

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Island House
Centre ID:	OSV-0004976
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	G.A.L.R.O. Limited
Provider Nominee:	Joe Sheahan
Lead inspector:	Conor Brady
Support inspector(s):	Anne Marie Byrne
Type of inspection	Unannounced
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 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: 23 November 2016 10:30 To: 23 November 2016 17:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
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
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor the centre's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres' for Persons (Children and Adults with Disabilities) Regulations 2013. This monitoring inspection was un-announced and took place over one day.

How we gathered our evidence:

Inspectors met with four residents, staff members on duty and the management team during the inspection process. Inspectors reviewed practices and documentation to include residents' personal plans, accident and incident reports, policies and procedures, fire management related documents and various risk assessments. Inspectors had the opportunity to meet a residents' family member who happened to be visiting the centre on the date of inspection.

Description of the service:

This service was managed by G.A.L.R.O Limited and was a modernised large dwelling located on the edge of a rural town. The centre comprised of a two storey building which had spacious private and communal areas for resident use. Sufficient

bedroom and bathroom facilities were available to meet the assessed needs of residents. The centre was found to be clean, bright and well maintained and provided a secure garden area for residents to enjoy.

According to the centres statement of purpose, the centre could accommodate up to five residents with significant intellectual disabilities. The centre provided full time residential care for adult residents. There was one vacancy with four young men found to be residing in the centre at the time of inspection. The person in charge had the overall responsibility for the service and was supported in her role by a deputy team leader and was supervised by an area manager. There was a professional staff team on duty who knew residents very well and an individually tailored service was available to each resident residing in the centre.

Overall judgment of our findings:

Inspectors found that this was a well managed centre that provided very individualised and person centred care to the residents living there. The standard of service provision and quality of care delivered to residents was found to be of a high standard in a number of areas. Residents rights, dignity, privacy and levels of consultation were well promoted in the centre. Inspectors found residents were safe, well protected and provided with good quality health and social care in this centre. A professional staff team were in place who residents' presented as very comfortable with. Inspectors found a calm and homely environment on this inspection and found some very good care practices evident over the course of this inspection.

Inspectors also found some areas that required improvements to ensure compliance with the Regulations and Standards. These included secure medicines management practices and some minor issues with resident's personal planning, personal emergency evacuation plans and records and documentation.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspectors found that residents were consulted with and participated in decisions about their care and about the organisation of the centre. Residents were found to have access to advocacy services and information about their rights. Each resident's privacy and dignity was found to be well respected, including receiving visitors in private. The inspectors found that each resident was enabled to exercise choice and control over his/her life in accordance with their individual preferences and to maximise their independence.

The system to manage the complaints of each resident, their family, advocate or representative, ensured they were listened to and acted upon and inspectors found there was an effective complaints procedure. There were a number of compliments reviewed and a resident's parent who was met by inspectors on this inspection was very complimentary about the service.

Each resident had their own bedroom and personal space within the designated centre to enjoy privacy. The inspectors found that consultation and residents rights were strongly promoted. Staff knew residents very well and were observed communicating both verbally and non-verbally in a very professional and respectful manner with residents. For example, residents were provided with a 'needs based' approach to service provision and where residents did not fit the 'traditional' service model, individualised and tailored services were in place for these residents.

Residents' personal possessions were protected by organisational policy and practice. Residents were found to have choice in all aspects of their lives such as the activities

they participated in, their interactions, their community involvement, the food they ate and the places they went.

Staff were observed as highly person centred and supportive of residents on this inspection.

Overall, there was a strong culture of consultation, choice and rights promotion evident within this designated centre.

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):

No actions were required from the previous inspection.

Findings:

Inspectors found that residents social care needs were well met in this designated centre. Residents were observed to be either out on activities or going out on activities on this inspection. All residents had weekly planners in place in line with their needs, wishes and preferences. Inspectors found residents were well looked after and comprehensive personal plans were in place. Some minor improvements were required in some parts of some resident's plans.

Inspectors found that each resident had a personal plan in place that consisted of appropriate multi-disciplinary input and plans were found to be comprehensive and based on residents assessed needs. Aspects of personal plans were displayed visually in the centre so as residents could engage with their personal plans and they were accessible to them.

Inspectors observed and spoke with residents and found that care and support needs were being met in this centre to a very good standard.

