

**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 St Michael's House
<b>Centre ID:</b>	OSV-0002389
<b>Centre county:</b>	Co. Dublin
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St Michael's House
<b>Provider Nominee:</b>	Maureen Hefferon
<b>Lead inspector:</b>	Nuala Rafferty
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	1

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

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

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

From: 04 February 2015 10:00 To: 04 February 2015 15:00

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 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This was the third inspection of this centre by the Health Information and Quality Authority's (the Authority). The purpose of this inspection was to follow up on matters arising from a registration inspection carried out on 9 and 10 December 2014 and to monitor progress on the actions required arising from that inspection.

As part of the inspection the inspector met with staff members and reviewed documentation such as policies and procedures care plans and clinical records. It was found that some progress was made by the provider in implementing the required improvements identified by the registration inspection although the time frames indicated in the majority of actions had not yet expired. As further actions are required to fully address the requirements identified in the registration report and a review of the time frames proposed by the provider were in some instances not appropriate, these actions are repeated in this report to ensure improvements are instigated and maintained in key areas such as; admission and discharge processes, assessment and review of care needs, care planning and resources.

The Action Plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the 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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

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

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Substantial progress was found to be made on failings identified during the registration inspection.

Complaints made by residents had been pursued and measures were in place and in the process of being actioned. Evidence that staff had established ongoing communications on matters relating to the complaints resolution was found.

The determination of residents' satisfaction with the measures proposed and the final outcome of the complaint could not yet be made as the time frame for addressing this action had not yet expired and so is re stated as an outstanding action.

**Judgment:**

Substantially Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

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

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

**Findings:**

During the registration inspection, evidence that the admissions and discharge process was timely responsive to residents needs and in line with transparent criteria in the statement of purpose was not found.

Although the time frame proposed for addressing these failings had not yet expired, substantial progress was found to have been made. A discharge process was found to have commenced for one person and an alternative service provision was identified. A consultation process with all relevant stakeholders had also commenced where various alternatives were explored and discussed.

Interim plans to support the discharge process were in place to support as far as possible a seamless transition.

Alternative services were also being considered for other residents where needs had changed or preferences were expressed by the resident or family.

However, transparent clear criteria were not included in the statement of purpose for the centre so that timely responsive and appropriate admissions, discharges and transfers were assured. This formed part of the actions required following the registration inspection and was not yet addressed. The time frame for resolution of this aspect was given as a six month period however, this time frame required to be adjusted in order to ensure the service was responsive in meeting residents needs in a timely manner.

**Judgment:**

Non Compliant - Moderate

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

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

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

**Findings:**

Actions required under this outcome were found to be partially addressed.

Aspects of the actions which were addressed included;

- plans in place were reviewed to determine effectiveness and where required were amended to take account of changes in circumstances or new developments
- plans in place to meet assessed needs identified as requiring an alternative suitable service were in process
- one resident was supported to access the national advocacy service.

Aspects of the actions for which the time frame had not expired and have yet to be addressed included;

- the assessed needs and care plans of all residents to be reviewed by the person in charge and relevant healthcare clinicians within February and March 2015
- the transfer of identified residents to be safely and appropriately concluded
- ensure the centre meets the assessed needs of residents in terms of areas of diversion or quiet areas.

**Judgment:**

Non Compliant - Moderate

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

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

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

**Findings:**

Actions required under this outcome were found to partially addressed.

Aspects of the actions which were addressed included;

- additional storage had been identified
- following a review by the occupational therapist individually assessed suitable assistive equipment to support the capabilities and promote independence of some residents was sourced, these include washable over toilet shower/commode chairs. On the day of inspection one chair had arrived and another was awaited.

Aspects of the actions which remain to be addressed included;

- evidence of endeavours to source appropriate mattresses and mattress covers was found with documentation of communication between the person in charge, occupational therapist and infection control nurse specialist viewed. However, appropriate equipment was not yet sourced
- although a storage area had been identified, it was not yet in use. Safe access via means of an appropriate and weather proof ramp is required. Although technical services have been requested to install the ramp, frosty weather conditions prevented the installation
- following the completion of actions relating to discharges and transfers it is anticipated that the design and layout of the centre with two communal sitting rooms will meet the needs of residents in terms of areas of quiet and diversion.

**Judgment:**

Substantially Compliant

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

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

**Theme:**

Effective Services

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

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

**Findings:**

Actions required under this outcome were full addressed in relation to;

- risk management policies now in place with guidance on hazard identification and control and content to be included on risk registers
- review of the premises by a fire safety engineer to ensure sufficiency of fire safety measures was conducted and a report was provided with recommendations which the inspector was informed would be actioned by the provider
- a revised cleaning programme was in place to address issues relating to infection prevention and control
- an unannounced hygiene audit by the infection control nurse was arranged by the service manager for a date in the near future.

