

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002362
Centre county:	Dublin 5
Email address:	antoINETTE.patterson@smh.ie
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	John Birthistle
Lead inspector:	Nuala Rafferty
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 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: 15 April 2014 10:30 To: 15 April 2014 17:30

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

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 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the first inspection of this five bed centre for persons with disabilities within a community setting. The purpose of the inspection was to assess the level of compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities 2013 and the standard of care delivered to residents in the facility.

This centre forms part of a number of diverse service to persons with disabilities delivered by the provider St Michaels House Group and are considered to meet the criteria for registration as a designated service under the Health Act 2007.

The inspection was announced and took place over one day. As part of the process the inspector met with the person in charge, the senior services manager, staff, and residents. The provider nominee was not present during the inspection. The inspector observed practices and reviewed documentation such as clinical care records, policies and procedures and rosters.

Due to the serious nature of cumulative risks identified during inspection relating to fire safety, risk management and staffing, the inspector issued an immediate action letter to the provider and person in charge. As the provider nominee did not attend the centre during the inspection the inspector made contact prior to the conclusion of

the inspection and advised of the nature of the risks found and the requirement for an immediate action letter.

An interim notice was issued to the services manager at the conclusion of the inspection and a formal letter was subsequently issued on the day following conclusion of the inspection. The time frames within which the risks were to be addressed were identified. A response outlining measures to address the immediate risks within the time frame was subsequently received by the Authority and found to be appropriate.

Despite the nature of the risks identified, the inspector observed that staff strived to promote self reliance for service users and encouraged and supported development and maintenance of life skills.

The non compliances identified in the immediate action letter are also included in this report along with all other findings and are detailed under each outcome. There was evidence of some good standards of practice although improvements were also noted to be required in some aspects of service delivery including; risk management, medication management and meeting social care needs. Where non compliances are identified an action plan is included under each outcome and identifies areas where improvements are required to comply with the regulations and Authority's standards.

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 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

Findings:

Evidence that each resident's wellbeing and welfare were maintained by a good standard of evidence-based care and support was not found. Comprehensive personal plans that identified the supports to be provided to maximise each resident's abilities to achieve their potential for personal development in all spheres of daily life such as personal, social, health and education needs were not in place.

Although personal plans were in place for some aspects of daily living, these were primarily related to social care activities, on a sample reviewed it was found that resident's were involved to the extent that the resident was consulted in relation to their wishes and preferences from the perspective of social needs relating to family and community based contacts, visits and outings. Although those viewed were still being planned and not completed it was found that they were moving to an outcome rather than activity based focus to promote independence and life skills maintenance or development.

Evidence that opportunities for education, training and development were provided was found in that the majority of residents were attending day services to maintain and develop life skills. One resident told the inspector that they worked in a fast food restaurant for a number of hours every week supported by staff from the centre, another resident stated they worked in the day centre.

Staff strived to promote self reliance for residents and encouraged and supported development and maintenance of life skills. Individual's tastes and interests were reflected in the decor and furnishings of bedrooms, looking after their own pets and having their own personal recliner chair.

However, on review of a small sample of clinical documentation, it was found that arrangements to meet each resident's assessed needs were not set out in a personal plan that reflected needs, interests and capacities. A care planning system which

ensures the comprehensive assessment of every identified healthcare need and includes the implementation of evidence based care protocols to manage those needs with ongoing review as required to reflect changes was not established.

The majority of residents' currently residing in the centre have been living there for a number of years however, in the last twelve months there has been a vacant room. This room had been used to provide regular short term respite breaks to two persons on a weekly basis. One person uses the room Monday to Thursday and the other on alternate weekends. On an infrequent basis a third person availed of the room on the 'other' alternate weekend.

However, on review of documentation and in discussions with staff it was found that comprehensive assessments of all needs and plans to manage those needs had not been initiated implemented or reviewed in respect of all these residents. Serious risks associated with the absence of comprehensive assessment and care planning processes were found. Concerns related to the admission or re admission of service users utilising medication scripts which were not reviewed to ensure they were up to date although in some instances the person had not availed of the service for up to four months, with potential risks for staff being unaware of changes in medication. Similarly comprehensive re assessments and reviews of activities of daily living and review of the interventions to manage identified needs were not in place for residents availing of short term respite breaks for example in one instance it was noted that the moving and handling or behavioural assessments were not reviewed in 2 to 4 years respectively, yet staff reported noting deteriorations in ability and changes in behaviours.

