

**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 Muiríosa Foundation
Centre ID:	OSV-0002725
Centre county:	Laois
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiríosa Foundation
Provider Nominee:	Brendan Broderick
Lead inspector:	Julie Pryce
Support inspector(s):	Conor Brady
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
10 February 2015 11:00	10 February 2015 18:30
13 February 2015 13:00	13 February 2015 18:30

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

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

Summary of findings from this inspection

This inspection of a designated centre operated by the Miuriosa Foundation was conducted by the Health Information and Quality Authority (the Authority) in response to an application from the provider to register the centre. The centre comprised a community house which offered a respite service to people with disabilities who did not receive a full time residential service. This service was offered on an alternating basis to children and adults.

As part of the inspection, the inspectors visited the houses and met with residents and the staff members. The inspectors observed practices and reviewed

documentation such as policies, personal plans, and accident and incident records. The inspectors also reviewed questionnaires completed by relatives of the residents.

Overall, the inspectors found that residents received a good quality service. There was evidence of a good level of compliance, in a range of areas, with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and this was reflected in a number of positive outcomes for residents.

Some improvements were required in the following areas:

- written contracts of care;
- consultation with families;
- premises;
- medication management;
- the monitoring of care and support.

These areas are discussed in the body of the report and in the action plan at the end of the 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):

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

Findings:

The inspectors found that there were practices in place to ensure the preservation of privacy and dignity for residents, for example, staff spoke respectfully and appropriately to residents. Whilst there was an emphasis within the centre on upholding the rights of residents, not all rights had been appropriately considered. For example, where access to the kitchen was limited to ensure the safety of a resident, there was insufficient evidence of consideration having been given to the various rights restriction involved.

There was a complaints procedure in place which was detailed enough to guide staff, it was available in an accessible version so as to guide residents if required, and this accessible version was clearly displayed in the centre. A complaints log was kept which included evidence of actions being taken by the service in response to a complaint, and which outlined whether or not resolution was achieved.

There was some evidence of the inclusion of residents in the organisation of the centre, for example, a meeting of adult residents was held on the evening of admission. Accessible information in relation to these meetings was available, and a record of the outcome of the meetings was maintained. However, a similar system was not in place to facilitate the involvement of the families of children, and a regular parents group which had previously been held no longer took place.

Judgment:

Substantially Compliant

<p>Outcome 02: Communication <i>Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.</i></p>
<p>Theme: Individualised Supports and Care</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: A communication care plan was in place for every resident, and staff were observed to be knowledgeable in the preferred communication systems of residents.</p> <p>There were accessible versions of various types of information to facilitate residents' understanding. For example, meal choices were facilitated by pictures, there were pictures of staff on duty and communication aids for activities. Easy read versions of various pieces of information had been made available to residents, for example, in relation to any medical conditions.</p>
<p>Judgment: Compliant</p>

<p>Outcome 03: Family and personal relationships and links with the community <i>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.</i></p>
<p>Theme: Individualised Supports and Care</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: Links with home and community were maintained whilst residents availed of respite services. Attendance at schools or day services was maintained, and any regular social activities of residents were continued.</p> <p>There was clear evidence of family involvement in personal plans, and various ways of maintaining contact including letters and phone calls. A social worker was involved in maintaining g links with families.</p>
<p>Judgment: Compliant</p>

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

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

Findings:

There was an admissions policy in place in sufficient detail as to guide practice. Admissions were planned in advance, in accordance with the assessed needs of residents, and in accordance with the compatibility of residents.

Written contracts were in place for all the adult residents, but were not yet in place for all of the children availing of a service.

Judgment:

Non Compliant - Moderate

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:

All residents had a personal plan in place, and although the folders in which the plans were kept were disorganised and contained irrelevant material, any social care needs or healthcare needs examined had a plan in place in sufficient detail as to guide staff.