**Judgment:**

Compliant



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**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

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

**Findings:**

Actions required under this outcome were found to be partially addressed.

Aspects of the actions which were addressed included;

- positive behaviour strategies and plans in place to manage behaviours were reviewed
- training for staff in positive behaviour support strategies was arranged and dates were set for three staff on 12 and 26 February and March 2015
- documentation was viewed which evidenced the provision of additional therapeutic supports for residents to manage symptoms of stress and prevent or reduce incidences of behaviour that challenges and included; reviews of four residents by the clinical psychologist between December 2014 and January 2015
- external counselling supports commenced for one hour per week for identified residents
- additional guidance on communication supports to be provided to non verbal residents established and viewed
- an identified named social worker has been affiliated to the centre to whom the person in charge would link to seek reviews and supports for residents.

Aspects of the actions for which the time frame had not expired and have yet to be addressed included;

- training on de-escalation and intervention techniques was not yet provided or arranged. The person in charge clarified this was due to the need to identify a more appropriate training programme as the one currently used within the organisation was not deemed to be appropriate to manage the behaviours displayed by the current profile. It was also noted that the time frame for addressing this aspect had not yet expired
- progress was being made on the implementation of adequate measures to protect residents from all forms of abuse although this process had not yet been completed
- a review of the incidences of behaviour that challenges was conducted by a senior social worker and recommendations were being implemented on an ongoing basis to support residents and staff until the full implementation of the agreed plan for a full and

final response.
<b>Judgment:</b> Substantially Compliant

<b>Outcome 09: Notification of Incidents</b> <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i>
<b>Theme:</b> Safe Services
<b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.
<b>Findings:</b> Some notifications were received which evidenced that a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.
<b>Judgment:</b> Compliant

<b>Outcome 11. Healthcare Needs</b> <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i>
<b>Theme:</b> Health and Development
<b>Outstanding requirement(s) from previous inspection(s):</b> Some action(s) required from the previous inspection were not satisfactorily implemented.
<b>Findings:</b> Aspects of this action which have been addressed include; - documented evidence was found that additional clinical supports were provided to residents including; review of positive behaviour support plans of one resident by the clinical psychological with dates set for reviews of the plans for five other persons ; some aspects of residents personal well being was re assessed by a senior social worker such as personal, travel safety and measures to protect from abuse or neglect. - as stated under Outcome 8 a designated social worker has been assigned to the centre to provide identified support to residents and staff

Aspects of this action which have not yet been addressed and for which the time frame has not yet expired include;

- full review of the emotional and behavioural needs of residents.
- full review of all residents positive behaviour support plans
- full review of each residents assessed needs and care plans and determination of the requirement for and provision of clinical nursing inputs

**Judgment:**

Non Compliant - Moderate

**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

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

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

**Findings:**

The time frame for this action had not expired and the action was not addressed.

The statement of purpose was not amended to include all of the information required by Schedule 1 of the Regulations such as the nursing or allied health professionals inputs required or available to meet residents needs; the admissions criteria was not stated; facilities and services were not in place in order to meet the diverse needs of the client group the designated centre is intended to meet.

It was noted that changes to the type of service provision were occurring as part of the collective response to all of the actions identified as required following the registration inspection.

The person in charge and the services manager were aware of the importance of conducting a formal review of the services to be delivered as outlined in the current statement of purpose, including the need for transparent clear criteria for appropriate admissions, discharges and transfers.

On review of documentation and in conversation with staff and managers during this follow up inspection it was found that changes were under consideration to the services provided for three residents currently, in relation to transfers to other services and transition from part time to full time services. The service provisions to other residents based on their clinical needs were also highlighted as needing review.

**Judgment:**

Non Compliant - Moderate

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

During the registration inspection, evidence that the governance and management system was responsive to the needs of residents and supported the delivery of safe quality care was not found.

Although the time frame proposed for addressing these failings had not yet expired, some progress was found to have been made.

Overall it was noted that progress has been made on the majority of the actions identified as required on the registration inspection. The amount of progress differed in relation to the prioritisation of each action and the priority accorded to each action were found to be appropriate. For example substantial progress was found to respond to recommendations relating to management of behaviours that challenge and measures to fully implement clinicians' recommendations in this regard were being fast tracked.

Some progress was found on the need for assigned clinical teams with social work inputs now assigned to the centre, however, clinical nursing inputs required by the current resident profile had not yet been assessed reviewed or determined.

**Judgment:**

Non Compliant - Moderate

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**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**

Use of Resources

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

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

**Findings:**

The time frame for this action was not expired and the action was addressed.