Due to the level of risks found the inspector issued an immediate action plan to the provider nominee to address the failures and risks within a designated time frame. The immediate action is repeated within this report.

Judgment:
Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

Findings:
Risks associated with a lack of specific effective risk management policies, procedures and plans which raised significant concerns for the safety of resident's and staff were found and an immediate action plan was issued to the provider nominee at the conclusion of the inspection.

Risks identified related to the management of potential emergency situations involving the possible evacuation of the centre. It was found that there was one staff member

rostered for sleepover duty each night. The current resident profile included persons exhibiting exit seeking behaviour and persons with limited or no mobility. A centre specific emergency plan was not in place. A generic fire evacuation plan was available but was not sufficiently specific to guide staff on the resources or arrangements in place to provide supports and back up in the event of such an emergency. Resources such as space blankets or alternative accommodation were not identified.

The fire evacuation plan in place directed staff to evacuate mobile residents in the first instance and return to evacuate those requiring assistance. This would necessitate vulnerable residents being left unsupervised outside for an unspecified length of time. The plan directs staff to 'page' an on call senior nurse but did not indicate what form of response should be expected or an approximate time frame.

Records were maintained regarding the regular servicing of fire equipment and fire officer's visits. Fire escape routes were unobstructed. Fire equipment and alarms were tested and arrangements were in place for the maintenance of the fire alarm system and equipment within this centre. However, all precautions in place against the risk of fire were not found to be adequate to assure the safety of residents staff or visitors in the event of a fire or other similar emergency fire procedures were not displayed and suitable, sufficient and appropriate equipment for providing means of escape and containing fires was not available such as; directional signage; emergency lighting and solid internal doors capable of providing 30-60 minutes of fire fighting time, linked to the fire alarm system to enable doors close automatically when alarm activates.

Regular fire drills practices were conducted by staff with the support and involvement of residents both day and night to ensure familiarity with the procedures for evacuation and the inspector was told that staff received regular fire safety and fire drill training, and some records to evidence this training were provided.

A Missing persons policy to guide staff in the event of the unexpected absence of a resident was also generic and non specific. This policy directed staff to commence an initial search and if necessary to undertake a further local search however, the specifics of how far either of these searches should extend was not indicated. The policy directed staff to contact Gardaí, service managers and a nurse on call but again did not identify what form of response would be provided or any back up arrangements either locally from other centres in the vicinity nor the persons to whom the calls were to be made.

A health and safety statement was in place however, the statement was not specific to the centre but related to the corporate organisation of St Michael's House Group, an extensive organisation which provides a myriad of services nationally to persons with disabilities, this statement had not been revised since 2009. It was found that hazard identifications and assessments were carried out annually as part of health & safety practices to manage risks related to the physical environment, biological, chemical and human errors. However all risks, such as those found on this visit were not identified and control measures to address them were not identified or implemented.

Judgment:
Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

Findings:

Measures were in place to protect residents from being harmed or suffering abuse. There was a policy which provided guidance for staff to manage incidents of elder abuse.

In conversation with some staff members, the inspector found they were competent in their knowledge regarding reporting mechanisms within the centre and what to do in the event of a disclosure about actual, alleged or suspected abuse. Residents were observed to be comfortable with staff and did not exhibit behaviours associated with distress or anxiety.

Intimate care forms were in place and review of the processes to provide positive behavioural supports were ongoing.

It was noted that restrictive practices were not in place on this inspection.

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

Findings:

Residents had access to medical services. Some evidence of access to specialist and allied health care services to meet the diverse care needs of residents such as opticians, dentists and chiropody services was found on a review of some clinical documentation, although it was found that all information in relation to reviews of residents health status by medical officers or palliative care specialists, speech and language, physiotherapy and dietician services was not held in the centre, this is further referenced under outcome 18 of this report.

Residents were provided with food and drink at times and in quantities adequate for their needs. All meals were prepared in the centre and residents were encouraged to be involved in the preparation of evening meals in the centre as appropriate to their ability and preference. Food was properly served and was hot and well presented. The evening meal was found to be a relaxed and sociable affair. Residents were facilitated to enjoy their meal independently, privately and at their own pace, where assistance was required it was offered in a discreet and sensitive manner. Serviettes and condiments were on the table.

Menus were displayed in word and pictorial format and were compiled with consideration of the preferences and nutritional needs of each service user. Drinks such as juices, milk, tea and coffee were freely available and there were ample stocks of fresh food and larder stores to facilitate snacks or meal alternatives as required.