Social needs were met whilst residents were on placement, both by maintaining any social activities, and by implementing the personal plans which followed people from their day services or schools.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The designated centre was large and spacious, with several distinct living areas, including a play room and sitting areas, and a large outside area incorporating a sensory garden.

There were sufficient, well equipped bathrooms and shower rooms, and a spacious kitchen including a large dining table. The house was well maintained and decorated.

However, some of the residents were wheelchair users, and the corridor from which they would access the kitchen was too narrow to facilitate the safe manoeuvring of a wheelchair.

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:

The inspectors found that systems were in place for the prevention and detection of fire. The training records examined showed that there was regular fire safety training for the staff and regular fire drills were conducted. The inspectors found that staff were aware of the fire evacuation procedures and were able to describe the procedures involved. There was a personal evacuation plan in place for all residents and all fire safety equipment had been tested regularly. An emergency plan was in place and alternative

accommodation had been identified in the event that evacuation of the centre was necessary.

The centre's risk policy included all the requirements of the regulations. For the most part risks had been identified and assessed, for example, environmental risks had been assessed, and individual risk assessments were in place for residents. However, the use of bed rails had not been assessed appropriately for all residents, as discussed under Outcome 8.

Systems were in place in relation to infection control, hand hygiene facilities were readily available, cleaning equipment was appropriately stored and the designated centre was visibly clean.

Judgment:

Substantially Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

The provider had put in place systems to promote the safeguarding of residents and to protect them from the risk of abuse. The inspectors found that staff were knowledgeable in relation to types of abuse, recognising signs of abuse and their role in the safeguarding of residents.

Positive behaviour support plans were in place for all residents who required them. They were based on thorough assessments of need and were detailed enough to guide staff. These plans were reviewed regularly at monthly behaviour support meetings which were attended by staff from the respite service.

However, there was insufficient evidence of consideration having been given to alternatives to the use of restrictive practices, for example the use of bed rails. There was no risk assessment in place for one resident, and for another the risk assessment had examined the risks involved whilst the bed rails were in use but did not include evidence of consideration having been given to alternatives to this restrictive practice. During the course of the inspection two of the beds in the designated centre were replaced with low-low beds so that consideration could be given to their use with crash

mats as an alternative to the use of bedrails for some of the residents.

Whilst the only money that was managed within the centre was small amounts of spending money, the systems in place to manage this were not sufficiently robust as to safeguard residents. Residents generally arrived to the respite house with some spending money, but there was no record of how much should be received by the service. In addition, whilst people were encouraged towards independence in managing their spending money, there was no supporting documentation or risk assessment in place.

Judgment:

Substantially Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

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

Findings:

Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspectors regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspectors by the person in charge.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

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

Findings:

There was evidence that residents had a meaningful day and social activities in accordance with their needs and preferences. Both adults and children appeared to be at home and comfortable in the centre, and their usual routines were maintained whilst

they availed of respite.

The inspectors met with families during the course of the inspection, and reviewed questionnaires submitted to the authority, and it was clear that relatives and primary care givers were satisfied with the service they received from the respite centre.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

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

Findings:

Inspectors were satisfied that an adequate and nutritional diet was available, and that any specific diets were continued for residents whilst they availed of respite services. The kitchen was well stocked, and there was clear evidence of choice being offered to residents in ways which incorporated their communication needs.

Health care was continued in accordance with residents assessed needs whilst they were in the centre. There was always a nurse available to residents, and a 24 hour GP service was available.

However, whilst there were some systems in place to pass information between the primary care giver and the respite service this was not managed in a structured way, so that the inspectors were concerned that information regarding changing needs may not always be received. The person in charge outlined a plan to introduce quarterly clinical review meetings which they expected would rectify this.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

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

Findings:

There were some systems in place to safely and effectively manage medications. Prescriptions and kardexes included all the required information, and all administration records examined by the inspectors were correctly maintained. Any 'as required' (PRN) medications were managed with a clear protocol detailing the circumstances under which they should be administered.

