

# eDeposit Ireland

## **A designated centre for people with disabilities operated by Kerry Parents And Friends Of Mentally Handicapped, Kerry**

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**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Kerry Parents And Friends Of Mentally Handicapped
<b>Centre ID:</b>	ORG-0008170
<b>Centre county:</b>	Kerry
<b>Email address:</b>	gillian.kenny@kpfa.ie
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Kerry Parents And Friends Of Mentally Handicapped
<b>Provider Nominee:</b>	Marie Linehan
<b>Person in charge:</b>	Gillian Kenny
<b>Lead inspector:</b>	Geraldine Ryan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	9
<b>Number of vacancies on the date of inspection:</b>	2

## **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 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 announced and took place over 1 day(s).

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

From: 25 April 2014 08:30 To: 25 April 2014 17:30

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

Outcome 01: Residents Rights, Dignity and Consultation
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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Centre ORG-0008170 was the first designated centre under the auspices of the Kerry Parents and Friends to have a monitoring inspection carried out by the Authority.

The centre provided full time accommodation to seven residents and a respite service was available for up to four residents.

As part of the monitoring inspection, the inspector met with residents and staff members. Practices were observed and documentation reviewed included person-centred care plans, records of residents' finances, medical and nursing records, the range of activities for residents, the menu on offer, staff training records, staff files, policies and procedures, complaints and the residents' accommodation.

The inspector met with the appointed person in charge (PIC). There was evidence that the centre was well managed locally. It was warm and bright and a homely atmosphere prevailed throughout the centre. Furnishings, décor and general cleanliness were of a high standard. Residents stated they enjoyed living there, enjoyed the outings, activities and spoke highly of the staff.

The Action Plan at the end of this report identifies where a number of improvements are required to meet the requirements of the Health Act 2007 Care and Support of

Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. These were discussed in detail with the provider, the PIC and senior management at the feedback meeting at the end of the inspection.

**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 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

**Judgement:**

Non Compliant - Moderate

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

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

**Findings:**

Staff were observed interacting with the residents in a respectful manner. It was evident that staff had in-depth knowledge of the residents and their backgrounds.

Minutes of meetings held with the residents were reviewed. It was evident that residents were consulted with and participated in, discussions. However, while issues were raised, it was difficult to ascertain if issues were assigned in order to ensure that a satisfactory outcome was achieved, for example, one resident stated that she would like to go out more often and there was no evidence to indicate that this request was facilitated. Residents had access to transport, provided by the centre, to go on excursions, outings and appointments. Local amenities, accessible via a paved footpath, were within a short distance of the centre.

The PIC was knowledgeable about the residents and it was evident that the residents were very familiar with and engaged well with the PIC.

The complaints policy was currently under review. The complaints procedure was in an accessible and appropriate format. However, the complaints procedure was not displayed in a prominent position in the centre. This was immediately addressed by the PIC.

The named resident's advocate and the independent advocate were identified.

The centre had a complaints log but no complaints were logged. The PIC confirmed that

complaints were addressed as they arose.

Residents had their own bedroom and all bedrooms were personalised and decorated to a high standard. There was ample provision of furnishings to store personal belongings by means of bedside lockers, wardrobes, chests of drawers and seating. Each resident had his/her own television and/or radio in their bedroom. Each bedroom had a call bell facility and bedside light. All bedrooms had spacious and wheelchair accessible ensuites. Some single bedrooms shared ensuite facilities.

A sitting room, a second larger sitting with a television/DVD and radio, a private room and an activation room were available for residents' use.

The centre had a policy on residents' finances and personal property. Each resident had a book complete with clear records and receipts of any financial transactions. All transactions were co-signed. Inventories of residents' personal property were recorded and dated.

Laundry facilities were provided and staff attended to the residents' laundry.

It was evident, on the day of inspection, that personal care practices respected residents' privacy and dignity and that residents were encouraged and facilitated to maintain their own privacy and dignity.

A telephone was available in the centre. While internet access was available, residents did not have full access to it as it was based in the staff office.

All residents had a locking mechanism on their bedroom doors; thumb lock from the inside and key lock externally.

#### **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

**Judgement:**

Compliant

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

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

**Findings:**

Residents had a written agreement which dealt with the support, care and welfare of the resident in the centre and details of the services to be provided for that resident. A sample of contracts reviewed were signed and dated and included details of any service

that may incur an extra cost.

The centre had a comprehensive policy to guide staff on prospective admissions.

