

**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-0002389
Centre county:	Co. Dublin
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	Maureen Hefferon
Lead inspector:	Nuala Rafferty
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	6
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, 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 announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
09 December 2014 10:00	09 December 2014 18:00
10 December 2014 08:30	10 December 2014 18:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
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 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was an announced inspection and is part of the assessment of the application for registration by the provider. The inspection took place over two days and as part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, accident logs, policies and procedures and staff files. The views of residents and staff members were also sought.

The nominated person on behalf of the provider and person in charge demonstrated knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centre's for Persons (Children and Adults with Disabilities) Regulations 2013

throughout the inspection process. The fitness of the person in charge was assessed through interview and throughout the inspection process to determine fitness for registration purposes and was found to have satisfactory knowledge of their role and responsibilities under the legislation and sufficient experience and knowledge to provide safe and appropriate care to residents.

The centre was established to provide care for a maximum of six adults at any one time with physical and/or intellectual disabilities who have both nursing and social care needs. The service provides a mix of long term care with short term respite and transitional care.

Some residents and relatives' questionnaire were received by the Authority during and after the inspection. The opinions expressed through the questionnaires indicated they were satisfied with the services and facilities provided.

Ten of the 16 non compliances from the last inspection had been addressed. Those outstanding related to health and social care needs, statement of purpose and risk management. However, although evidence of some good practice was found across all 18 outcomes, on this inspection, 13 outcomes inspected against were found not to be in substantial compliance with the Regulations. As part of the application for registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority).

All documents submitted by the provider for the purposes of application to register were found to be satisfactory. However, two documents one in relation to planning compliance and the other relating to fire compliance remain outstanding and are required to be submitted to the Authority before a recommendation for registration can be made. The documents required are; written confirmation from a properly and suitably qualified person with experience in fire safety design and management that all statutory requirements relating to fire safety and building control have been complied with as required in the registration regulations.

Overall, evidence was found that all residents' social personal and healthcare needs were not being fully met. Residents had access to general practitioner (GP) services and a full time medical officer as part of the overall services provided by St Michael's House Group and there was some access to allied health professionals such as physiotherapy speech and language therapists, however access to other services were limited.

The inspector found there were many aspects of the service that needed major improvement including admission and discharge processes, assessment and review of care needs, care planning and resources.

These findings were brought to the attention of the provider nominee at the conclusion of the registration inspection and a commitment was given by the provider nominee that actions required to address the most urgent findings would be commenced immediately.

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):

No actions were required from the previous inspection.

Findings:

Evidence that residents were consulted with and enabled to participate in decisions about their care and about the organisation of the centre was found on this inspection

Daily routines respected individual choice and preferences such as times for rising or returning to bed. Resident's privacy and dignity was respected through personal care practices, maintaining private communications and contacts with relatives and friends and maximising independence. Locks were available on all bedroom doors and residents were provided with their own key as required. The use of CCTV or other monitoring devices was not required in the centre at this time.

Staff were observed to try to facilitate residents' capacity to exercise personal autonomy and to help residents exercise choice and control in their daily lives in accordance with their preferences. Independence was promoted and encouraged through development and maintenance of life skills.

Systems to safeguard finances were in place and supports to facilitate residents to safely manage their finances were reviewed. It was found that residents' belongings and finances were protected on this inspection. A robust system which involved recording, balancing and auditing three separate account records was in place consisting of an expenditure record, receipts and bank account statements. Each aspect of the three records were reconciled for every lodgement, withdrawal or transaction conducted. These were audited by the person in charge monthly. On a small sample of records viewed they indicated full reconciliation and corroboration of purchases/payments with receipts expenditure records and bank statements.

There was a written operational policy and procedure relating to the making, handling and investigation of written complaints. The procedure identified the nominated person to investigate a complaint and the appeals process. There was a nominated person who held a monitoring role to ensure that all complaints were appropriately responded to and records were kept. It was also noted that residents were facilitated to have access to advocacy services.

The complaints record was viewed and it was found that staff had assisted a number of residents to make complaints. All of the complaints made related to the same issue and dated back to June 2014. The records showed that only one resident was met by the management team to discuss the problem and there was also evidence that additional staff resources were made available to alleviate the problem however, it was also noted that the issue was not resolved and that, although residents continued to verbalise their concerns and upset to staff, the person in charge and management, these complaints had not been resolved and residents level of satisfaction with the limited actions taken to date had not been ascertained.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Evidence that staff were aware of the different communication needs of residents and that systems were in place including external professionals input where necessary, to meet the communication needs of all residents was found.

Several of the current residents had a variety of communication needs, some were non verbal and others had sight and hearing difficulties. Residents identified with verbal communication difficulties were supported and helped to communicate using alternative methods such as expressive body language and picture prompts. Most staff were very familiar with the expressive body language prompts used by some residents to indicate a need, these included crying or shouting to indicate pain or discomfort.

