

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Kingfisher 1
<b>Centre ID:</b>	OSV-0004835
<b>Centre county:</b>	Limerick
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services Limerick
<b>Provider Nominee:</b>	Norma Bagge
<b>Lead inspector:</b>	Margaret O'Regan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	9
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

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

**The inspection took place over the following dates and times**

From:	To:
27 June 2017 12:30	27 June 2017 19:30
28 June 2017 11:30	28 June 2017 16:00

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 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 inspection carried out to monitor compliance with the regulations and standards and to follow up on matters from the previous inspection. The last inspection was carried out in October 2015. This inspection was also to meet with the recently appointed person in charge.

How evidence was gathered:

As part of the inspection, the inspector met with eight of the nine residents residing in the centre. Another two residents were receiving clinical care in a different care setting at the time of inspection. Residents were able to express their views of the service provided both verbally and non-verbally. Residents told the inspector they were satisfied with the care provided to them, the facilities made available and the approach of staff who assisted them. The inspector noted that since the October 2015 inspection, a number of improvements had been made in relation to the social care provided to residents, the manner in which the multidisciplinary team worked for the benefit of residents and the way in which documentation was maintained.

The inspector spoke with staff who shared their views about the care provided. The inspector spoke with the person in charge and the area manager and gained an insight into their roles in the operation of the centre. The inspector examined documentation such as care plans, risk assessments and medication records

The person in charge, the area manager and the head of community services were present for the inspector's feedback at the end of the inspection.

Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. The statement of purpose described the centre as one which endeavored to provide a homely environment for the residents. Both houses in this centre were homely and achieved the aim as set out in the statement of purpose.

This centre comprised two, two-storey houses in the suburbs of Limerick city. The houses had capacity to cater for 11 residents. At the time of inspection nine residents were living in the centre and two residents were temporarily absent as they were receiving medical treatment.

Residents were accommodated in single occupancy bedrooms with ensuite facilities. Each house had sitting rooms, a fitted kitchen, dining area, an office, toilet facilities and a garden. The houses were well-maintained.

Male and female residents were accommodated in this service. Residents were able to get out and about on a daily basis. Transport was available to support residents avail of trips to local shops and other local amenities. Residents availed of day services Monday to Friday.

Overall judgement of our findings:

The flexibility around care practices helped to ensure that residents retained their independence yet obtained the support they required as their needs dictated. Some of these needs were complex both medically and socially. Staff, the person in charge and the area manager were acutely aware of these complex needs and were committed to supporting each resident to achieve a good quality of life and support each resident's independence in so far as practicable.

The inspector found that care was provided in a holistic environment where respect was a core element of all interactions. The inspector saw residents going out to activities, enjoying chatting with other residents and coming home from their work. Residents had opportunities to spend leisure time together and develop friendships.

The inspector found that 14 of the 16 action plans from the previous inspection had been addressed. The remaining two actions were partly addressed. Of the 10 outcomes inspected on this assessment, seven were compliant, one (outcome 6, Premises) had a minor non compliance. Outcome 7, Health and Safety and Risk Management and outcome 12, Medication Management, had moderate non compliance issues.

These findings are outlined under each outcome in 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):**

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

**Findings:**

The inspector was satisfied that the actions from the previous inspection had been addressed. Residents' rights and dignity were respected and residents were consulted about how the house was run. Feedback was sought and informed practice. For example, activities and social engagements were planned for at the weekly house meetings, residents were actively involved in decisions regarding their care and plans for future needs were agreed with residents before implemented.

Residents had access to advocacy services and information about their rights. For example, a discussion on advocacy was a standard agenda item at all house meetings. Residents told the inspector about their involvement in the decision-making process, in particular in relation to their living arrangements.

There were policies and procedures for the management of complaints. Residents were aware of the complaints process and were confident that complaints would be listened to and addressed. The complaints process was discussed at house meetings. The inspector saw that a complaint about living arrangements was listened to and acted upon. This was documented, investigated and satisfactorily resolved.