### **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

**Judgement:**

Compliant

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

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

**Findings:**

Each resident had a person centred plan (PCP). However, documentation reviewed indicated that information was documented in a number of locations in the resident's PCP. The centre used a personal outcome measure (POM) tool to help define quality and to set the benchmark as to how supports and services were to be offered. The POM had 28 different headings encapsulating the resident's self, world and dreams.

Residents had opportunities to participate in activities, internally and externally. External activities included attending card playing clubs, social gatherings, social outings and seasonal outings to events. Some of the residents attended day services on different days and had a choice to attend more often. A resident expressed how he enjoyed going to the day services to play cards. The day service schedule evidenced that a variety of activities were provided.

A range of in-house activities were arranged. It was evident in residents' personal care plans (PCPs) that efforts were made to capture residents' expressed preferences.

General observations made by the inspector following a review of the PCPs indicated that some PCPs were more developed and contained more relevant information than other PCPs. It was evident that progress was ongoing in regard to the residents' PCPs. Residents had access to allied services (dietician, optical, speech and language, occupational therapy, psychology services, psychiatry services, chiropody, and audiology). There was evidence that all relevant information about the resident was provided and received when the resident was absent or returned from another care setting, home or hospital.

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

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

### **Theme:**

Effective Services

### **Judgement:**

Non Compliant - Moderate

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

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

### **Findings:**

The organisation had a health and safety statement updated in April 2012.

While the centre did have a risk management policy, the risk register did not include all the specific risks as required under Regulation 26.

The PIC stated that incidents and accidents were recorded, and a copy of the record was maintained in the centre. Reviews of such incidents occurred at the monthly quality team meeting and at management meetings with resultant learning outcomes discussed with staff.

The centre had an emergency plan, which formally identified a safe placement of residents in the event of an evacuation.

A procedure for the safe evacuation of residents and staff in the event of fire was displayed in the centre. Training for staff in fire safety was ongoing and staff were aware of what to do in the event of a fire. There was documented evidence that the mobility and cognitive understanding of all residents had been adequately accounted for in the evacuation procedure. A daily record of the residents, particularly the residents availing of respite, was maintained.

Records of fire drills were reviewed, but it was not evident as to who participated in the drills. The provider stated that the fire alarm and fire equipment were regularly serviced and there was evidence of this. All fire exits were unobstructed.

Housekeeping duties were carried out by designated staff. Alcohol hand gels and disposable gloves were provided and stored in a safe manner. However, while standard operating procedures (SOPs) were available for staff to follow for the cleaning of equipment, the method of cleaning and wet mopping in the centre required review to ensure compliance with the centre's policy on the prevention of infection.

Guidance for staff in regard to regular deep cleaning of the centre was in place and the décor, painting or general maintenance was under regular review. Specific alginate bags used for soiled laundry (a high density translucent red polythene bag designed to prevent the need to handle soiled garments), were available.

Waste (domestic and recycling) was stored in a designated bins and an arrangement was in place for the regular collection by an external agency.

Admission to the centre was via a front locked door. A visitors' book was available in the reception area.

### **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

#### **Judgement:**

Non Compliant - Major

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

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

#### **Findings:**

The centre had a policy on residents' finances and personal property. Each resident had a book complete with clear records and receipts of any financial transactions. All transactions were co-signed.

There was a policy on, and procedures in place, for the prevention, detection and response to abuse. While most staff members spoken with were knowledgeable of what constituted abuse and what to do in the event of suspicions or allegations of abuse, one staff member was not sure of what constituted abuse and of how to deal with a resident's disclosure of alleged abuse.

The centre had a comprehensive policy on the use of restrictive practices. Restrictive measures were in use at the centre. While the rationale for the use of safety belts on mobile chairs was clearly articulated by staff, documented records of checks of the restraints (safety belts and bed-rails) were not always maintained. The PIC stated that visual checks on residents' restraints were carried out on a regular basis.

Two staff, trained facilitators in managing behaviours that challenge, were currently up-skilling their training and the provider outlined plans to provide updated training for all staff.

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

**Judgement:**

Non Compliant - Minor

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

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

**Findings:**

Residents' health care needs were met through timely access to general practitioner (GP) services, including out-of-hours, appropriate treatments and allied therapies which reflected their diverse needs. There was evidence of multi-disciplinary input with an ensuing plan of action to ensure the seamless transfer of a resident to another service and evidence that the resident actively engaged in the plan.

Residents who attended the day service had their main meal in the day centre. Residents had their breakfast and evening tea in the centre each day and usually had all of their meals in the centre at weekends. It was evident that residents had a choice as to when and where to have their meals.