Inspectors found that some parts of resident's social care plans reviewed required improvements to ensure there were clearly defined short and long term goals for each

resident and that such goals were monitored and reviewed with clear recordings of persons responsible and timescales involved.

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):

Findings:

Overall, inspectors found that the health and safety of residents, visitors and staff was promoted within the centre. There were policies and procedures in place for risk management and in relation to health and safety. There were adequate means of escape and staff were trained in evacuation procedures. While there were frequent fire management activities undertaken within the centre, inspectors found that improvements were required in relation to the guidance provided within resident's Personal Emergency Evacuation Plans (PEEPs).

Risk management activities within the centre were observed to be guided by the risk management policy. Potential risks within the centre were noted to be risk assessed and risk rated. Risk assessment tools were found to provide information on the actual risk being assessed, the impact of the risk, current controls in place and the new controls required. Inspectors reviewed a sample of risk assessments and these were found to identify those responsible for the implementation of new control measures. New control measures were observed to have a corresponding review dates. Where residents presented with specific risks, inspectors observed that associated risk assessments were in place.

Regular accident and incident reviews were in operation within the centre. This process allowed for the systematic review and trending of incidents to inform risk management activities. These reviews were observed to be conducted in a multidisciplinary manner and recommendations made were clearly communicated to staff. Inspectors reviewed a sample of incident trending documents and found that where resident specific actions were identified, these were clearly outlined in the relevant personal plans for staff reference. Staff spoken with were knowledgeable on the risk management processes in place within the centre and of their responsibility to implement any additional controls identified.

General infection control precautions were observed to be in operation by the centre. Colour coded segregation systems were in place for laundering and cleaning processes.

Arrangements were in place for the adequate storage of Personal Protective Equipment (PPE). Guidelines on the appropriate usage and disposal of cleaning products was also displayed within the relevant areas of the centre.

Inspectors found that there were adequate precautions against the risk of fire in place. The centre had an appointed designated fire officer to oversee regular fire management activities. Fire drills were routinely conducted and were observed to include the involvement of residents. Weekly and daily documented fire checks were in operation and up-to-date maintenance records were in place for the fire alarm system. Where residents presented with communication support needs, inspectors observed that the provision of alternative fire alarm systems had been made. Inspectors noted the use of vibrating pillows and flash cards to alert residents in the event of a fire.

At the time of inspection, the centre was hosting a fire safety week to enhance resident awareness of fire safety. The provision of a fire ladder had been made to facilitate the evacuation of residents residing in the upstairs of the centre. Guidance documentation on the use of same was prominently displayed. Inspectors met with residents who were residing in the upstairs of the building at the time of inspection. Residents demonstrated to inspectors the location they were to proceed to in the event of a fire. Staff spoken with informed inspectors that the use of the fire ladder was not currently incorporated within routine fire drills. However, staff informed inspectors that where they required the use of the fire ladder; they were aware of the guidelines available to them and demonstrated competence in the use of same.

The centre had Personal Evacuation Egress Plans (PEEPS) in place for each resident. These were observed to provide staff with guidelines on their role in supporting residents to safely evacuate the centre in the event of a fire. Upon review of these plans it was noted that these plans did not clearly detail the following:

- The cognitive understanding and specific communication needs of residents in the event of an evacuation.
- Individual supports which may be required by residents during an evacuation as identified within fire drill performance reviews.

Other than this, inspectors found very good systems in place to ensure appropriate health, safety and risk management in this designated centre.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that the residents living in the centre were appropriately safeguarded and protected from harm in the designated centre.

The inspector found up to date policies in place on safeguarding and protection of vulnerable adults, which offered guidelines for staff on how to identify and report suspicions or allegations of abuse. These policies reflected most recent national guidelines and staff were familiar with reporting procedures.

Staff highlighted these procedures to the inspector and showed the system in place for reporting and managing suspicions, disclosures and allegations of abuse. The inspectors were informed of the designated officer and met this person on inspection. There were clear and appropriate processes in accordance with organisational policy and regulatory requirements found to be in place.

The inspectors were satisfied that staff on duty clearly demonstrated that were familiar with the different types of abuse that residents were vulnerable to and the mechanisms in place to report and support residents where/when required.

There were clear policies in place on the use of restrictive procedures which were detailed and based on national best practice. On review of documentation and through discussion with the person in charge and staff, the inspectors determined that the centre was promoting a restraint free environment in as far as was possible.