Staff members treated residents with dignity and respect in the manner in which they attended to personal care and in the manner in which they maintained written documentation. Residents were encouraged to maintain their own privacy and dignity by being facilitated to have their own bedrooms, own bathroom facilities and a key to their bedroom door or apartment.

Residents were facilitated to have private contact with friends, family and significant others. For example, going out to dinner together. Residents' personal communications were respected. For example, one resident had great difficulty in expressing their concerns. It was clear staff were keenly aware of this and went to great lengths to understand the reason for this resident's unease.

The centre was managed in a way that maximised residents' capacity to exercise personal autonomy and choice in their daily lives. For example, residents choose what time they got up and went to bed, where they went shopping and who they went on holiday with.

Residents were facilitated to exercise their civil, political, religious rights and were enabled to make informed decisions about the management of their care. Residents were enabled to take risks within their day-to-day lives. For example, go for walks, go on holidays and travel on the public bus.

There was a policy on residents' personal property and possessions. Residents' personal property, including money, was kept safe through appropriate practices and record keeping. Residents retained control over their own possessions. Residents were facilitated to do their own laundry if they wished.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. For example, gardening activities, watching films and involvement in art and crafts. Residents also attended a variety of day service and clearly enjoyed chatting with staff.

**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):**

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

**Findings:**

Residents were assisted and supported to communicate. This was evident in the manner in which residents were observed to communicate with staff and from the documented minutes of resident meetings. Staff were aware of the different communication needs of residents, including non-verbal communication. There were systems in place including external professionals input where necessary, to meet the diverse communication needs of residents. This external professional input included speech and language therapy,

audiology screening, behavioural and psychologist support.

The centre was part of the local community and residents were known in the locality.

Residents had access to radio, television, newspapers and information on local events. Residents were facilitated to access assistive technology such as mobile phones and ipads. Such aids assisted in promoting residents' full capabilities.

**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:**

Residents, and where appropriate their representatives, were actively involved in an assessment to identify residents' individual needs and choices. Assessments had multidisciplinary input. Multidisciplinary input was an area which had developed since the previous inspection and was reported to be working very well. It was clear from documentation viewed that regular meetings took place amongst the multidisciplinary team and all views contributed towards providing appropriate care for residents.

Care plans were implemented, regularly reviewed and resulted in improved outcomes for residents. For example, one resident was provided with new furnishing for their room and provided with support in accessing public transport independently. Such independence contributed significantly to this residents' quality of life.

Residents and their family members (where residents were happy with family involvement) were consulted with and involved in the review process. For example, families were invited to meetings and if unable to attend indicated this to the planning meeting organiser.

Residents were provided with a social model of care. They were involved in a varied activities programme which included playing Boccia, partaking in art and crafts,

gardening, dining out and swimming.

**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):**

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

**Findings:**

The centre was homely and generally well-maintained, albeit some improvements were needed in the outside areas. The design and layout of the centre was in line with the statement of purpose, which was to provide an environment that was homely. The premises met the needs of current residents. The design and layout of single occupancy ensuite bedrooms promoted residents' dignity and independence. The premises had suitable heating, lighting and ventilation. The house was free from significant hazards which could cause injury. There were sufficient furnishings, fixtures and fittings. Both houses were clean and suitably decorated.

There was adequate private and communal accommodation. There was a well-equipped kitchen with sufficient cooking facilities and equipment. There were adequate toilets, bathrooms and showers.

There was suitable outside areas for residents. These had been improved since the previous inspection. For example, part of the drive way was resurfaced and the uneven back yard was attended to. However, some areas of improvement were still needed. For example, in one house the patio area was in need of cleaning and weeding. In the other house, an outside building was in a poor state of repair. Since the last inspection the roof of this outside building had been repaired to make it safe; however, it remained in a dilapidated condition. The resident whose apartment door opened onto a view of this structure commented to the inspector that they were not happy with its current appearance.