Current regular staff were also able to recognise changes to mood and behaviour which indicate onset of illness or seizures for some residents. A variety of communication aids were used by staff and formed part of the care plans in place for residents such as,

board maker symbols to form a visual timetable and enable residents involvement in their weekly planning meetings. Staff were given training in a core number of hand signals used in the recognised sign language Lámh.

A file containing a large number of pictures depicting various activities such as shopping, swimming and hair dressing were also available and noted to be used by staff as a means of clarifying meaning with residents.

The centre was part of the local community and residents were helped to visit local shops, restaurants and leisure facilities on a regular basis. Those who wished too had access to radio, television, magazines and information on local events. However, although several residents had their own personal phones access to social media in the form of internet, skype or other technology such as tablets or laptops were not available although when brought to her attention the person in charge stated she would look at this as a means of development and promoting residents full capabilities.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Evidence that residents were supported to develop and maintain positive relationships with family and friends was found.

Arrangements were in place for each resident to receive visitors in private without restrictions unless requested by the resident. Good communication systems were in place and families were kept informed of residents' well being and were involved in their personal plans.

In conversation with some family members the inspector was told that they felt well supported by staff to be involved on an ongoing basis in the life of their relative. Residents involvement in activities in the community were supported but this was limited to group activities with other residents or with groups associated with intellectual disabilities and to date there is little involvement with other community based social groupings for individual residents.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

On a sample of those reviewed it was found that each resident had a written contract agreed within a month of admission. The contract set out the services to be provided and all fees were included in the contract. Where additional charges pertained these were also included.

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.

The resident profile of the centre was found to be stable and there were no new or recent admissions however, the policy and processes in place to guide staff on the determination of suitability of prospective residents were not found to be adhered too in all cases and had resulted in an inappropriate placement which had ongoing negative impacts on all residents using the centre over a prolonged period of time.

Evidence included;

- emergency admission for a specific short term period to enable the development of a multi element support plan
- person in charge not provided with all of the information required to make an informed decision on suitability despite having requested the information prior to the admission
- residents not involved or consulted prior to the admission
- interpersonal conflicts resulting in residents living in an atmosphere of heightened tension on an ongoing basis.

Despite ongoing assurances to both residents and staff from the provider that an alternative service provision was being researched and that various alternatives were being explored no effective action to resolve the situation has been taken.

Evidence of this includes;

- multi element support plan with several key recommendations finalised in June 2013 and reviewed in January and June 2014 not implemented
- situation within the centre identified as critical due to deterioration of interpersonal

conflict by psychologist in December 2013

- supports put in place to alleviate the crisis identified as ineffective in June 2014 and urgent action stated to be required
- high safety risks for residents identified.

Judgment:

Non Compliant - Major

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Actions arising from the last inspection were found to be addressed and detailed personal care plans were found to be in place for some assessed needs particularly in relation to communication processes. For example verbal cueing and behaviours were comprehensively assessed with the assistance of families and friends. Tools such as communication aids and signals were then identified to help staff become familiar with each person's means of expressing contentment or distress.

However, despite the efforts of staff to ensure that care plans in place were effective to meet the assessed needs of all residents, evidence that all residents' needs were being fully met and that safe and suitable care was being provided was not found.

Examples include;

- the care and support provided to residents did not reflect their assessed needs and wishes, in particular emotional needs were not being met and residents wishes to transfer to a different form of service were not being realised
- support plans which details the specific needs to be met and the recommendations to meet those needs was not implemented for one resident
- several residents exhibited symptoms of stress and anxiety due to tensions within the home environment but plans or supports to reduce or remove the stressors or therapeutic inputs to alleviate the symptoms were not implemented
- some residents displaying escalating and new forms of behaviours that challenges were not reviewed in a timely manner and were not being managed appropriately

- residents needs for structure and consistency not being met
- positive behavioural support plans not reviewed since april 2014 despite evidence that the plan in place was ineffective.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

Although efforts to provide furnishings, fixtures and fittings which created a personalised comfortable living space that also promoted residents' safety, dignity, independence and well being were noted. The design and layout of the centre was not found to meet the needs of the current resident profile in line with the statement of purpose.

The centre consists of ;

Seven bedrooms, one with full ensuite and one with toilet and wash hand basin ensuite only. One large assisted shower with toilet and wash hand basin; one bathroom with non assisted bath, toilet and wash hand basin. Two sitting rooms large kitchen; small laundry; large office; linen cupboards and storage area. Externally there was a small enclosed garden with safe access and egress raised planter beds and paved seating areas available.

However, although the centre is a very large dormer bungalow with six well appointed rooms for residents, the centre provides services to 10 persons on an ongoing regular basis. The statement of purpose outlines that a maximum of six persons can be accommodated at any one time but throughout the course of each month, the house is used by up to 10 persons. This means that with the exception of 2 full time persons all other bedrooms are shared between two or more people on a weekly or bi weekly basis.

