

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Mullingar Centre 4
Centre ID:	OSV-0004213
Centre county:	Westmeath
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiríosa Foundation
Provider Nominee:	Josephine Glackin
Lead inspector:	Julie Pryce
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 19 January 2017 09:30 To: 19 January 2017 19:30

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 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
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 was a 10 Outcome inspection carried out to monitor compliance with the regulations and standards.

The previous inspection was on 24 September 2016 as a new centre before residents moved in.

How we gathered our evidence:

As part of the inspection the inspector spent time with five residents. Residents appeared to be comfortable and well settled in their homes and were seen to have their own routines and preferred activities.

The inspector also met with staff members, the person in charge, and the area director. The inspector observed practices and reviewed documentation such as personal plans, risk assessments, audits and medication documentation.

Description of the service:

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. The inspector found that the service was being provided as it was described in that document. The centre was two small bungalows in a housing estate in proximity to the local village. There was a large private back garden shared by the two houses, one of which accommodated three men and the other two ladies with intellectual disabilities.

Overall findings:

Overall, the inspector found that residents had a good quality of life in the centre and the provider had arrangements to promote the rights of residents. The inspector was satisfied that the provider had put system in place to ensure that the majority regulations were being met. Some improvements were required and an issue with regard to the provision of fire doors was noted.

Good practice was identified in areas such as:

- residents were facilitated to communicate (Outcome 2)
- management and reduction of restrictive practices (outcome 8)
- staff were available to provide appropriate care and support for residents (Outcome 17)

Improvements were required in:

- storage and stock control of medication (Outcome 12)
- provision of fire doors (Outcome 7)
- organisation and ease of access to residents' personal information (Outcome 18)

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

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:

There was evidence of consultation with residents and their families, and of communication being facilitated, including while offering choice to residents.

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. There was a named complaint officer for residents to refer their complaint to. This person's picture was also displayed to assist residents in identifying the complaints officer. A complaints log was kept which included evidence of actions being taken by the service in response to a complaint, and a recent complaint had been documented and appropriately addressed.

Regular residents' meetings were held for residents, and records were kept of these meetings. Where residents had communications difficulties, strategies were in place to aid understanding. There was a named advocate available should residents require this type of support.

Residents' personal possessions were recorded, and there was a photograph of any large items.

While some of the signage in the living areas of one of the houses was not relevant to residents, the person in charge undertook to review this.

Judgment:

Compliant

Outcome 02: Communication

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.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

There were robust systems in place to assist residents with communication. Staff demonstrated detailed knowledge of the ways in which residents communicated, and in the best ways to make information available to them.

There was a detailed communication care plan in place for all residents reviewed by the inspector which included guidance as to how to communicate with residents, and the ways in which they expressed themselves.

There were accessible version of personal plans in place, and various aids to assist residents, including pictures and sign language.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

Each resident had a written contract of care in place which outlined the services provided and any charges incurred.. There was also an admissions policy in place, although there were no vacancies in the centre, and no admissions anticipated.

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:

There was evidence that a meaningful day was facilitated for each resident, although some improvements were required in the organisation of personal plans to ensure that information was retrievable.

There was a personal plan in place for each resident, and assessments of residents needs had been conducted on which these plans were based. However pieces of information relating to particular issues were maintained in various different locations, so that no one document contained all the relevant information. For example there was a document describing a preferred activity for a resident, but no mention of the fact that this was a high risk activity in the document. This information was in a different folder, so that various documents in different folders were required to ensure all the information relating to one issue. Information in personal plans was therefore not readily retrievable, as further discussed under outcome 18.

The area director reported that the issue of the organisation of personal planning information had been discussed at a recent management meeting.

Goals had been set for residents, again in various locations, for example the goals in the personal plans were different to the goals in the accessible versions of personal plans. Steps had been taken towards ensuring meaningful goals for residents, for example in relation to skill teaching.

Residents had various activities in accordance with their needs and preferences. Some were involved in local community groups and activities. Leisure activities included visits to the local market, walks, mass and use of local amenities.

Various home based activities were also available to residents, including music, learning to use an ipad and cycling.

<p>Judgment: Compliant</p>

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 structures and processes in place in relation to the management of risk, and some measures in place in regard to fire safety, however there were no fire doors throughout the centre.

All staff had received fire safety training and fire drills had been conducted twice a month, including occasional night time drills. Staff were knowledgeable in relation to fire safety, and the actions to take in the event of an emergency. There was a personal evacuation plan in place for each resident which had been recently reviewed, and a 'hospital passport' which contained important information on each person. Fire exits were all clear, and appropriate daily and weekly checks were recorded. All fire safety equipment, including emergency lighting had been tested quarterly. However, there were no fire doors in the centre, and the person in charge was uncertain as to whether the existing doors were fire retardant.