**Judgment:**

Substantially Compliant

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**

Effective Services

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

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

**Findings:**

In many aspects, the inspector found that there were good arrangements in place with regards to health, safety and risk management including policies and procedures relating to such matters. However, the centre did not have adequate emergency lighting. Hazards had been identified and assessed including fire safety hazards. Measures were in place to mitigate against the risk of fires. These measures included regular fire drills which had swift evacuation times, individual emergency egress plans in place for each resident, servicing of fire safety equipment annually, daily checks of emergency exits, monthly checks of fire safety equipment and provision of fire safety training to staff. Suitable fire safety equipment was provided and there were adequate means of escape. Residents' mobility and cognition had been accounted for in the evacuation procedure.

There was evidence that learning took place from both internal audits and from HIQA reports to this and other centres. For example, new staff were supported by a member of the management team if they were working alone in the centre. This had been learning from a previous report which had identified deficiencies in how lone workers were supported.

An emergency plan was in place. A list of phone numbers of maintenance personnel was available and the person in charge confirmed maintenance matters were attended to swiftly. There was a system in place for incident reporting and investigation of same.

There were satisfactory arrangements in place for the prevention and control of infection. Hand washing facilities were in place throughout.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

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

**Findings:**

The inspector found that systems were in place to protect residents from being harmed or suffering abuse. In general, there was a proactive and non-judgemental approach to managing behaviours that challenge. The inspector saw specific plans to assist residents and staff in finding a satisfactory way of working with such challenges. The plans detailed the emotional, behavioural and therapeutic interventions put in place to assist in achieving a good outcome. Since the last inspection increased specialised behavioural support expertise was available to residents. This included the provision of extra support when residents were transitioning between services. Access to social work support had also increased from the previous inspection.

The rights of the resident were to the forefront in the multidisciplinary reports viewed by the inspector. This was also confirmed by staff and management. Residents informed the inspector they felt safe in their homes and repeatedly described staff as "top standard".

A restraint-free environment was promoted and the privacy and dignity of the resident was evident in the manner in which staff interacted with residents, spoke about residents and wrote about residents.

Policies were in place in relation to the protection of vulnerable adults. The inspector spoke with staff who were knowledgeable of what constituted as abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. The inspector interacted with residents and was satisfied that residents felt safe in the centre and had access to staff with whom they could communicate with. Staff continuity assisted in ensuring residents felt secure.

There was a nominated person to manage any incidents, allegations or suspicions of abuse and staff were able to identify the nominated person.

Staff had specific training and experience in the care of residents with an intellectual disability. Regular training updates were provided to staff in the management of behaviours that challenge including de-escalation and intervention techniques. Practices observed showed the staff had the skills to manage and support residents to manage their behaviour in a safe and dignified way.

**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:**

The inspector saw that an holistic assessment was carried out by staff in conjunction with the resident and where appropriate with the resident's relative. From the assessments, plans of care were devised. The plans seen by the inspector were clear, concise, easy-to-read and where practicable signed by the resident. Plans showed that many disciplines (psychologist, social worker, behavioural therapist) were involved in drawing up and implementing the plan.

Staff with whom the inspector spoke with were well-informed as to each resident's needs and requirements. The practices in place showed that good health was promoted; for example, healthy eating and exercise was encouraged, residents were offered vaccinations and regular health screening checks were provided.

The dietician and speech and language therapist were available if needed, to lend support and guidance in the planning of good nutritional care for residents. There was evidence of referral and access to the GP, psychiatrist, neurologist, dentist and optician. Where other specialist services were required such as consultation with a physician, these were facilitated. Sensitive discussions took place around bereavement and end-of-life care. These were documented.

The breakfast and evening meal was prepared and cooked daily in the centre. Residents either took a packed lunch to their day service or were provided with lunch at the day service.

**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 medication management policy was in the process of being reviewed. The policy was comprehensive and addressed the salient aspects of medication management. However, practice was not fully reflective of policy. For example, the checking of medication delivered to the centre was not recorded as being checked in the manner set out in the centre's policy. A different checking form (less detailed) was used than the policy stated form.

There were facilities for the safekeeping of medications. Medications that were supplied were used for the resident for whom they were supplied. Records were maintained of the return of unused or unwanted medication to the pharmacy. Residents were provided with information on their medication regime in a format that was appropriate to the needs and abilities. Non-nursing staff administered medications and had received training in the administration of medications.