However, in discussion with the person in charge and the services manager it was found that further to the partial review of residents personal well being assessment by a senior social worker, a full re assessment of needs was planned to commence from the end of February in a series of individual co ordination meetings to include all relevant stakeholders including residents and their families.

The inspector was told that this, in conjunction with the overall service review referenced under Outcome 13 will form part of a full review of funding and resources for the centre. A date to commence the planning for the review was set for February 2015 with a conclusion of 31 July 2015.

However, as indicated under previous outcomes this time frame requires to be revised downwards in order to ensure residents' needs are met in a timely responsive manner.

**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

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

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

implemented.

**Findings:**

This action was partially addressed.

Aspects of the action which were addressed included;

- on review of the roster it was noted that additional staffing resources were allocated.

An extra social care worker was scheduled to work for five hours each evening to facilitate the implementation of positive behavioural support plans and maintain a safe environment

- an identified social worker was assigned to the centre to support residents and staff

- training for staff in positive behaviour support was planned for four dates at the end of February and March 2015.

Aspects of the action which were not yet addressed but for which the time frame had not yet expired included;

- additional training for staff in areas of care specific to meet the needs of the current resident profile was not yet planned or sourced in relation to management of aggression and violence or assessment and care planning

- a training needs analysis which was identified as required following the first inspection of this centre was not complete

- a review of the full time clinical nursing inputs required by the current resident profile have not yet been assessed reviewed or determined

- a full review of the staffing resource and skill mix.

A date to commence the planning for the above reviews was set for February 2015 with a conclusion of 31 July 2015. However, as indicated under previous outcomes this time frame requires to be revised downwards in order to ensure residents' needs are met in a timely responsive manner.

**Judgment:**

Non Compliant - Moderate

**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

<p><b>Outstanding requirement(s) from previous inspection(s):</b> Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p><b>Findings:</b> This action was partially addressed. All policies and procedures required under Schedule 5 were available in the centre.</p> <p>However, a directory of residents was not yet established although the time frame for this was not yet expired.</p>
<p><b>Judgment:</b> Non Compliant - Moderate</p>

### Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

***Report Compiled by:***

Nuala Rafferty  
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 St Michael's House
<b>Centre ID:</b>	OSV-0002389
<b>Date of Inspection:</b>	04 February 2015
<b>Date of response:</b>	24 March 2015

### Requirements

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

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

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

**Theme:** Individualised Supports and Care

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

The outcome of the complaints was not notified to residents and their satisfaction was not ascertained

**Action Required:**

Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed

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



promptly of the outcome of their complaints and details of the appeals process.

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

- The PIC ,PPIM and relevant allied health care professional will meet with all residents to discuss outcome and satisfaction with complaint. The first meeting is planned for the 9th of March.
- The PIC has informed the families in relation to the outcome of the complaints made.
- A letter outlining outcome and the appeals process is being drafted by the registered provider and will be posted to all residents and families.

**Proposed Timescale:** 19/03/2015

**Outcome 04: Admissions and Contract for the Provision of Services**

**Theme:** Effective Services

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

Transparent criteria to support an admissions transfer and discharge process that is timely and responsive to residents needs was not included in the statement of purpose

**Action Required:**

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

- The statement of purpose will be amended.
- A transparent criteria for all future admission to the centre will be included in the Statement of purpose.
- A copy of the amended statement of purpose will be forwarded to the Authority.
- In line with the admission policy the PIC will be satisfied that the centre can meet the assessed needs of all future residents.
- The PIC will consult with current residents and family members in relation to all future admissions.

**Proposed Timescale:** 19/03/2015

**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:**

Residents' needs and care plans were not reviewed to determine their effectiveness or take account of changes to preferences circumstances or new developments.

**Action Required:**

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan

reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

- Individual co ordination meeting for all residents have been planned .They will commence on the 9th of March. All relevant allied health care professionals will attend these meetings .
- Each residents' personal plan will be reviewed and the PIC will ensure that changes in circumstances are taken into account. Care plans will be amended accordingly.

**Proposed Timescale:** 31/03/2015

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

Suitable and sufficient equipment to support and promote residents needs and capacities were not available such as

- appropriate mattresses and mattresses covers to ensure good infection prevention and control practices
- storage for large items of personal and assistive equipment or seating.

**Action Required:**

Under Regulation 17 (5) you are required to: Equip the premises, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.

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

- Appropriate mattresses are now in place.
- Storage for larger items has been sourced awaiting a ramp to be built to allow ease of entry to same. In the interim a vacant room is providing ample and adequate storage.

**Proposed Timescale:** 31/03/2015

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

All staff had not received updated training in de escalation and intervention techniques

**Action Required:**

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

- Three members of the staff team have commenced Positive Behaviour Support training on the 12th of February this will be completed by the 26th of March .The remainder of the team will complete this training by the 1st July.
- It is the opinion of the Senior Clinical Psychologist that de escalation and intervention techniques are not deemed suitable or necessary for any of the current residents.

