On the day of inspection the inspector was provided with documentation demonstrating that the annual check for fire equipment had been organised for the following day. The self-contained apartment was included in the overall building's fire alarm system and was provided with appropriate fire equipment, fire doors and emergency lights.

The inspector found through conversations with staff that they were knowledgeable in the safe evacuation of residents including procedures for residents who required extra

support. Fire drills were being carried out regularly and the inspector was advised that the potential resident would be supported to be part of a fire drill before moving in. Improvements from last inspection had been addressed with fire drill records now identifying residents who had participated in the fire drills.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

There was a policy on, and procedures in place for the prevention, detection and response to abuse which staff were trained in. There was a policy and procedure for providing intimate care with clear guidelines in place for staff. The inspector observed positive and respectful interactions between staff and residents.

The inspector spoke with staff and found they demonstrated satisfactory knowledge of safeguarding policies and procedures and were clear on what to do if an allegation, suspicion or disclosure of abuse arose. There was a photograph of the designated officer with contact details in place on both sections of the building. The person in charge carried out audits to ensure safeguarding practices were monitored that there was no barriers in place for reporting abuse.

There was a system in place to record any incident or allegation being made and it was evident to the inspector that incidents were appropriately investigated and responded to in line with the centre's policy and national guidelines and legislation.

There was a policy in place for the provision of behaviour support. The plans in place for positive behaviour support included clear guidance for staff and it was evident that efforts had been made to identify and alleviate the underlying causes of behaviour that was challenging through the behaviour support planning process in place. For example, a section of the process included staff developing an action plan for positive behavior supports which had arisen from staff brainstorming sessions around possible positive behaviour supports ideas.

Overall, the inspector found that improvements had occurred since the last inspection regarding restrictive practice through the organisation's rights committee reviewing practices in place however, the inspector found a restrictive practice in place which had not been assessed or recorded in a resident's personal plan. The person in charge advised the inspector that this would be addressed immediately and alternative measures looked into.

The inspector found that there were adequate systems in place to protect residents against financial abuse through appropriate practices and record keeping. A money management type of assessment was carried out with residents in relation to assessing their needs and support around managing their own finances.

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):

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

Findings:

Arrangements were in place to support residents on an individual basis to achieve and enjoy the best possible health. There were arrangements in place to ensure that appropriate healthcare was made available for each resident, having regard to their personal plan.

The inspector found that a comprehensive information technology system in place supported staff in ensuring all residents had an up to date healthcare plan which demonstrated appropriate access to a GP of their choice and allied health professionals when required. Residents' healthcare needs were appropriately assessed and continuously reviewed. Since the last inspection a psychiatrist had been sourced and where appropriate, had carried out mental health reviews every six months which had been recorded in residents' healthcare plans.

A number of residents were supported to get involved in meal preparation and cooking of meals. The inspector found evidence of varied nutritional and appetising meals being served through weekly meal plans which were displayed in an accessible format in both dining areas.

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):

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

Findings:

The inspector found that there were written operational policies and procedures relating to the ordering, prescribing, storing and administration of medicines in place. Medication was supplied to the designated centre by a local pharmacist which was recorded when received and a stock check was carried out once a week by the nurse on duty. PRN medication included protocols, rationale and review dates.

The inspector observed a sample of administration recording documents in place for residents and found that the administration and prescription sheets demonstrated that appropriate medication management was in place. Improvements had been made since the last inspection as a 24 hour recording chart was now in place to ensure that the administration recording sheet matched the drug administration sheet.

In addition to the nurse on duty staff were trained in safe administration of medication in adherence to appropriate management of medication policy. However, the action from previous inspection regarding second dispensing of medication had not been completed. Staff showed the inspector a plan in relation to the second dispensing which they had developed to support change in the current medication management policy however, to date the policy has not been changed.

There was a system in place for reviewing and monitoring safe medication management practices which was evident through daily, weekly and monthly audits that took place.

Through observation and speaking with a nurse the inspector found that the processes in place for the handling of medicines were safe and in line with current guidelines and legislation. The inspector found that there were appropriate procedures for handling and disposing of unused and out of date medicines.

Individual medication plans, including details of allied health services offered, were appropriately reviewed and put in place as part of residents' individual personal plan. However, the inspector found that an appropriate assessment had not taken place in relation to residents being responsible or involved in their own medication management.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There were effective management systems in place to oversee the designated centre. A clearly defined management structure identified the roles and responsibilities of relevant managers which detailed the lines of authority and accountability which were in place regarding the management of the centre.

The inspector found that there was a comprehensive auditing system in place by the person in charge to evaluate and improve the provision of service and to achieve better outcomes for the residents. The person in charge carried out monthly audits surrounding procedures in housekeeping, residents' financial accounts and petty cash, resident's documentation including care plans, unannounced visits, wheelchair checks, health and safety, pharmacy and medication audits.

An annual review of the quality and safety of care in the designated centre had taken place in October 2016 however, this year's review had not taken place within the expected timeframe as per regulations. Since the last inspection, the inspector found improvements surrounding the six monthly unannounced visits. All visits were occurring as per the regulations and the documentation in place to support the visits were found to be comprehensive with evidence of actions found being followed up within the timeline set.