Medication audits were conducted on a regular basis. There were regular reviews of prescribed medication and in particular it was noted that PRN medication (medication given as required) was reduced where possible.

One resident was receiving ongoing education, which included the use of assistive technology in developing the skills to manage their own medication. The resident spoke about this with the inspector and it was clearly something the resident felt good about.

**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):**

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

**Findings:**

Management systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. There was an annual review of the quality and safety of care in the centre. Arrangements were in

place to ensure staff exercised their personal and professional responsibility for the quality and safety of the services that they were delivering.

There was a clearly defined management structure which identified the lines of authority and accountability in the centre.

The person in charge could demonstrate sufficient knowledge of the legislation and her statutory responsibilities. The person in charge provided good leadership and was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. She was committed to her own professional development. Residents could identify the person in charge.

**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):**

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

**Findings:**

There were sufficient staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times. Staffing levels took into account the statement of purpose and size and layout of the buildings.

There was an actual and planned staff rota. It was displayed on the notice board in the centre.

The inspector saw that residents received assistance, interventions and care in a respectful, timely and safe manner.

The education and training available to staff enabled them to provide care that reflected contemporary evidence-based practice. For example, staff received updates on mandatory training and on other matters such as food hygiene, infection control, care planning and safety in using vehicles.

Staff were aware of the policies and procedures related to the general welfare and protection of residents. Staff had a good awareness of the regulations and standards. A

copy of the regulations and standards were available in the centre.

Staff were supervised appropriate to their role. The supervision provided improved practice and accountability. For example, staff reported they felt supported by the management systems in place and found it a comfortable work environment to gain confidence in their roles.

**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:***

Margaret O'Regan  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services Limerick
<b>Centre ID:</b>	OSV-0004835
<b>Date of Inspection:</b>	27 & 28 June 2017
<b>Date of response:</b>	27 July 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 06: Safe and suitable premises

**Theme:** Effective Services

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

The patio area of one house was in need of cleaning and weeding. In the other house, an outside building was in a poor state of repair. Since the last inspection the roof of this outside building had been repaired to make it safe; however, it remained in a dilapidated condition. The resident whose apartment door opened onto a view of this structure commented to the inspector that they were not happy with its current

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

appearance.

**1. 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:**

- Patio area and front entrance way in one house sprayed on June 23rd 2017.
- Outside building in second house will be refurbished.

**Proposed Timescale:** 30/09/2017

**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:**

Inadequate emergency lighting was provided in the centre.

**2. Action Required:**

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

- BOCILR accepts that we do not have emergency lighting in place. The absence of emergency lighting has been identified as part of the Fire Safety Strategy developed by the Services in 2016 and submitted to the HSE for funding. No funding for Fire Safety upgrade has been allocated to date. This remains on the agenda as part of our engagement with the HSE. The timeline for upgrade of fire safety infrastructure is dependent on funding being secured from the HSE.
- The issue of funding for the Fire Safety Strategy was raised with the Head of Estates in the HSE CHO 3 area on 6th June 2017. A copy of the report was sent to the Head of Estates following this meeting.
- In the meantime measures are consistently carried out in the Designated Centre to ensure the safety of residents in the centre in relation to fire. This includes daily checks by staff, weekly checks by the person in charge as well as weekly tests of the fire alarm. Staff carry out drills monthly and all fire related equipment is tested quarterly.

Proposed Timescale: Point 3 above is completed. The timeline for point 1 and 2 is outside our control at this time while awaiting additional funding.

**Proposed Timescale:**

## 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:**

Medication management practice was not fully reflective of the centre's policy.

### **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:**

- Form in line with current Medication Management policy was put into the medication folder. All medication folders were checked by PIC to ensure correct form is in use. This was discussed at team meetings on July 5th and 12th 2017
- PIC and Area Management will continue to monitor this as part of their oversight of the designated centre.

Proposed Timescale: Completed

**Proposed Timescale:** 17/07/2017