**Proposed Timescale:** 01/07/2015

**Theme:** Safe Services

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

All identified adequate measures were not in yet place to ensure all residents were protected from all forms of abuse.

**Action Required:**

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

- Safeguarding training has been completed by the staff team.
- Safeguarding for Service Users Policy is on site and available to all staff.
- Members of the Social Work department will attend staff meeting in April..

**Proposed Timescale:** 08/04/2015

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

Clinical nursing staff to meet residents' physiological emotional or behavioural needs were not in place.

**Action Required:**

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

- The PIC will arrange a Nursing needs assessment of each resident to be carried out. Care plans will be amended and updated to reflect the nursing needs assessment of each resident.

**Proposed Timescale:** 30/04/2015

### **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 statement of purpose did not contain all of the information required by Schedule 1 of the Regulations in that the nursing or allied health professionals' inputs required or available to meet residents needs were not identified. The admissions criteria were not stated.

The facilities and services outlined in the document were not in place in order to meet the diverse needs of the client group the designated centre is intended to meet.

**Action Required:**

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

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

- The statement of purpose will be updated to ensure that the transparent criteria for admissions are included.
- Future admission to the designated centre will adhere strictly to the organisational Admission and Transfer policy.
- The PIC will be fully involved in all admissions and will ensure consultation with other residents and family members
- The revised statement of purpose will be forwarded to the authority on the 19th March

**Proposed Timescale:** 19/03/2015

### **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 governance and management system was not found to be responsive to the needs of residents or to support the delivery of safe quality care. Responsive appropriate systems to ensure the implementation of personal plans to meet residents' health and social care needs such as; assigned clinical teams; responsiveness to recommendations and prioritisation of the care of residents with complex needs were not fully in place

**Action Required:**

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

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

- Management systems will ensure monthly reviews of all eforms of behaviours that challenge are tracked.
  - Re-occurring incidents will be monitored by the PIC , Designated Officer and the allied health care team to ensure all residents are safe.
- All positive behavioural support plans will be reviewed to ensure they are effective in managing behavioural that challenge.
- Clinical resources including nursing will be assigned as required to all residents.
  - The care of residents with complex needs has been prioritised. One resident has moved to a more appropriate service.

**Proposed Timescale:** 30/03/2015

### **Outcome 16: Use of Resources**

**Theme:** Use of Resources

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

Evidence that there were sufficient resources to fully meet residents needs was not found

**Action Required:**

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

- A full service review commenced on the 9th of February.
- Allied health care professionals will review care plans and assessments as required. This process will begin on the 9th March.
- Care plans will be amended following these meeting. Nursing inputs will be provided on the basis of assessed need.

**Proposed Timescale:** 31/03/2015

### **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 the number and skill mix of staff to ensure staffing were appropriate to meet the assessed needs of residents was not completed.

**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:**

- Full service review has commenced on the 9th of February to include review of staffing levels and skill mix. This review includes an assessment of the requirement for nursing inputs.
- Care planning training will commence on the 6th May.

**Proposed Timescale:** 31/05/2015

**Theme:** Responsive Workforce

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

There were no full time nursing inputs in the centre and a full review of the nursing inputs required to meet residents' needs going forward is needed.

**Action Required:**

Under Regulation 15 (2) you are required to: Ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.

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

- A full service review has commenced as outlined above. Its remit will include assessing the skill mix of the staff team and the requirement for nursing inputs for the current resident profile, based on assessed needs.

**Proposed Timescale:** 31/05/2015

**Theme:** Responsive Workforce

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

The education, training and development opportunities available to staff did not enable them to meet the full needs of residents and additional training in areas such as; assessment and care planning and management of violence and aggression was required.

A training needs analysis which was identified as required following the first inspection of this centre was not completed.

**Action Required:**

Under Regulation 16 (2) (a) you are required to: Make available to staff copies of the Act and any regulations made under it.

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

- The PIC will meet with the Training Manager on the 4th March to complete the training needs analysis and devise a timetable of necessary additional training for all staff, taking into account the assessed support needs of all residents.
- A copy of the Act and the regulations is available in the residence. The Act and

regulations will be presented to staff at the next staff meeting

**Proposed Timescale:** 30/04/2015

### **Outcome 18: Records and documentation**

**Theme:** Use of Information

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

A directory of residents to be established under regulation 19 (1) and containing all of the information specified under Schedule 3 point 3 (a) - (e) and schedule 4 Points 7,8 and 9 was not in place.

**Action Required:**

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 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:**

- A directory of residents is currently being completed within the centre to ensure the information required under schedule 3 is in place.

**Proposed Timescale:** 10/03/2015