Judgment:
Compliant

Outcome 12. Medication Management

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

Theme:
Health and Development

Findings:

Evidence that the processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation were not found and systems were not in place for reviewing and monitoring safe medication practices.

There were no qualified nursing staff rostered in this centre and therefore medication was being administered by social care staff who had received 'safe administration of medication' training.

There were written operational policies relating to the disposal of medications and self administration but policies for ordering, prescribing, storing and administration of medicines by care staff were not available and it was found that prescribing and administration practices were not in line with best practice or professional guidance. For example, evidence that all residents' medications were reviewed on a regular consistent basis by their GP were not available and included respite residents who may not have returned to the centre for several months and therefore staff could not be sure that the medication being administered reflected the service user's most current medication prescription from their GP.

Additionally it was noted that there was no maximum dose prescribed for PRN (as required) medications.

Judgment:
Non Compliant - Major

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Findings:

A written statement of purpose was available which broadly reflected the service provided in the centre. On review it was found that some improvements were required to ensure the document contained all of the information required by Schedule 1 of the Regulations.

The following Information requires to be included in the statement of purpose;

- the specific care and support needs the centre intends to meet
- range of needs and the facilities and services available to meet those needs
- criteria used for admission including policy and procedures for emergency admissions
- the arrangements for residents to access education, training and employment.

It was also noted that aspects of resident's and staff personal information was included in the document, this practice represented a potential breach of their privacy, dignity and rights to protection of confidentiality under the Data Protection Act 1988 & 2003

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

Findings:

The inspector formed the view that within the centre the management systems in place to support and promote the delivery of safe, quality care services required to be improved. This centre forms part of a larger service provider with a complex management structure and associated levels and lines of authority and accountability. These lines of accountability were not clear. Additionally, the person in charge and service manager referred to many people with responsibility for clinical governance that they report to or relied upon for support. Communication processes within and between the centre and the broader organisation also required improvement as they were not sufficiently robust to ensure the person in charge of staff in the centre were fully informed on the needs of persons admitted for respite of emergency admissions.

The service manager and the person in charge had a comprehensive knowledge about the centre. However, there was not a complete understanding of their roles and legal responsibilities in relation to the overall governance and management of the centre under the regulations. For example, decisions regarding respite and emergency admissions and staffing resources were made by other allied health professionals or senior managers without involvement of the person in charge.

The centre was managed by a full time experienced person in charge who along with other staff displayed knowledge and interest in all of the residents. They were familiar with each of the long stay resident's personal social medical and clinical interests, background, history and current status. All resident's were familiar with all staff on duty on the day of the inspection, those who could communicate verbally called them by name and observation of communication between staff and residents' both verbally and through body language displayed warm and mutually respectful and caring interpersonal relationships.

Judgment:

Non Compliant - Moderate

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

Findings:

The inspector found that at the time of this inspection, the levels and skill mix of staff were not sufficient to meet the needs of residents. This judgement was based on findings already detailed under outcomes 5, 7 and 12 in relation to assessment of needs, absence of risk management processes and sufficient staff to evacuate the

current profile of residents if required and lack of safe systems in relation to medication management. A full review of staff levels and skill mix is urgently required to ensure the safe effective delivery of quality care to service users. Such review should also take account of the purpose and function of the centre in relation to criteria for admission and the specific care needs the centre is intended to meet.

It was found that qualified nursing care was not provided in the centre. However, within the last twelve months a vacant room within the centre has been used to provide respite and emergency admissions to persons in crisis in the community. It was also found that where this occurred full information on the current medical, nursing and psychiatric condition of the individual was not always available at the time of admission and assessments of needs were not in place subsequently. Therefore a determination could not be made as to whether the current staffing were in fact meeting the needs of residents admitted for respite or an emergency admissions.

Supervision of staff was not reviewed in full on this inspection however, it was noted that there were few occasions when there were more than one staff member on duty thereby limiting any opportunity to monitor staff performance and guide staff practices.

The inspector observed staff and residents interactions and found that staff were respectful patient and attentive to residents needs. It was noted that staff provided reassurance to residents by delivering care to them in a quiet confident manner.

A sample of training records indicated that staff had received training in all required mandatory areas, fire safety, moving and handling and prevention of abuse.