The inspectors reviewed practices in relation to the protection of the resident's finances and found an effective system in place in the designated centre to safeguard residents' monies. The inspector checked resident's finances (whereby managed by the provider) and found financial balances where mainly correct however some documentation required improvements to ensure balances brought forward (on a monthly basis were fully accurate. This was found to be a documentation and recording issue as opposed to a safeguarding issue.

There were two staff on duty at night time in this centre with the four residents with a mobile night steward available up to 4am in the event of an emergency and an on-call system that was available 24/7. Systems in place were found to appropriately protect and safeguard the residents living in the centre.

Appropriate training had been completed by all staff in the areas of protecting vulnerable adults and therapeutic crisis which ensured staff were equipped from a training perspective in line with regulatory requirements.

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:
Residents' healthcare needs were met in line with their personal plans. Each resident's health needs were appropriately assessed and met by the care provided in the centre. Residents had access to allied health services to reflect their varied health care needs. Residents were noted to be facilitated to prepare their own meals.

Inspectors reviewed records detailing residents' referrals to various allied health services. Residents were found to have access to ophthalmic services, dental services, nutritional support services and other specialist services. Residents had access to a medical practitioner of their choice and all correspondences between the centre and such medical personnel was maintained by the centre.

Staff spoken with were knowledgeable on residents' specific healthcare needs. Where residents presented with neurological related conditions, staff displayed robust knowledge of their role in supporting residents with such conditions. Furthermore, staff demonstrated to inspectors where such resident specific information could be accessed should they need to avail of it. Where residents had previously presented with nutritional related conditions, inspectors observed that appropriate action had been undertaken by the centre to ensure residents were reviewed by the appropriate allied health professionals.

Residents were supported to prepare and buy their own meals in accordance with their preference. Food plans were observed to be in operation for each resident to guide on the residents preferred menu choices. Residents' daily intake was further captured within daily food diaries.

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):

No actions were required from the previous inspection.

Findings:

There were written operational policies relating to the ordering, prescribing, storing and administration of medications to residents. However, inspectors found improvements were required in relation to some medication storage arrangements.

The centre was in use of a compliance aid for the administration of medications. Compliance aids were observed to display residents' photograph and detailed further identification information such as date of birth and address. Medication contained within compliance aids had accompanying coloured photographs to aid in the identification of medication. A sample of prescription sheets were reviewed by inspectors. These were found to clearly identify the date of prescription; the medication prescribed, the dose and route of administration, the time of administration, indications for use and the prescriber's signature. Staff were trained in the Safe Administration of Medication Management Systems (SAMMS). Staff successfully demonstrated to inspectors their understanding of residents' medication related documentation and of their requirement to report any medication related incidences.

A sample of medication administration records were also reviewed by inspectors. These were found to correspond with the detail provided within residents' prescription sheets. Inspectors did note one gap in staff signatures to evidence the administration of a medication. This was brought to the attention of the Person in Charge during at the time of inspection. No residents were in use of crushed or covert medications on the day of inspection.

Individual storage arrangements were observed to be in operation for residents' medications, however, inspectors found that this practice was not in place for the storage of emergency medications. The centre was in use of a medication fridge and regular temperature checks were observed to be recorded. However, inspectors found the fridge was unlocked at the time of inspection.

No residents were self-administering their own medications at the time of inspection. Residents were observed to be routinely risk assessed for self administration of medications, however, not all risk assessments were available for each resident on the day of inspection.

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:

Overall the inspectors found that the quality of care and experience of the residents was monitored and developed on an ongoing basis in this designated centre. The inspectors found that effective management systems were in place that supported and promoted the delivery of safe, quality care services. There was a clearly defined management structure that identified the lines of authority and accountability within the designated centre and the organisation.

The inspectors found the centre was managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service. The person in charge highlighted a number of audits carried out in the designated centre in areas such as care planning, health and safety and medication management. The inspectors found evidence of unannounced visits and good quality audits and action plans. The service was operational since late 2015 so an annual review was being completed at end of year 2016 to review the service according to the area manager.