Aspects of the environment and equipment which requires to be reviewed and improved to meet the needs of all residents relate to;

- lack of storage in bedrooms for two or more persons
- inappropriate mattresses and mattresses covers to ensure good infection prevention and control practices
- lack of storage for large items of personal and assistive equipment or seating

- lack of appropriate sluicing equipment for commode inserts and lack of appropriate racking and storage for commode inserts or basins
- lack of sufficient areas of diversion or quiet areas to meet needs of current profile.

Aspects of the centre premises in relation to fire safety were also to be reviewed to ensure they were sufficient in terms of fire detection and containment and this is referenced under outcome 7. Any recommendations arising out of the review will also need to be implemented.

The maintenance both internal and external was found to be of a good overall standard with suitable heating, lighting and ventilation. There was a good standard of hygiene and the centre was found to be visually clean and hygienic. The kitchen was fully operational with sufficient cooking facilities and equipment and was well organised. Appropriate assistive equipment was in place and available for use, service records were found to be up to date and maintenance contracts were in place. Adequate storage was found and corridors were uncluttered and safe for residents mobilising.

Judgment:

Non Compliant - Moderate

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:

Although actions required further to findings of the last inspection under this outcome were addressed on this occasion, further improvements were found to be required.

The actions which were to be addressed included;

- personal evacuation plans specific to each resident were in place
 - an emergency evacuation plan which identified measures to ensure the safe and timely evacuation of all persons in the centre. A revised plan was viewed and included specific guidance to staff such as; alternative accommodation; emergency pack for use
- However, it was also noted that although the fire procedures were revised and a detailed fire evacuation plan was in place, the plan did not identify any back up support for staff in the event of an emergency. This was discussed with the person in charge who agreed that given the profile of residents a back up support strategy whereby staff from a nearby centre could be summoned to assist would be of great benefit to staff and residents. The person in charge commenced arrangements to establish a back up strategy prior to the end of the inspection.
- management of risks associated with residents leaving the centre without staff

knowledge was found to have improved and a specific policy and procedure to guide staff was available

- aspects of the centre premises in relation to fire safety were also required to be reviewed further to the last inspection to ensure they were sufficient in terms of fire detection and containment. It was noted that smoke seals were in place on doors or door frames since the last inspection. A review of the premises was due to be carried out by fire safety engineers on the day immediately following the inspection to determine what if any improvements were required. Any recommendations arising out of the review will also need to be implemented. A copy of the fire safety engineers report should be forwarded to the chief inspector with the action plan response further to this report.

It was found that in general good governance processes and safe practices implemented by the person in charge with staff promoted and protected the health and safety of residents. Processes and procedures in relation to; health and safety and moving and handling, in accordance with an up-to-date health and safety statement; safe evacuation of residents and staff in the event of fire; fire procedure was prominently displayed; there were regular fire drills and fire records included details of fire drills, fire alarm tests and fire safety equipment was found to be serviced on an annual basis.

Improvements to safe and appropriate practices in relation to infection prevention and control were found to be required. Suitable sluicing facilities or decontamination equipment were not available for commode inserts and a specific appropriate cleaning process based on current infection prevention and control principles were not in place to guide staff. Similarly an appropriate cleaning process was not in place for beds and mattresses shared by more than one resident.

Appropriate moving and handling equipment and practices and reasonable measures to prevent and reduce risk of accidents were found to be in place. On review of the accident and incident log however, it was found that there were a high number of incidences of behaviour that challenges and this is further referenced under Outcome 8 in this report.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Actions required further to the last inspection were found to have been substantially progressed although not yet fully completed and all other lines of enquiry under this outcome were reviewed on the last inspection and found to be compliant.

Restrictive measures such as use of lap belts or chair trays were noted to remain in use for some residents, specifically those persons with balance or sitting difficulties who were wheelchair users, bed rails were in use for some other residents. However, a review of these measures was currently being undertaken by the person in charge and had not yet concluded. The review identified some of the alternative measures which were being considered and also showed a reduction in the frequency of the use of some of these measures particularly when residents were at home in the centre.

The use of audio or visual monitors or CCTV was not in place on this visit and there was evidence that staff endeavoured to respect residents' dignity and privacy and were aware of what to do in the event of an allegation, suspicion or disclosure of abuse, including report procedures.

However, the inspector was not assured that residents' privacy dignity and rights were being safeguarded through a positive supportive environment. In conversations with residents who could verbalise, the inspector was told they did not feel safe and were very clear on their reasons for feeling afraid and upset. For those residents who were unable to verbalise the inspector observed they appeared comfortable with staff and but there were occasions when residents were noted to be ill at ease and unsettled. They also exhibited behaviours associated with distress and anxiety including being very upset, tearful and repeatedly asking for reassurance and comfort.