A risk register was maintained and had been recently updated, and various risk assessments and management plans were in place. For example there were risk assessments in relation to travel, the use of the tumble dryer and unfamiliar staff. Individual risk assessments had been developed for residents, for example, in relation to behaviours of concern, and of personal equipment. All areas of risk examined by the inspector had a risk assessment and management plan in place.

The centre was visibly clean, hand hygiene facilities were available and there was a flat mop system in place. There was appropriate storage for cleaning items and products, and a cleaning roster and checklist were in operation.

Judgment:
Non Compliant - Major

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:

There was behaviour support in place for those residents who required it, and restrictive interventions were managed appropriately.

There were robust systems in place in relation to restrictive practices. A restrictive practices register was maintained, and all notifications had been made to HIQA as required. There was evidence that where restrictive practices were in place they were the least restrictive to manage the risk and were applied for the shortest period of time possible. All restrictive practices had been referred to the restrictive practices team for approval, and there was a risk assessment in place for each which included detailed rationale.

Behaviour support plans were in place for residents who required this type of support in sufficient detail as to guide staff. They were reviewed regularly, and had been developed in conjunction with the behaviour therapist and psychologist.

Staff had all received training in the protection of vulnerable adults, and were aware of the steps to be taken in the event of any allegations of abuse. There were robust systems in place in relation to the management of residents' finances. Balances were checked regularly, transactions were signed and receipts were kept. Balances checked by the inspector were correct.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

All notifications had been made to HIQA as required.

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):

No actions were required from the previous inspection.

Findings:

There was evidence of a nutritional diet being provided for residents, and of healthcare needs being addressed.

Snacks and drinks were readily available and choices were facilitated by residents' involvement in menu planning and in choices further being facilitated at the times of the meals. Residents were supported to make choices with the use of communication aids such as pictorial representation of meals and snacks, sign language and the introduction of a tablet for one resident to assist communication.

Residents had access to members of the multi-disciplinary team in accordance with their assessed needs, for example chiropodist, neurologist, speech and language therapy, and physiotherapy. Each resident had a community general practitioner (GP), and there was an out-of-hours service available. Records were kept of each appointment and contact with members of the multi-disciplinary team. There was a nurse based in one of the houses of the designated centre who provided nursing support to all residents who required it. There were healthcare plans in place for all issues reviewed by the inspector.

All staff engaged by the inspector demonstrated a detailed knowledge of healthcare needs and any required interventions. There was evidence that any changing conditions were dealt with quickly, including appointments with the relevant healthcare professionals.

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):

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

Findings:

Required actions from the previous inspection relating to storage and prescription documentation had been completed, however improvements were still required in relation to storage, and also in the management of stock.

Documentation for regular prescriptions contained all the information required by the regulations, however prescriptions for 'as required' (p.r.n.) prescriptions did not all include sufficient detail as to guide staff in the decision making process. P.r.n. prescriptions for analgesics were detailed, and included information as to how residents indicated that they were in pain, however prescriptions for rescue medication for epilepsy and for other medical conditions did not specify the circumstances under which they should be administered.

Medications were managed for some residents by the use of blister packs, but for those residents who required liquid medications were managed in bottles. There was insufficient storage for these bottles, and no stock control system. In addition the stock control of tablets not in blister packs, for example for p,r,n. medications was not robust, and stock checked by the inspector was not correct. There was no local guideline in place to guide practice in the centre as required by the organisation's medication management policy.

There was a pharmacist available to residents, and this pharmacist conducted six monthly audits of medication. The person in charge created an action plan from these audits, and all actions required had been completed. However, there was no internal audit of practice within the designated centre, as discussed under outcome 14.

All staff had been trained in the safe administration of medication, and demonstrated appropriate knowledge of medication management.

Judgment:

Non Compliant - Moderate

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:

There was a clear management structure in place, of which all staff were aware, and processes in relation to communication and monitoring within this structure.

There was a system of meetings in place including staff meetings, person in charge meetings and management meetings. Minutes of these meetings were maintained, and actions agreed following meetings were monitored.

The provider had conducted unannounced visits to the centre, these visits resulted in an action plan, and those actions reviewed by the inspector had been completed, or were within their agreed timeframe. In addition provider had prepared an annual review of the safety and quality of care and support to be made available to the chief inspector.

Some audits were conducted on a regular basis, and monitored by the person in charge, including health and safety audits, financial audits and fire safety audits. However while a checklist of personal plans had been conducted this did not look at the quality of the content of the personal plans. In addition there was no internal audit of medication management.

The person in charge engaged in the inspection process and was formally interviewed and found to be fit for purpose. He was appropriately skilled and qualified and showed evidence of continuing professional development.

Judgment:

Substantially 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:

There were appropriate deputising arrangements in place in the event of any absence of the person in charge, although no absences were anticipated.

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):

No actions were required from the previous inspection.

