<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Michael's House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002365</td>
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<tr>
<td>Centre county:</td>
<td>Dublin 5</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>St Michael's House</td>
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<tr>
<td>Provider Nominee:</td>
<td>John Birthistle</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sheila McKevitt</td>
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<tr>
<td>Support inspector(s):</td>
<td>Jim Kee</td>
</tr>
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</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>5</td>
</tr>
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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: 03 March 2015 10:00
To: 03 March 2015 17:30

From: 04 March 2015 10:30
To: 04 March 2015 15:30

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

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<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tr>
<td>Outcome 02: Communication</td>
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<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 10. General Welfare and Development</td>
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<td>Outcome 11. Healthcare Needs</td>
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<td>Outcome 12. Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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Summary of findings from this inspection

This was an announced inspection and formed part of the assessment of the application for registration by the provider. This was the second inspection of the centre and this inspection took place over two days. The centre can accommodate six residents, and this is the maximum number of residents stated in the registration application. There was one vacancy at the time of inspection. As part of the inspection process, inspectors observed practices, and reviewed relevant documentation including care plans, medical records, incident logs, policies and procedures and staff files. Inspectors also met with residents and staff.

The centre forms part of the St. Michaels House organisation and provides care and
support to adults with intellectual and physical disabilities. Relatives' questionnaires were distributed to the centre by the Authority and those completed by relatives expressed satisfaction with the care and support provided and residents spoken with also expressed satisfaction with the services and facilities provided.

The fitness of the person in charge was assessed throughout the inspection to determine fitness for registration purposes. He completed an interview relating to fitness and was found to have satisfactory knowledge of his role and responsibilities under legislation and sufficient experience and knowledge to provide safe and appropriate care to residents. The fitness of the nominated person on behalf of the provider was also considered as part of this process.

Inspectors found evidence of good practice across all outcomes, and management had addressed all but one of the actions required from the last inspection in May 2014, relating to the statement of purpose. 8 of the 18 outcomes inspected against on this inspection were deemed to be in compliance with the Regulations. Major non compliances were identified in relation to residents' rights and consultation, and in relation to admissions, due to residents' wishes not being considered in the admissions process and lack of transparency in the admissions process itself. Major non compliance was also found in relation to health and safety and risk management due to issues with servicing the fire alarm system, and maintaining the emergency lighting system. The fourth major non compliance related to outstanding documentation required for registration, one in relation to planning compliance and the other relating to fire compliance.

Moderate non compliances were found in relation to issues with the premises, records and documentation, and in medication management practice. Improvements were also required in clinical care planning and assessments for the use of bed rails. The statement of purpose requires revision to comply with the regulations.

The action plans at the end of this report identifies the ten outcomes under which improvements are required.
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:
Residents’ were consulted with and participated in decisions about their day to day care. They were provided with information about their rights and each resident’s right to privacy and dignity was respected. However, inspectors were concerned that residents’ voices were not being heard and their rights were not being respected at all times. This was of particular concern as the two residents who were not being heard were the only two residents who could verbalise their feelings and were the least vulnerable of the five residents’ living in the house.

Inspectors found residents’ were consulted with regarding a respite resident being admitted to the house for a second time. Two residents’ told the person in charge that they did not want this respite resident in their home. Their response was communicated by the person in charge to the social work department, subsequently a member of the department visited the centre to interview both residents, in the course of this interview one resident clearly outlined why he did not want the respite resident returning to the house, no actions were taken to address the issues highlighted by this resident prior to the respite resident being admitted the following day. The admission of this resident lead to negative outcomes for residents which are discussed further under Outcome 4.

Residents met weekly and planned their daily evening meal; each of the five residents selected a meal of their choice for an evening of the week ahead. They also discussed and planned group and individual activities, appointments and personal plans for the week and weekend ahead. Visits to and from family homes and pre-arranged visitors/friends calling to centre were also discussed at these meetings. There was a private visitor’s room where residents could receive visitors in private.
Some residents answered the front door to their home. All residents had a key for the front door and each could lock their bedroom door. The bathroom/shower room doors had privacy locks in place. All windows had blinds and curtains in place.

A copy of the charter of rights published by the National Advocacy Committee was available in the centre and a brochure containing contact details was on display in the kitchen. A representative from the National Advocacy Committee had attended a house meeting and informed residents and staff about the service.

Residents' told inspectors they had choice and retained autonomy of their own life. Inspectors met all five residents' over the two day inspection. Residents’ said they were free to make choices about their daily routine and when needed were facilitated by staff. For example, two residents were attending a local palates class, a staff member was facilitating them to do so by attending the weekly class with them.

There was a policy and procedure for the management of residents monies by staff and a procedure on personal possessions. There were clear, concise records and receipts to reflect the individuals outgoing and incoming cash. Safe and secure storage was available. The process in place reflected the policy. Residents who were all unable to manage their finances independently were facilitated by staff to do so. Staff encouraged and taught residents how to be independent with their finances. For example, one resident was learning how to use a bank debit card.