It was also found that there were a very high number of instances where some residents exhibited aspects of behaviour that is challenging towards other residents and staff. These incidences included; shouting; threatening and abusive language; grabbing; slapping; pushing and punching. 38 incidences were found to have occurred in a four months period between August and November 2014. This was found to have increased substantially from the same period last year when there were 22 such instances. In conversation with staff and on review of documentation it was noted that the frequency duration and intensity of the incidences had all increased with clinical support staff such as the clinical psychologist urging urgent action be taken as residents and staff were at high risk due to the nature of the behaviours. As all of these incidences have been found to have had a very negative impact on other residents such that residents were fearful it could be determined that they fall within the definition of abuse.

It was found that the provider and the senior management team were fully aware of the risks associated with the behaviours as staff had consistently reported their concerns but an appropriate or adequate response was not received. The positive support plan to manage these behaviours although reviewed within the 12 month period was not

effective. The plan did not contain specific proactive or reactive strategies as required by the organisations positive support policy. Updated training had not been provided to staff to de escalate or manage the behaviours and training on positive support strategies were not provided to all staff.

Judgment:

Non Compliant - Major

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

An electronic record of all incidents occurring in the designated centre was found to be maintained and where required were notified to the Chief Inspector within the specified time frames. However, a high incidence of behaviour that challenges was found to have occurred in the centre which was not notified to the Chief Inspector.

As a general rule, behaviour that challenges should not be notified as abuse unless it impacts to such an extent on other resident(s) that it clearly falls within the definition of abuse. As all of these incidences have been found to have had a very negative impact on other residents such that residents were fearful, it could be determined that they fall within the definition of abuse.

There should be policies and procedures in place within designated centres (that reflect national guidelines and international best practice) which guide decision making by staff regarding when behaviour that challenges should be considered abuse and therefore notifiable to the Chief Inspector.

Judgment:

Non Compliant - Moderate

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Staff endeavoured to facilitate resident's opportunities for new experiences, social participation. All residents' attended day care facilities four to five days per week. There was evidence that staff facilitated residents' to maintain and develop personal interests within and outside the centre. The capacity of the residents to avail of education or training opportunities was limited due to a combination of cognitive, health and physiological constraints.

Skill development programmes included a literacy development programme which staff tried to support. However, it was noted that further training for staff was required to enable residents develop the skills themselves rather than staff completing the workbooks.

Participation in interests and activities such as arts and crafts music and exercise was primarily through attendance at the day services. Although some residents did avail of the organisations gym facilities for swimming. Others also went horse riding. Access to leisure activities during the week usually included regular trips to the local shops. At weekends the afternoons were spent shopping or bowling or going to the cinema.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Residents 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 meals as appropriate to their ability and preference. Food was properly served and was hot and well presented. Residents were facilitated to enjoy their meals independently, privately and at their own pace, where assistance was required it was offered in a discreet and sensitive manner.

Although there was evidence that some of the health care needs of residents were being met improvements were also found to be required. Access to medical officers and general practitioners were available and to allied health professionals such as speech and language, dietician, physiotherapy and occupational therapy and there were records of the clinical interventions which had taken place. However, access to psychology or social work inputs for all residents who were identified as requiring same due to assessed needs for emotional or behavioural supports was not found to have been provided.

The inspector noted that some of the residents receiving services on a part time weekly or monthly basis were elderly with underlying conditions such as diabetes, dysphagia, epilepsy and breathlessness and staff had found that there had been a deterioration in their ability to manage some activities of daily living such as continence and mobility. However, there were no full time nursing inputs in the centre and although in one instance it was found that a nurse manager had reviewed a care plan in place to manage diabetes a full review of the nursing inputs required to meet residents needs going forward was needed. Regular and ongoing review processes and assessments to maintain health such as; blood pressure monitoring; weight and body mass index monitoring and blood profile reviews needed to be established.

The inspector observed that several residents displayed signs of stress and anxiety such as crying and constantly seeking comfort or reassurance from staff. Although identified as a need by the person in charge and senior staff additional highly skilled clinical staff supports including; nursing; counselling; social work and psychology services to address the interpersonal difficulties pertaining in the centre and to meet residents emotional and behavioural needs were not in place.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

Staff were aware that there was a new operational policy which included the ordering, prescribing, storing and administration of medicines, although a copy of the new policy was not available in the centre. The inspector found that practices regarding drug administration and prescribing had improved since the last inspection.

The practices in relation to ordering, storing and disposal of medication were in line with the policy. There was a safe system in place for the ordering and disposal of medications and the inspector saw records which showed that all medications brought into and out of the centre were checked and recorded. An audit of each resident's medications was completed on a weekly basis by staff; any discrepancies were identified and reported to the service manager by completion of an error form.

The inspector saw that each of the residents had their prescribed medications recently reviewed by a Medical Officer.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

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 was not stated.