All meals in the centre were prepared by the staff. A menu with the choice on offer on the day was not in place. Staff stated they knew the foods residents liked and cooked that food for them.

While the dining room was a bright and spacious, the quality of the table mats and table settings required review so as to enhance the residents' dining experience.

Training records indicated that staff (both direct employees and employees of an external scheme) had not received training on nutrition, including food safety inclusive of cooking raw food and basic food hygiene. A recent report of the environmental health officer (EHO) referred to staff working in the kitchen be trained commensurate with their work activity.

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

**Judgement:**

Non Compliant - Moderate

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

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

**Findings:**

The centre had up to date operational policies relating to medication management.

Each resident had a prescription chart signed by the GP and each resident had a medication administration chart. Photographic identification, the resident's date of birth details of GP and note of any allergies, were documented on the medication prescription chart. Medications were signed as being administered by staff.

While processes were in place for the handling of unused and out-of-date medicines, the operation of this process was not in concurrence with the centre's policy as out-of-date medicines were stored in the designated medication fridge.

Medications, delivered in a pre-packed system were supplied by the external pharmacy supplier. No resident currently required medications to be crushed and medications that required strict controls (MDAs) were not presently prescribed.

Systems were in place to administer particular medications to residents who may require such medicines. Staff were knowledgeable and had received training in the administration of these medications.

However, the following observations were noted:

- some medications (creams) were out-of-date
- the maximum dose for some medications administered as required (PRN) was not documented.

In-house audit had been carried out however the external agency who supplied the pre-packed medications had never performed an audit on the medication it supplied for administration. A stock of medications was maintained and records reviewed indicated that the stock was regularly checked.

The centre had a designated fridge to store medication that required storage at a particular temperature. However, daily records of the temperature of the fridge were not maintained.

There was evidence of regular review of psychotropic medications.

**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

**Judgement:**

Compliant

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

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

**Findings:**

Management systems were in place to ensure that service provided was effectively monitored.

There was a defined management structure in place with clear lines of authority, accountability and responsibility for the provision of the service. The PIC worked full-time and had the qualifications, skills and experience necessary to manage the centre.

Minutes of staff meetings and quality meetings were reviewed. The PIC formally met with senior management on a regular basis. The inspector was satisfied that there was satisfactory supervision of the centre to assure that the care being delivered ensured that the needs of residents were met.

**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

**Judgement:**

Non Compliant - Major

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

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

**Findings:**

The centre had a policy for the recruitment of staff. An induction folder to guide and inform staff was available in the centre. A sample of personnel records reviewed evidenced that the records contained documents required by Schedule 2 of the Regulations.

Staffing arrangements ensured that qualified staff were on duty 24 hrs. The staff roster

reflected the number of staff on duty.

Staff were very knowledgeable of residents' individual needs and preferences and were observed interacting with the residents in a respectful manner.

A record of staff training reviewed reflected that staff had attended a range of training including the prevention of abuse, safe manual handling practices, prevention of infection and managing behaviours that challenge. However the following observations were noted:

- not all staff had attended training in welfare and protection
- staff working in the kitchen and involved in the preparation and cooking of food, had not attended training in basic food hygiene and the cooking of raw food.

## **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

### ***Report Compiled by:***

Geraldine Ryan  
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 Kerry Parents And Friends Of Mentally Handicapped
<b>Centre ID:</b>	ORG-0008170
<b>Date of Inspection:</b>	25 April 2014
<b>Date of response:</b>	10 July 2014

### 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 and the National Standards for Residential Services for Children and Adults with Disabilities.

#### Outcome 01: Residents Rights, Dignity and Consultation

**Theme:** DCAD10 Individualised Supports and Care

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

Not ensuring that the nominated person maintained a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

**Action Required:**

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

<sup>1</sup> 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:**

A Complaints log to include the requirements under regulation 34 (2) (f) is being developed at present.

**Proposed Timescale:** 31/07/2014

**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:**

Not ensuring that the risk management policy included hazard identification and assessment of risks throughout the designated centre inclusive of the risks specified under Regulation 26.

**Action Required:**

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

Action completed.

Further Training took place on May 15th by the HSE's Risk Manager. Environmental & Clinical Risks have been identified and assessed and will be reviewed regularly.

The Association will Review Policy to ensure inclusion of identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

We plan to adopt and roll out an electronic system to bring a lot more efficiency to the processes around incident-accident and complaints tracking, risk assessment and management as well as auditing and self-assessment. This new system will highlight follow-up actions and ensure these are completed as well as the processes to review key items regularly, e.g., risks and control measures.