A sample of staff files were reviewed and the majority were found to meet the requirements of Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) Regulations 2013. However some improvements were found to be required, evidence of identity including a recent photograph appropriate vetting and two written references were not available for all staff

Judgment:

Non Compliant - Major

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

Findings:

Although not all records were reviewed on this inspection, it was found that general records as required under Schedule 4 of the Regulations were maintained including key records such as, accident and incidents, nursing and medical records. All records required under Schedule 3 of the Regulations were maintained in the centre however, further improvements were required in respect of maintaining clinical records in accordance with professional standards and establishing a comprehensive care planning system to ensure care needs were appropriately and regularly assessed managed and reviewed. This is referenced in detail under Outcome 5 of this report.

All of the written operational policies as required by Schedule 5 of the Regulations were not available. Policies including health and safety risk management policies and respite break protocols were available and were reviewed. However, these policies required to be revised to ensure they gave sufficient guidance to staff, reflected evidence-based practice and meet the requirements of the regulations in particular the missing persons policy, all medication management policies, risk management health and safety and respite policy, as previously detailed under Outcome 7 in this report.

Other policies were not available including emergency admissions policy, or emergency plan.

Judgment:

Non Compliant - Major

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:

Nuala Rafferty
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002362
Date of Inspection:	15 April 2014
Date of response:	16 May 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 05: Social Care Needs

Theme: Effective Services

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

Comprehensive assessments of all persons by appropriate healthcare professionals were not carried out on persons admitted for respite prior to admission or subsequently as required to reflect changes in need or circumstances.

Action Required:

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

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

The appropriate documentation for each person availing of respite in the house has been updated, reviewed and will be reviewed by the relevant AHP connected with the

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

person. The staff receiving the information for the person booked in for respite will use the Respite Admission Checklist, before commencement of each respite admission, to ensure all relevant information is current.

Proposed Timescale: 16/05/2014

Theme: Effective Services

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

Comprehensive personal plans that identified the supports to be provided to maximise each resident's abilities to achieve their potential for personal development in all spheres of daily life such as personal, social, health and education were not in place.

Action Required:

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

Taking into account the work already completed through the Individual Planning Process, the PIC and each key worker will identify the further supports needed to complete a personal plan with each service user. Consultation work will begin in conjunction with the person, their family, and other supports identified through the process.

Proposed Timescale: 01/07/2014

Theme: Effective Services

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

Comprehensive assessments of all needs and plans to manage those needs had not been initiated or implemented in respect of all service users.

Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

Each person's clinical assessments will be further updated, reviewed and amended where necessary, and included in the development of their personal plan. The person in charge and the staff team will complete an Assessment of Needs and develop a care plan for each service user. The Allied health Professionals will assess each service user in line with their identified individual needs.

Proposed Timescale: 01/07/2014

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:

The Risk Policies and processes in place were not sufficiently specific to guide staff in the event of an emergency. The fire evacuation plan in place was generic and health and safety statements and processes were not specific to the centre and were last reviewed in 2009.

Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

A centre specific Emergency Plan has been developed, which covers the emergency evacuation of the house in the event of – loss of power, heat, flooding, and fire. It also covers the issue of a person going missing. This has been developed through looking at any previous incidents and using the information gathered as a valuable learning resource, and it is service user centred.

Proposed Timescale: 16/05/2014

Theme: Effective Services

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

The Risk Policies and processes in place did not ensure the assessment of all risks associated with the safe evacuation of residents and staff in the centre. Risks associated with evacuating residents with limited or no mobility and exit seeking behaviours by one staff member were found.

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:

The risks associated with evacuating residents with limited or no mobility and exit seeking behaviours by one service user, have been addressed within the Emergency Evacuation Plan which has been developed. Additional resources have been accessed and include gates, now closed at night, that are now in place, a second staff is now on duty over night and agreement has been reached with another nearby unit to supply support in the event of an emergency at night.

A specific plan has been developed in relation to a particular person, exhibiting exit-seeking behaviour. This plan contains a detailed step-by-step guide on what to do if this person leaves the house alone. This plan can be found in the Essential Guide to the Unit, the Emergency Evacuation Plan and in the personal file.

All staff are fully aware of this plan after a staff meeting which was held on 21/05/14, and relief staff will be informed through the Essential Guide and staff handover.

Proposed Timescale: 16/05/2014

Theme: Effective Services

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

The Risk Management policies and processes in relation to; hazard identifications; unexpected absence of residents; emergency admissions; staffing levels and skill mix reviews; health & safety statements; information and communication processes; governance and management; were not sufficiently specific and in some cases were not in place to guide staff

Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

The person in charge will review the risk management policy in relation to the unit in conjunction with the organisation health and safety officer and implement changes identified.