However, the statement did not reflect the service being provided in the centre in that 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.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge engaged with the process to determine fitness as part of the inspection and demonstrated sufficient knowledge of the legislation and statutory responsibilities associated with the role. It was found that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis, provided good and consistent leadership to staff, support to families and was clearly resident focused. The person in charge was also supported in her role by a senior services manager who was familiar with staff and residents

The service manager and person in charge met regularly to discuss the service provision budgets and resources for the centre.

However, evidence that management systems were sufficient to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored was not found. Due to financial budgetary constraints staffing resources were primarily limited to replacement of staff although additional hours were provided in the evenings and at weekends, this was primarily to manage the tensions within the household by taking residents out of the home environment.

It was also evident that there were limitations to the supports in place to facilitate the purpose and function of the designated centre. Systems were not established and in place to monitor risk and quality of care. It was noted that this centre forms part of a

larger service provider with a complex management structure and clinical supports. However, the system was not found to be responsive to the needs of residents and supporting the delivery of safe quality care. Evidence of failures to meet residents needs have already been outlined under outcomes 5, 8 and 11.

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 in place. An annual review of the quality and safety of care in the designated centre had not yet been conducted although a report on a six month quality review by the service manager was carried out

As part of the application for renewal of registration, the provider was requested to submit relevant documentation to the Authority. All documents submitted by the provider for the purposes of application to register were found to be satisfactory. However, two documents one in relation to planning compliance and the other relating to fire compliance remain outstanding and are required to be submitted to the Authority before a recommendation for registration can be made by the inspector.

Judgment:

Non Compliant - Major

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The Chief Inspector was notified of the absence of the person in charge of the centre to date, and the inspector was satisfied that arrangements were in place for the management of the centre during her absence. As part of the application to register the provider has clearly nominated the clinical nurse manager in post at the centre as a deputy should the need arise. The inspector conducted an interview during the inspection and the nominated person demonstrated a good clinical knowledge of residents' and had the required experience and qualifications to manage the centre in the absence of the person in charge.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

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

Examples of this include;

- as outlined under premises Outcome 6 the facilities and services did not reflect the service provision outlined in the statement of purpose.
- care and support provided to residents did not reflect their assessed needs and wishes
- residents wishes to transfer to a different form of service were not being realised
- no nursing inputs were available in the centre yet there were some residents with deteriorating health and aging profile
- additional highly skilled clinical staff supports including; nursing; counselling; social work and psychology services to address the interpersonal difficulties pertaining in the centre and to meet residents emotional and behavioural needs were not in place
- as outlined under Outcome 13 the facilities and services outlined in the statement of purpose were not in place in order to meet the diverse needs of the client group the designated centre is intended to meet
- as outlined under Outcome 14 systems were not established and in place to monitor risk and quality of care
- clear plans were not in place, which took account of funding and resources available to in order to ensure the provision of safe effective residential services and demonstrate an understanding of the level of need which require to be met now and into the future.

for review.. and completion..

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):

No actions were required from the previous inspection.

Findings:

Evidence that the numbers and skill mix of staff were appropriate to meet the assessed needs of residents was not found. Although respectful and attentive interactions were observed between staff and residents and it was noted that staff provided ongoing reassurance to residents, sufficient staff to provide a safe care environment for residents were not always available.

All of the residents in the centre have an intellectual disability. Interpersonal relationships within the centre have broken down between a number of residents. This had resulted in a very tense and dysfunctional atmosphere which did not enable staff to foster and develop a supportive living environment.

Emotional and behavioural needs associated with jealousy, inability to share, attention seeking, high anxiety levels and poor anger management within the client group had been identified. These needs required a high level of skilled support and some residents had been identified as requiring one to one supports on a regular basis but these were not in place. Although additional care hours were provided to facilitate residents going out into the community in the evenings thereby reducing the opportunity for negative interpersonal interactions this had not always been effective and on recent occasions staff had to bring residents out of the centre under protest for several hours for their safety. On other occasions residents had to return and remain in their rooms for safety reasons.

In addition 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 was needed.

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; positive behaviour supports and management of violence and aggression was urgently required. A training needs analysis which was identified as required following the last inspection was compiled by the person in charge but not yet implemented. An assessment of competency of staff following training delivered should also be considered.

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

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

No actions were required from the previous inspection.

Findings:

In a sample of those reviewed it was found that general records as required under Schedule 4 of the Regulations were maintained including key records such as the statement of purpose and function, resident's guide, and notifications as required under Regulation 31.

Records were maintained in respect of accident and incidents, nursing and medical records and improvements further to the last inspection were found to have been made with documentation of reviews and recommendations by clinicians now retained in the centre. However, it was found that 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.