Findings:

The centre appeared to be adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. The number of staff on duty was appropriate to meet the needs of residents. There was a vehicle available for the sole use of each house which were appropriate to meet the assessed needs of residents, and all equipment required to meet the needs of residents was in place.

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:

Staffing levels were appropriate to meet the needs of residents in both houses in the designated centre, including one-to-one staffing for each resident during the day to ensure their needs were met.

Continuity of staff was managed by the use of a core groups of staff and by covering absences with staff who were known to residents.

Most mandatory staff training was up to date, however staff had not received training in the safe management of behaviour that is challenging as discussed under outcome 8.

Staff engaged by the inspector demonstrated a thorough knowledge of the communication and care needs of residents and were knowledgeable in relation to fire safety and the protection of vulnerable adults.

A system of formal staff supervision had commenced, this was planned for every four to six weeks and performance conversations for twice a year.

Staff files had been reviewed by the inspector in the organisation's head office prior to the inspection, and all the required information was in place.

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):

Findings:

Information pertaining to individual residents was stored in four or five folders, some of them filled to capacity. Information was difficult to retrieve, there was repetition and varying information in relation to the same issues as outlined under outcome 5.

These were the only aspects of records and documentation examined on this inspection.

<p>Judgment: Substantially Compliant</p>

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-0004213
Date of Inspection:	19 January 2017
Date of response:	27 March 2017

Requirements

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

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

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

There were no fire doors in the centre.

1. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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:

Works required have been highlighted within the organisation under minor capital works required.

The landlord of the premises will be contacted in relation to this requirement.

Fire Doors will be installed.

Proposed Timescale: 20/09/2017

Outcome 12. Medication Management

Theme: Health and Development

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

There was no local protocol in place to guide the medication practices as required by the organisation's policy.

2. 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:

Actions Taken:

1. A local protocol was developed by the Area Director and PIC to guide the safe medication practices in line with Muiríosa Policy on Medication Management.
2. This protocol outlines the steps required by staff to ensure the correct stock check, ordering, supply and check in of prescribed medications
3. This protocol was introduced to the staff team and will be discussed at the next team meeting.
4. The PIC will undertake spot check to ensure compliance with the local guidelines.
5. The Area Director will undertake a manual spot-check to ensure compliance with the medication management policy by the local staff team.

Actions Planned:

1. The PIC will undertake spot checks to ensure compliance with the local protocol guidelines and will provide feedback to the staff team on findings.
2. The Area Director will undertake an unannounced audit in relation to the outcome findings and will provide feedback to the staff team on findings.

Proposed Timescale: 19/04/2017

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

Storage facilities and stock control were not adequate.

3. 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:

Actions Taken:

1. A new medication press large enough to store all required medication has been installed.
2. A local protocol was developed for a monthly stock check of prescribed medications including liquid medication which is stored on site.
3. The PRN medication check list now includes 'amount remaining' following administration.
4. This protocol was introduced to the staff team and will be discussed at the next team meeting.

Actions Planned:

1. The PIC will undertake spot checks to ensure compliance with the local protocol guidelines and will provide feedback to the staff team on findings.
2. The Area Director will undertake an unannounced audit in relation to the outcome findings and will provide feedback to the staff team on findings.

Proposed Timescale: 19/04/2017

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:

Audits of personal plans and medication management required improvement to ensure that practices were effectively monitored.

4. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

The PIC will audit all care plans and personal documentation pertaining to each individual including:

1. Monthly Key Worker report.
2. Monthly Person Centred Plan review.
3. The PIC will provide feedback to the staff team on findings.

4. The PIC will identify any issues arising and develop actions with a completion date.
5. The PIC will include the audit findings in the monthly report to the Area Director.
6. The Area Director will undertake an unannounced audit in relation to the outcome findings and will provide feedback to the PIC and staff team on findings
7. Medication Management Policy Appendix 4: Audit of the stock, drug cabinet, and storage area and the monthly Medication check list will continue to be completed monthly in accordance with the Organisation's Medication Management Policy. The newly developed local protocol will support completion of these audits.

Proposed Timescale: 17/04/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

The records in relation to the resident's' personal plans were not readily retrievable and available to the inspector.

5. Action Required:

Under Regulation 21 (1) (a) you are required to: Maintain, and make available for inspection by the chief inspector, records of the information and documents in relation to staff specified in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

The PIC will audit all care plans and personal documentation pertaining to each individual to ensure that

1. The care plan is properly indexed.
2. The care plan contains all relevant information in the appropriate section.
3. Information is not duplicated in other folders.
4. A one page guidance document is available containing all relevant information to guide the care required for each individual.
5. The folder is neat, tidy and easy to navigate.
6. All records will be archived as per Muiriosa policy on Records Retention so that each individual's information is readily retrievable.
7. The findings of the audit and maintenance of files will be discussed at the next team meeting.
8. The Area Director will undertake spot checks in relation to the maintenance of residents' Personal Plans.

Proposed Timescale: 18/04/2017