- Hazard inspections are carried out monthly and any hazards and risks are identified. Risk assessments may then be amended in accordance to the findings.
- Policies and risk assessments have been developed regarding emergency admissions, staffing levels and a centre specific safety statement has been developed.
- Risk assessments are discussed at staff meetings and the person in charge communicates any updates to all staff.

Proposed Timescale: 30/06/2014

Theme: Effective Services

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

A centre specific emergency plan was not in place.

Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

A system is now in place to assess and review identified risks. It includes the following:

- Individual Emergency Evacuation Plans for each service have been developed.
- A detailed and Centre Specific Emergency Plan, including the evacuation of the house in an emergency due to fire, flood, loss of power.
- A policy for the event of the unexplained absence of a service user has been developed.
- A unit Specific Safety statement has been developed and will be introduced to the service users and the staff team (by 31/07/14)

Proposed Timescale: 31/07/2014

Theme: Effective Services

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

The Risk Policies and processes in place did not include the specific measures in place to control the risks identified with the safe evacuation of residents and staff in the centre and arrangements were not in place to ensure measures were in place to control risks found associated with one staff evacuating residents exhibiting exit seeking behaviours and those with limited or no mobility.

Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

The PIC has completed a Unit specific Safety Statement. All staff will familiarise themselves with this and sign off on having read it by 31st July 2014.

Monthly Hazard Inspections are carried out by the PIC and used to identify potential risks. These risks are assessed and controls are put in place to eliminate or reduce the risk. Risk assessments are reviewed annually or earlier as needed.

A Unit specific Emergency Plan has been completed by the PIC and includes plans that cover the emergency evacuation of the house and the unexpected absence of a service user from the unit. Additional measures include having an additional staff on duty to reduce the risk of an emergency evacuation at night.

Proposed Timescale: 31/07/2014

Theme: Effective Services

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

The Risk Policies and processes in place did not include the specific measures in place to control the risks identified with the safe evacuation of residents and staff in the centre and arrangements were not in place to ensure measures were in place to control risks found associated with one staff evacuating residents exhibiting exit seeking behaviours and those with limited or no mobility.

Action Required:

Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

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

Additional staff hours have been allocated to the roster to ensure that there is now second staff on duty overnight to ensure the safe evacuation of service users with limited mobility, persons in need of a hoist, and persons displaying exit-seeking behaviours.

A risk assessment has been carried out to enable the development of guidelines to support an individual displaying exit seeking behaviour - to minimise the risk to the person whilst also supporting them in meeting their need to leave the house.

Proposed Timescale: 16/05/2014

Theme: Effective Services

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

The Risk Policies and processes in place did not include the specific measures in place to control the risks identified with the safe evacuation of residents and staff in the centre with due regard to the specific profile of service users currently residing in the centre in respect to exit seeking behaviour.

Action Required:

Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

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

Further develop the Frontline policy No.13 into a more unit/client specific response to an unexplained absence of service users. A procedure for dealing with the unexpected absence of a resident was agreed and immediately implemented.

The procedure will be updated as necessary and reviewed annually.

Person responsible for communicating the plan for dealing with the unexpected absence of a resident: Person in Charge

Proposed Timescale: 01/07/2014

Theme: Effective Services

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

The Risk Policies and processes in place did not include the specific measures in place to control the risks identified with the safe evacuation of residents and staff in the centre with due regard to the specific profile of service users currently residing in the centre in respect to those with limited or no mobility.

Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

Risk assessment to be reviewed with the support of a Health and Safety support person regarding risks identified with the safe evacuation of service users in respect to those with limited or no mobility. Current controls are in place through the Emergency Evacuation plan.

Proposed Timescale: 01/06/2014

Theme: Effective Services

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

Arrangements to ensure the safe evacuation of residents and staff in the event of a fire were not adequate.

Risks associated with the evacuation of persons exhibiting exit seeking behaviours and other persons with limited or no mobility by one staff member were found.

Resources for alternative accommodation were not in place.

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:

- A nearby day centre has been identified as a designated centre for re assembly in case of emergency.
- Keys have been provided, alarm codes with directions, and directions to the premises are now included in the emergency evacuation plan.
- The staff team were informed immediately on completion of the Emergency Evacuation Plan
- The service users have been informed at the last house meeting held on 29/05/14.

Proposed Timescale: 16/05/2014

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:

There were written operational policies relating to the disposal of medications and self administration but policies for ordering, prescribing, storing and administration of medicines by care staff were not available and prescribing and administration practices were not in line with best practice or professional guidance.