The person in charge had been previously interviewed by a Health Information and Quality Authority Inspector Manager in February 2017 and found to be a suitably skilled, qualified and experienced manager. On the day of inspection the inspector found that the person in charge ensured the effective governance, operational management and administration of the designated centre concerned. In relation to the submitted application to vary conditions, the person in charge was found to be knowledgeable about the potential residents' likes, needs and wishes and had worked collaboratively with all management and staff involved in the transition process.

Judgment:

Substantially 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):**Findings:**

The inspector reviewed staff rotas including the staff rota for the inclusion of the potential resident and found that staffing arrangements included enough staff with the right skills, qualifications and experience to meet the needs of residents. Improvements had been made to the staff rota since the last inspection, with a clear colour coded system and key now in place.

The inspector spoke with the person in charge from the potential resident's current centre and found that there were arrangements in place for continuity of staffing so that attachments were not disrupted and support and maintenance of relationships were promoted. Four staff were transferring from the potential resident's current service and to date were actively involved in the transition plans.

The inspectors found evidence that staff mandatory training was up to date and since the last inspection staff had been provided with appropriate medication training. Other training had also been provided to enable staff deliver care that reflected up to date evidence-based practice. A training analysis had been carried out which identified appropriate training required by staff members and review dates for each. The inspector was informed that some of the staff moving to the centre had yet to complete appropriate training required for the role however, this had been scheduled to be completed before the potential resident moved in.

There was an information technology system in place to support staff's understanding and awareness of policies and procedures related to the general welfare and protection of residents. The system monitored learning and regularly updated training completed by staff.

Good quality supervision was in place to improve practice and accountability. The inspector found documentation demonstrating that supervision was provided to staff in

the form of bi-monthly group supervision meetings and four to six weekly one to one supervision meetings. Staff demonstrated good knowledge of resident's needs, wishes and likes and staff spoken to advised the inspector that they felt supported by management. One staff advised the inspector of shared learning in place from other centres who received high compliance levels through the regulatory monitoring process.

The inspector found documentation to support frequent engagement between staff and families and their inclusion in matters relating to their relatives and the service. The inspector observed respectful interactions and positive engagement between staff and residents during the day.

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:

Jacqueline Joynt
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 Sunbeam House Services Company Limited by Guarantee
Centre ID:	OSV-0001709
Date of Inspection:	19 December 2017
Date of response:	11 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 05: Social Care Needs

Theme: Effective Services

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

Residents' personal plans and the potential resident's transition plan were not available to them in an accessible format.

1. Action Required:

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

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

All Residents' personal plans are currently completed in writing format. Key workers are now in the process of completing them in an assessable form, which will be kept by the Clients' themselves. All keyworkers are currently working with the Clients' to facilitate this. Personal plans will be done in picture format, either on their tablets, scrapbooking or photo albums. These plans will be individualised by the Clients to ensure that all goals are met and are relevant to them. We will also include steps to achieve the goals.

Proposed Timescale: 28/02/2018

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:

A sensory room and individualised sitting room had be recently included in the main building however, the inspector found that both rooms needed further decorative and structural improvements before being suitable for the needs' of residents and use intended.

2. Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

A commitment has been given by SHS to provide funding to complete extensive works to the building. This will greatly improve the wellbeing of the current residents and also the respite Clients. Our aim is to provide a home from home service which is individualised to each resident. – Please see attached report from HDT of the proposed work and curo numbers

Proposed Timescale: 30/04/2018

Theme: Effective Services

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

The inspector found that bedrooms required urgent maintenance and paintwork including improvement to the overall design and layout of room. All respite and resident's en-suite bathrooms in the main building required structural work to the en-

suite doorways to ensure dignity of the resident and to mitigate potential infection control incidents occurring.

3. 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:

A commitment has been given by SHS to provide funding to complete extensive works to the building. This will greatly improve the wellbeing of the current residents and also the respite Clients. Our aim is to provide a home from home service which is individualised to each resident. – Please see attached report from HDT of the proposed work and curo numbers

Proposed Timescale: 30/04/2018

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The inspector found a restrictive practice in place which had not been assessed or recorded in resident's personal plan.

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:

Rights restriction now logged on Client Information Database (CID). Rights committee to review this restriction. The issue has been discussed with the Clients' key workers. A plan is in place to trial the removal of this restriction and explore if this is still a requirement.

Care Plan and risk assessments are included and completed in the Client's documentation.

Proposed Timescale: 31/01/2018

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:

The action from previous inspection regarding second dispensing of medication had not

being completed. (13th May 2016: Dispensing of medication was not in line with the organisation's policy on medication management).

5. Action Required:

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

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

The Medication policy has been reviewed and the requested amendment re Second Dispensing of Medication is now reflected in it.

Proposed Timescale: 08/01/2018

Theme: Health and Development

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

The inspector found that an appropriate assessment had not taken place in relation to residents being supported to take responsibility or be involved in their own medication management.

6. Action Required:

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

All residents' and respite Clients are have had a self – medication assessment completed. This is also recorded in the Clients safety plan.

Proposed Timescale: 09/01/2018

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

This year's annual review had not taken place within the expected timeframe as per regulations.

7. Action Required:

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

and support is in accordance with standards.

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

Annual Audit has now commenced. Family questionnaires have been sent to families and we are awaiting replies. The audit will be complete once we receive the replies from families and all information is collated.

Proposed Timescale: 31/01/2018