This will involve a longer period of time to provide extensive staff training across all staff teams.

**Proposed Timescale:** 31/12/2015

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Not ensuring that where restrictive procedures including physical restraint were used,

that they are applied in accordance with national policy and evidence based practice.

**Action Required:**

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

Bed rails and lap belts have been checked and passed as fit for purpose by the service engineer. A record of this inspection is held at the Centre.

The Association will monitor restrictive practices regularly, in accordance with the guidelines set out on Restrictive Procedures for Designated Centres and where restrictive procedures are necessary, clear arrangements will be put in place to ensure that the procedures are always legitimate, safe and minimal.

A countrywide audit of restrictive procedures will be undertaken across all designated centres and also into day services to ensure that guidelines are met under the following two documents:

Guidance for Designated Centres – Restrictive Procedures (Nov. 2013)  
Towards a Restraint Free Environment in Nursing Homes - 2011

**Proposed Timescale:** 28/11/2014

**Theme:** Safe Services

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

Not ensuring that all staff received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

**Action Required:**

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

All staff currently working in the Centre have attended training on Protection of Vulnerable Adults & Children. Training is ongoing for new staff.

**Proposed Timescale:** 31/05/2014

**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:**

Not facilitating a pharmacist in meeting his or her obligations to the resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland and provide appropriate support for the resident if required, in his/her dealings with the pharmacist.

**Action Required:**

Under Regulation 29 (2) you are required to: Facilitate a pharmacist in meeting his or her obligations to the resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland and provide appropriate support for the resident if required, in his/her dealings with the pharmacist.

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

The Pharmacist will be advised that the Association will facilitate him/her in meeting his/her obligations to the resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland and provide appropriate support for the resident if required, in his/her dealings with the pharmacist. This will be noted at the next meeting with the pharmacist.

**Proposed Timescale:** 30/09/2014

**Theme:** Health and Development

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

The temperature of the designated fridge storing medications that required storage at a particular temperature, was not checked or recorded.

**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:**

Immediate Actions Taken:

Thermometer in place and operational.

Out of date medications discarded.

The Pharmacist attended the Centre to update and train staff, which included review of the pharmacists standard operating procedure.

Stock reduced to medications in use only

Reason for use of fluid charts discussed with all staff and will be documented immediately.

Reconvene the Medication Subcommittee to make amendments to the current policy, to explore the labelling of over-the-counter creams and the co-operation of pharmacists with regard to this; to include the reason for giving / not giving PRN medications to be

included in Medication Policy and associated recording sheet; to review the Safe Administration of Medication training needs in the Centre and countywide; to plan a refresher in Safe Administration of Medication for all staff.

**Proposed Timescale:** 31/12/2014

**Theme:** Health and Development

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

Not putting in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines were stored in a secure manner that is segregated from other medical products, and were disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

**Action Required:**

Under Regulation 29 (4) (c) 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 out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

Immediate Action Taken:

Out of Date medications are discarded immediately

Checking form in place for staff and pharmacist to sign for all checks including returns

Audit practices regularly regarding the safe administration of medication, to include appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and were disposed of and not further used as medical products in accordance with any relevant national legislation or guidance and ensure that the Association's Policy is strictly adhered to.

**Proposed Timescale:** 31/12/2014

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Not ensuring that staff had access to appropriate training, including refresher training, as part of a continuous professional development programme.

**Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

The following training has been sourced and will take place on 17th July 2014: General Food Safety Training Incorporating HACCP (Basic Food Safety Training). Certified by the Environmental Health Officers Association (EHOA), valid for 5 years. This is Food Safety Mandatory Training for all staff working at a Food Business. Suitable as full training for Kitchen Staff and as a Refresher for Chefs currently working in Food Preparation.

Food Hygiene training will also be available to staff on an ongoing basis.

Vulnerable Adult & Child Protection Training has been completed for all current staff and scheme workers in the Centre. Refresher training will be arranged regularly.

The Association will continue to source, develop and provide relevant training courses to all staff. A more comprehensive log of all courses will be developed, that has the capacity to assign training, log training completed, highlight overdue courses, and allow the learner to view courses of interest and request further training.

E-Training is also available to all staff as an added resource, where practical (hands on) learning is not essential. Current Course Catalogue includes the following range of training on:

- general healthcare
- specialist healthcare
- occupational health and safety
- environment
- food hygiene.

**Proposed Timescale:** 31/12/2014