However, the process of transfer of medications to and from the primary care giver to the designated centre were not sufficiently robust. There was no documentation relating to the amount of stock sent into the service, or the amount received by the primary care giver, and the local protocol did not include sufficient guidance in relation to this transfer of stock.

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:

The Statement of Purpose included all the requirements of the regulations and adequately described the service provided in the centre.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

Inspectors found that the person in charge of the centre was suitably qualified and experienced. She was knowledgeable regarding the requirements of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities. She maintained a full time presence in the centre and it was apparent that she was well known to the residents and had good knowledge of their health and support needs. She was clear about her roles and responsibilities and about the management and reporting structure in place in the organisation.

There was a clear management structure of which all staff were aware. Staff team meetings were held monthly, or more frequently if required. Minutes of these meetings were kept in which required actions were identified, and these actions were monitored at the subsequent meetings. However, the monthly 'communication meetings' were not documented contemporaneously, and it was not clear how the actions from these meetings were identified or monitored. A template was prepared by the person in charge to begin the structured recording of these discussions.

There was evidence of various audits having been conducted, including health and safety audits, and audits of medication storage. In addition, the six monthly unannounced visit on behalf of the provider had been conducted and had resulted in an action plan. However, as yet there was no annual review of the quality and safety of care and support available as required by the regulations.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The provider and person in charge were aware of when they were required to notify the Authority of absences of the person in charge. There were appropriate deputising arrangements in place should the person in charge be absent.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

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

Findings:

The inspectors found that the designated was sufficiently resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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 inspectors were satisfied that the numbers and skill mix of staff was adequate to meet the assessed needs of the residents, for example, there always being a nurse on duty.

Staff training records were examined and appropriate training was found to have been provided. Staff engaged by the inspectors were found to be knowledgeable in relation to the assessed healthcare and social needs of residents, and in safeguarding of residents.

A system of staff appraisal was in place, the structure of these appraisals included the identification of both strengths and areas for improvement and the identification of training needs.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

All policies required under Schedule 5 were in place. All records in relation to residents and general records required under Schedules 3 and 4 were also in place.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Muiríosa Foundation
Centre ID:	OSV-0002725
Date of Inspection:	10 February 2015
Date of response:	01 May 2015

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Insufficient consideration had been given to all rights restrictions.

Action Required:

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

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

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

The registered provider will liaise with the PIC to ensure access to MDT supports as required in order to review the restriction and to reduce on a planned basis.

Proposed Timescale: 30/06/2015

Theme: Individualised Supports and Care

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

Consultation with the families of children was inadequate.

Action Required:

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

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

The PIC will ensure families are consulted on a quarterly basis or more often as required.

Proposed Timescale: 31/07/2015

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Contracts of care were not in place for all residents.

Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

The PIC will ensure all contracts of care are in place.

Proposed Timescale: 30/06/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The premises were not designed or laid out to meet the needs of the residents.

Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

The registered provider has liaised with HSE midlands to request a review of the premises with a view to making required adaptations.

In the interim and to safeguard service users; the PIC will ensure that residents who use wheelchairs have safe access via an alternative exit door.

Proposed Timescale: 01/11/2015

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:

There was insufficient evidence that all alternatives to restrictive interventions had been considered.

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:

The PIC has implemented an individualised assessment tool with regard to the safe use of bedrails and has commenced reviewing and updating risk assessments.

Proposed Timescale: 22/05/2015

Theme: Safe Services

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

The systems in place for managing residents' personal money were not robust

Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

The PIC will implement a 'pocket money in transit' system of monitoring and tracking finances.

Proposed Timescale: 30/06/2015

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:

Management of stocks of medication was not robust.

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 PIC will ensure systems are implemented which safeguards service user medication in transit from the primary care giver via day placement to our service.

Proposed Timescale: 30/06/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

There was no annual review available.

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:

The annual review is complete and available for review by the Chief Inspector.

Proposed Timescale: 01/05/2015