All of the policies required to be maintained under Regulation 4 and listed in Schedule 5 were not available, including policies to guide staff on;

- use of restrictive practices
- risk management
- access to training development and education
- monitoring and documentation of nutritional intake
- the creation of, access to, retention of, maintenance of and destruction of records
- policies to guide staff on aspects of clinical care specific to the resident profile are also required.

Judgment:

Non Compliant - Moderate

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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 report¹

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002389
Date of Inspection:	09 and 10 December 2014
Date of response:	20 January 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:

Evidence that measures were put in place to respond to the complaints made was not available.

Action Required:

Under Regulation 34 (2) (e) you are required to: Put in place any measures required for

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

improvement in response to a complaint.

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

- Additional staffing to facilitate other residents was agreed and put in place in response to the complaint.
- The need for alternative accommodation for one resident has been raised with the HSE since June 2013.
- On the 10th December 2014 the Provider Nominee and the Person in Charge (PIC) presented an Immediate Action Plan to the HIQA inspector in relation to the complaint.
- On the 11th December an Interim Action Plan was submitted to the Chief Inspector to address the complaint.
- Details of further actions undertaken are included in the Interim Action Plan.
- A further Action Plan was submitted to the Inspector on 9th January 15.

Proposed Timescale: 09/01/2015

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 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 Provider Nominee met four residents on the 4th of November 14 in relation to their complaint.
- Assurance was given that their complaint was reviewed and was being addressed.
- Following relocation of the resident, relevant healthcare professionals will ascertain residents' satisfaction with the outcome of their complaint.

Proposed Timescale: 31/03/2015

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:

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.

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:

- Future admissions to the designated centre will adhere strictly to the organisations Admission and Transfer Policy.
- The PIC will amend the Statement of Purpose to include transparent criteria for future admissions to the designated centre. This will form part of the comprehensive review of the designated centre and will be completed by 31st July 2015.

Proposed Timescale: 31/07/2015

Theme: Effective Services

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

Policy and processes in place to guide staff on the determination of suitability of prospective residents were not found to be adhered too in all cases and have resulted in an inappropriate placement which had ongoing negative impacts on all residents using the centre over a prolonged period of time.

Action Required:

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

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

- A full assessment of need will be carried out prior to future admissions to the designated centre.
- A consultation process with current residents will be developed in relation to future admissions.
- As part of an overall review of the designated centre to be carried out over a six month period between February and July 2015 the PIC will review the Statement of Purpose in relation to the admissions criteria.

Proposed Timescale: 31/07/2015

Outcome 05: Social Care Needs

Theme: Effective Services

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

One of the residents who exhibit behaviour that may challenge was placed in this service in June 2013 on a 3-month temporary placement. The resident was reviewed in June 2014, the health care professional that carried out the review documented that the behavioural supports in place were not effective and recommended an urgent transfer to a more suitable setting. This transfer had not taken place and while the residents behavioural support plan was reviewed in November 2014 no change had taken place in behavioural supports that were effective. This was having a negative impact on this and other residents living in the centre.

Action Required:

Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

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

- The resident will be offered alternative accommodation.
- The Provider Nominee will inform the HSE of additional funding required for alternative accommodation for the resident.
- The PIC and relevant healthcare professionals will review the assessed needs of each resident in February and March 2015.
- Residents will be supported to access the National Advocacy Service.

Proposed Timescale: 31/03/2015**Theme:** Effective Services**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The assessed needs of residents were not being met. Residents informed the inspector that they were afraid of another resident's behaviour and were exhibiting symptoms of stress. Staff informed the inspector that the system in place required them to move residents away from the resident exhibiting the behaviour due to risk of injury. Documentation reviewed showed that the behaviours exhibited included both verbal and physical aggression and this posed a risk to residents' and staffs' health and well being

Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

- A resident will move from the designated centre by 31st January 2015.
- Following relocation of the resident the PIC will review residents' wellbeing assessments to ensure that all residents' needs are being met. Dates have been set in 2015 for those residents who have completed a wellbeing review in 2014. Wellbeing review meetings will be arranged for residents who do not currently have one by 31st April 2015.
- Relevant healthcare professionals connected with the designated centre will support this process.
- The PIC and the Designated Officer met on the 18th Dec 2014 to review related documentation. Recommendations following this review will be implemented.
- The Provider Nominee wrote to the PIC in December 2014 and will meet the staff team and residents in response to the situation in January 2015.

Proposed Timescale: 30/04/2015**Theme:** Effective Services

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

Some plans in place were not effective and were not reviewed in a timely manner to take account of changes to residents behaviour

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:

- The positive behaviour support plan of the resident was reviewed on the 15th of December 2015 and updated.
- Additional reactive strategies were included.
- The PIC and relevant allied healthcare professionals will review personal plans of all residents in the course of February and March 2015.

Proposed Timescale: 31/03/2015

Theme: Effective Services

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

The designated centre was not suited to fully meet the assessed needs of residents in terms of areas of diversion or quiet areas

Action Required:

Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

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

Following relocation of one resident the designated centre will meet the assessed need of the residents in terms of diversion and quiet areas.