The inspectors found that the person in charge had very clear and comprehensive oversight over the level of care provided to residents and was very accessible to residents. The person in charge highlighted various checking systems in place with residents and families to ensure she was fully aware of the care provided in the designated centre. The person in charge had regular contact with families and was very much an operational manager who was 'hands on' within the designated centre. The inspectors found a relaxed, homely atmosphere whereby resident's needs were put first and this ethos was supported by management.

The inspectors found there were clear lines of authority whereby the person in charge was supported by an area manager whom was also present at inspection. It was evident to the inspector that governance and management systems were clear, supportive and accessible. The inspector found that staff were satisfied with structures in place and found clear and accurate rosters; staff training schedules and supervision/performance management systems were in place and maintained.

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:

Inspectors found that the centre was well resourced to ensure the effective delivery of care and support to residents. Suitable staffing levels and skill mixes were allocated to care for residents. Staff were observed to be professional, knowledgeable and respectful to residents over the course of this inspection.

A sample of staff rosters were reviewed by inspectors and were found to reflect the number of staff on duty on the day of inspection. Staffing levels were based on the needs of residents and were determined from on-going reviews of residents' needs. Arrangements were in place to support staff rostering to include an on-call system and night time support systems. Staff spoken to were knowledgeable in whom to contact where additional out of hours support may be required. The centre was not using of agency staff or volunteer services at the time of inspection.

The centre operated a staff training matrix which outlined all training conducted up until the day of inspection. Staff were observed to be facilitated to attend training on risk management, fire prevention, restrictive practice, safeguarding, management of behaviours that challenge and all other relevant training. Upon review of the centres training records, it was identified that some staff had not received up to date training in manual handling. However documented confirmation was provided to inspectors by the person in charge that outlined these staff members were identified and scheduled for manual handling training in the coming weeks.

Arrangements for staff supervision were in place and inspectors observed that supervision meetings were occurring for all staff on a regular basis. The supervision process within the centre was found to be consistent in its topics of discussion with staff. Inspectors reviewed a sample of staff files and noted that they contained all of the required documents as outlined by the Regulations. For example, proof of Garda Vetting, qualifications and references.

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):

No actions were required from the previous inspection.

Findings:

Overall inspectors found that documentation in this centre was maintained to a good standard and all of the required documentation and policies and procedures were available on this inspection.

Inspectors found the majority of documents reviewed met the requirements of the regulations and standards. However as outlined earlier in this report some residents account balances brought forward (monthly) were not found to be clear and accurate in terms of the recording of same for some residents.

The area manager and person in charge showed plans of a new personal planning system that was being introduced to collate a lot of existing resident information into one personal plan.

However overall the inspectors found that standard of most documentation reviewed met the requirements of the Regulations and Standards.

Judgment:

Substantially 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:

Conor Brady
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 G.A.L.R.O. Limited
Centre ID:	OSV-0004976
Date of Inspection:	23 November 2016
Date of response:	14 December 2016

Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

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

Persons specifically responsible with supporting residents in achieving their objectives were not consistently defined in all resident's plans.

1. Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out

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

of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

We will review resident's plans and ensure that the person responsible for supporting each resident achieve their goals are defined and recorded in all resident's plans.

Proposed Timescale: 27/01/2017

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:

The provider failed to ensure Personal Emergency Evacuation Plans (PEEPs) guided on the adequate arrangements in the evacuation of residents from the centre.

2. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

We will revise the Personal Evacuation Egress Plans (PEEPs) and ensure that the cognitive understanding and specific communication needs of residents are considered in the event of an evacuation; and individual supports which may be required by residents during an evacuation as identified within fire drill performance reviews are clearly detailed. We will ensure that each resident receives adequate guidance on these arrangements.

Proposed Timescale: 30/11/2016

Outcome 12. Medication Management

Theme: Health and Development

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

The provider failed to ensure that a risk assessment and assessment of capacity was completed for all residents.

3. Action Required:

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

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

We will ensure that a risk assessment and assessment of capacity to manage medication will be carried out for all residents.

Proposed Timescale: 30/11/2016

Theme: Health and Development

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

The provider failed to ensure that appropriate and suitable storage was in place for all medications

4. 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:

We will ensure that appropriate and suitable storage is in place for all medications. This will include locking the medications fridge and ensuring that emergency medications are stored safely.

Proposed Timescale: 27/01/2017

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 maintenance of resident's financial records required some improvements to ensure accuracy.

5. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

We will revise our financial management record to ensure that monies are accurately balanced.