Action Required:

Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The Organisations Medical department have advised the person in charge that they are developing an organisational prescribing policy. The policy will support the accurate administration of medication. The person in charge will implement these policies.

- All staff have received the initial Safe Administration of Medication and training is ongoing for all staff. Two staff will administer and sign for medications at all times.
- One staff member has been given the responsibility of ensuring all prescriptions are current, valid and that prescriptions and supplies are requested in a timely manner. This person will ensure another person is identified to complete this task when they are absent and that the person in charge is informed.
- Once medications have been ordered and collected it is the responsibility of the staff members on duty to audit and record the medications. Any discrepancies will be noted and the pharmacy informed.
- The pharmacy and staff have been informed to ensure that the expiry date is not removed from the original blister pack they came in. Medications received without an expiry date will not be used.
- All service users' prescriptions and kardex will reflect maximum dose for each PRN medication and will identify the service users GP.
- The Organisation has a safe administration of medication policy which states that an

original photocopied prescription is valid for 72 hours with the clinic stamp on it, while waiting for the updated Kardex to be forwarded by the medical secretary.

- Disposal of medication will be carried out and signed for by two staff, as per the organisational policy. Medication is disposed into the relevant clinical waste bin and collected by a waste management company every quarter.

Proposed Timescale: 16/05/2014

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The following Information requires to be included in the statement of purpose;

- the specific care and support needs the centre intends to meet
- range of needs and the facilities and services available to meet those needs
- criteria used for admission including policy and procedures for emergency admissions
- the arrangements for residents to access education, training and employment.

It was also noted that aspects of resident's and staff personal information was included in the document and represents a potential breach of their privacy, dignity and rights to protection of confidentiality under the Data Protection Act 1988 & 2003

Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The statement of purpose will be amended by following the: Guidance for Designated Centres: Statement of Purpose (GDE1). Health Information and Quality Authority.

Proposed Timescale: 01/07/2014

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The management structure in place did not clearly define the lines of authority and accountability or specific roles and responsibilities of each manager for all areas of service provision.

Action Required:

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

The management structure is outlined in the statement of purpose. The Person in charge will include all grades of staff in the organisational chart; identify the line of authority including the Service Manager, all Department heads connected with the unit and any Allied Health Professionals supporting the service users in the unit. The person in charge will update the section of the statement of purpose.

Proposed Timescale: 31/07/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

A full review of staff levels and skill mix is urgently required to ensure the safe effective delivery of quality care to service users. Such review should also take account of the purpose and function of the centre in relation to criteria for admission and the specific care needs the centre is intended to meet.

Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

A roster review with the person in charge and the administration manager to identify the needs of service users, and the staffing levels and skill mix required to meet the needs for the designated centre, has taken place and the additional staffing needs regarding overnight shifts have been agreed and unchanged. There is additional staff on duty overnight with the regular sleepover staff.

Should the next roster review (August 2014) indicate the need to further increase the staff levels or to provide different skill mix representation will be made to the HSE to provide additional funding to implement this.

Proposed Timescale: 21/05/2014

Theme: Responsive Workforce

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

Evidence of identity including a recent photograph appropriate vetting and two written references were not available for all staff.

Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

Person in charge will liaise with HR department to confirm all documentation for staff is current and up to date.

Proposed Timescale: 16/05/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

All of the written operational policies as required by Schedule 5 of the Regulations were not available.

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The person in charge, with the support of the service users, staff team, and where necessary, the relevant clinical personal and AHPs, are in the process of completing an assessment of needs and a care plan and consequently a personal plan for each service user. From the date of completion these plans will be reviewed annually and updated if required through out the year in accordance with best practice.

An organisation wide plan to develop the identified required policies is underway.

Proposed Timescale: 15/08/2014

Theme: Use of Information

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

Some policies required to be revised to ensure they gave sufficient guidance to staff, reflected evidence-based practice and meet the requirements of the regulations in particular the missing persons policy, all medication management policies, risk management health and safety and respite policy.

Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

An organisation wide plan to review and update the required policies is underway.

The person in charge has written up unit specific policies regarding missing persons, the medication management policy.

In relation to a respite policy, the unit is no longer available for respite use as the person who was temporarily residing in another unit has returned. However, the emergency admission policy has been adopted, which includes the Respite Admission Checklist ensuring all documentation is current and reviewed before admission, should the need arise in the future.

Proposed Timescale: 30/09/2014