Proposed Timescale: 31/01/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The design and layout of the centre was not found to meet the needs of the current resident profile in line with the Statement of purpose

Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

- A review of the service will be carried out to address aspects of care and facilities related to the timeshare model of the designated centre. This will begin in February 2015 and will be completed by the end of July 2015.
- As part of this process the PIC will amend the Statement of Purpose in line with the service provided in the designated centre.

Proposed Timescale: 31/07/2015

Theme: Effective Services

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

Adequate private and communal accommodation was not available for residents including adequate social, recreational and private accommodation. Suitable or sufficient storage was not available for large items of equipment to meet residents mobility or seating needs

Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

- Two communal sitting rooms, one large and one medium sized, are available and accessible to all residents.
- Additional storage will be made available to store larger items of equipment when not in use. This additional storage is in the shed to the rear of the designated centre. It is watertight and has been deemed suitable. The PIC has requested a ramp be built for ease of access. A schedule of works will be forwarded to the PIC by the Technical services department by 23rd January 2015. Works will be carried out as a matter of priority.

Proposed Timescale: 31/03/2015

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;
;appropriate sluicing equipment for commode inserts and lack of appropriate racking and storage for commode inserts or basins.

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:

- The PIC and the organisation Infection Control Nurse met on 6th January 2015 and reviewed the current system of infection prevention and control practices.
- Recommendations following this review will be implemented.
- Appropriated mattresses and covers will be purchased.
- A washable commode that will fit above the toilet will be purchased and will eliminate the need for sluicing equipment as per infection control guidelines.
- The PIC met the Occupational Therapist on 7th January in relation to assistive equipment, aids and appliances to support the full capabilities and independence of residents. Recommendations made by the Occupational Therapist will be implemented.

Proposed Timescale: 28/02/2015

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:

A risk management policy which included the measures in place to control risks was not available in the centre.

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 Risk Management Policy is in place and available in the designated centre.

Proposed Timescale: 09/01/2015

Theme: Effective Services

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

A risk management policy was not available in the centre to guide staff on the identification and assessment of risks.

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 Risk Management Policy includes hazard identification and assessment of risks throughout the designated centre. This is now available to guide staff.

Proposed Timescale: 09/01/2015

Theme: Effective Services

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

A risk management policy which included the arrangements for identification, recording, investigation and learning from serious incidents was not available in the centre.

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:

- The Risk Management Policy includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents. This is now available and implemented in the designated centre.

Proposed Timescale: 09/01/2015

Theme: Effective Services

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

Suitable cleaning processes to ensure good infection and prevention were not in place

Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

- The PIC and the Infection Control Nurse met on the 6th January 2015 to review the cleaning processes in the designated centre. Amendments to ensure best practice have been made and implemented.
- The PIC has updated the cleaning programme of the centre to meet regulations.
- The PIC has requested Infection Control Nurse to carry out a hygiene audit of the designated centre.

Proposed Timescale: 28/02/2015

Theme: Effective Services

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

Provide the chief inspector with the report of the review of fire precautions and

implement any recommendations made

Action Required:

Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

- An external Fire Safety Engineer held a review of fire precautions on the 11th December 2014 in the designated.
- No outstanding concerns have been reported by the Fire Safety Engineer to the PIC.
- The external Fire Safety Engineer's report will be forwarded to the Chief Inspector.

Proposed Timescale: 31/01/2015

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 were not provided with training in positive behaviour support strategies

Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

- All staff members in the designated centre will be trained in positive behaviour support in 2015.
- Training for three staff in positive behaviour support will begin in February 2015.

Proposed Timescale: 31/12/2015

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:

- Following relocation of the resident the PIC will, in consultation with relevant allied healthcare professionals, discuss the need for enhanced training in the management of behaviour that is challenging, including de-escalation and intervention techniques.

Proposed Timescale: 28/02/2015

Theme: Safe Services

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

Therapeutic supports to manage symptoms of stress and supports to prevent and reduce the incidence of the behaviours were not provided

Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

- The Senior Clinical Psychologist held individual meetings with three residents between 9th and 17th December 14 to address emotional needs.
- Two further individual meetings are planned for 12th and 13th January 15 with residents.
- As of 15th December 14 clear guidelines are in place in respect for four residents who do not communicate verbally.
- The Senior Clinical Psychologist met the resident in question on a fortnightly basis throughout 2014 and this will continue in 2015.
- One resident has been referred to an external counsellor for support, which will begin on 14th Jan 2015.
- The Senior Clinical Psychologist will forward to the PIC, with residents agreement, records of all formal and informal supports provided in the designated centre in the course of 2014.

Proposed Timescale: 31/01/2015

Theme: Safe Services

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

Adequate measures were not in 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:

- In 2014 all staff in the designated centre completed Safeguarding Service Users Training in the prevention of and protection from abuse.
- A resident that displays high levels of challenging behaviour will move from the designated centre by 31st January 2015.
- The PIC and the Designated Officer met on the 18th December 2014.
- All incidents of challenging behaviour in the designated centre were reviewed.

- The Designated Officer compiled a report and recommendations made will be implemented as a result.
- In the event of high levels of challenging behaviour that could be considered abusive the PIC will report the incidents to the Chief Inspector as per the regulations.

Proposed Timescale: 31/01/2015

Outcome 09: Notification of Incidents

Theme: Safe Services

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

A high incidence of behaviour that challenges was found to have occurred in the centre which was not notified to the Chief Inspector.

As all of these incidences have been found to have had a very negative impact on other residents such that residents were fearful, it could be determined that they fall within the definition of abuse.

Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

- The PIC and PPIM will notify the designated person where they are of the opinion that the challenging behaviour incidents could constitute abuse.

Proposed Timescale: 01/01/2015

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 staff supports including; nursing; counselling; social work and psychology services to address the interpersonal difficulties pertaining in the centre and to meet residents emotional and 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:

- Allied healthcare professionals connected with the designated centre will assess and review residents' emotional and behavioural needs and provide support accordingly in the course of February and March 2015..

- The PIC will arrange the review of each resident's care plan to identify the needs for services of allied health professionals (nursing, counselling, social work and psychology) and make referral as appropriate. This process will begin in February 2015 and be completed by 31st March 2015.
- Positive behaviour support plans that are currently in place for five other residents will be reviewed by the Senior Psychologist attached to the designated centre in April (one person), June (two people) and September (two people) 2015. Review dates are included on current positive behaviour support guidelines.
- A Social Worker has been assigned to support the designated centre.

Proposed Timescale: 31/03/2015

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 was 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 (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 PIC and the Provider Nominee will review and revise the statement of purpose in line with regulations. This will form part of the comprehensive review of the designated centre, which will begin in February 2015 and will be completed by 31st July 2015.

Proposed Timescale: 31/07/2015

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:

Two documents one in relation to planning compliance and the other relating to fire compliance remain outstanding

Action Required:

Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to: Provide all documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

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

- The two documents in relation to planning compliance and fire compliance will be forwarded to the Chief Inspector.

Proposed Timescale: 31/01/2015

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 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:

- One resident will move from the designated centre by 31st January 2015.
- Following review of all assessments and care plans of remaining residents, access to clinical services will be arranged. These reviews will begin in February 2015 and be completed by 31st March 2015.
- All future admissions will be in line with the Statement of Purpose.

Proposed Timescale: 31/03/2015

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:

- The PIC and the PPIM, in consultation with residents and their family members, will carry out a full and comprehensive review of the designated centre.
- The service review will examine the assessed needs of the current residents along with relevant allied healthcare professionals and will ensure that there are sufficient recourses to meet the needs of residents.
- Planning for this review will begin in February 2015 and the process will be completed within six months by 31st July 2015.

Proposed Timescale: 31/07/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Evidence that the numbers and skill mix of staff were appropriate to meet the assessed needs of residents was not found.

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:

- Additional staff have been allocated to the designated centre to meet the current assessed needs of all residents.
- 140 additional staff hours have been added to the roster.
- The PIC and the Provider Nominee will review staff resources and skill mix of the designated centre. This will form part of the overall review of the designated centre, which will begin in February and will be completed by 31st July 2015.

Proposed Timescale: 31/07/2015

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:

- The PIC will arrange a full review of nursing inputs required to meet resident's needs going forward.

Proposed Timescale: 31/03/2015

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; positive behaviour supports and management of violence and aggression is urgently required.

A training needs analysis which was identified as required following the last inspection but not yet implemented.

Action Required:

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

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

- The PIC will meet the Training Manager in February 2015 to plan the implementation of the staff training needs analysis.
- All staff within the designated centre received Assessment and Care Planning briefings from the Nurse Manager between October and November 2014.
- The PIC attended a briefing on the implementation of the Assessment of Need and Support Plan in the designated centre on November 3rd 2014.
- The organisation has established a working group to review the Personal Planning System, which will work towards developing a new comprehensive system.
- It is proposed that training for this new system will be scheduled for late 2015 and will be rolled out to all frontline staff.
- Three staff members will begin positive behaviour support training in February 2015. The remaining staff will complete this training by the end of 2015.

Proposed Timescale: 31/12/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

All of the written policies and procedures required under Regulation 4 and listed in Schedule 5 were not in place

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:

- All Policies and Procedures required under the regulations and listed in Schedule 5 are now available in the designated centre.

Proposed Timescale: 09/01/2015

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:

- The Registered Provider will update the directory of residents in line with Schedule 3 and points 7,8 and 9 in Schedule 4 as per the regulations.

Proposed Timescale: 28/02/2015