There was a complaints policy in place. It was accessible in a pictorial format readable to residents, a copy was posted on the residents' notice board and a copy was included in the residents guide. The written complaints policy had been updated since the last inspection and it now met the legislative requirements. There were no complaints to date in the centre.

Judgment:
Non Compliant - Major

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:
Residents’ communication needs were met.

Residents had their communication needs outlined in their assessment. Those with
specific communication needs had guidelines in place. The inspector saw evidence that these residents' had input from multi-disciplinary team members and this input had lead to additional communication aids being developed and made available to residents with communication needs. For example, one non verbal resident was now communicating using an app which his key worker and sourced and downloaded onto an ipad also sourced and purchased on behalf of the resident. The resident demonstrated how he used the app to communicate with confidence and ability.

Staff were observed communicating with all five residents in a kind, patient and sensitive manner. They appeared to know the mannerisms and means of communication of non-verbal residents' well and had no difficulty in interpreting what they were saying.

Residents' had access to personal and communal televisions in the house, music systems, radios and musical instruments of their choice. Two residents' had been facilitated to access internet services. Some pictorial leaflets were available for residents' with communication needs to assist them with choosing their preferred activities in the local area. The latest local area news letter was also available to them. All information relevant to residents such as the complaints policy, different meals, fruit, drinks were all available in pictorial format and accessible to them.

Residents had access to two portable house telephones which inspectors observed them using throughout the inspection and some residents had their own mobile telephones.

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:
Residents were supported to develop and maintain personal relationships and links with the wider community. Inspectors observed that positive relationships between residents and their family members were supported.

Questionnaires returned by family members contained very positive feedback regarding the centre and staff, and highlighted satisfaction at the level of communication between family members and staff. The centre had a visitor's policy in place that was well displayed and promoted an 'open house' policy regarding visitors. Residents confirmed that they could receive visitors in private, and the centre had ample communal space on
the ground floor to facilitate private visits.

Residents were involved in activities in the wider community. One resident volunteered at a local mother and toddler group on a regular basis. Two of the residents attended Pilate's classes once every week, and one resident enjoyed watching matches at the local GAA club.

**Judgment:**
Compliant

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**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:**
Residents had an agreed written contract including details of the service to be provided and the fees to be charged.

There was an admissions policy in place. However, it did not differentiate between long term and respite admissions, and the policy was not being adhered to by senior management. It stated that the residents were to be consulted regarding new admissions and that the person in charge was involved in all decisions regarding admissions. However, inspectors found that a respite admission had been admitted to the centre despite concerns being raised by residents and the person in charge. Further investigation revealed that a recent respite admission had not been fully assessed and the support available in the centre was not suitable to meet the respite residents needs resulting in the resident being moved to a second facility within a short time frame.

**Judgment:**
Non Compliant - Major

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**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:
Residents' wellbeing and welfare was maintained. Residents now had comprehensive assessments completed and personal social care plans in place.

Two residents' showed the inspectors their personal files and informed them that they and their key worker from the day care facility and the centre had been involved in the completion of this assessment. The assessment reflected the residents' interests and preferences and outlined how staff could assist the resident to maximise individual abilities and opportunities to participate in meaningful activities. All assessments' had been reviewed within the past year.

Each resident had a corresponding outcome based personal plan which outlined three personal outcome based goals set in the middle of 2014. For example, one resident had a goal to travel abroad, this resident told inspectors she had gone to London in December 2014 and she told inspectors all about her trip. Inspectors were satisfied that residents were receiving sufficient support from staff to achieve their personal goals within the year time frame set.

Inspectors noted that residents' with clinical care needs did not always have a clinical care plan in place to reflect each of these needs. For example, one resident had bed rails in place and did not have a care plan to reflect there use.

All five residents attended day care centres. The staff within the centre promoted residents independence. They assisted residents' in accessing activities in the locality. For example, one resident explained to inspectors how she enjoyed going out for coffee in the local village.

Judgment:
Substantially Compliant

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:
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The location, design and layout of the centre are suitable for its stated purpose and generally meet residents individual and collective needs. Some parts of the centre had been redecorated, and new flooring had been fitted in some communal areas since the last inspection. Inspectors observed that residents were very much at home in the centre. However, some parts of the centre required maintenance work, deep cleaning, and improvements to make certain rooms more homely.

The centre is an end of terrace two storey house with ample car parking at the front of the house, a small garden at the side and further garden space at the back. The premises had suitable heating, lighting and ventilation. The communal space on the ground floor includes a large kitchen/dining area with ample cooking facilities and a large bright airy sitting room, with comfortable furnishings and patio doors to a patio area in the back garden which contained outdoor seating. There was also another smaller private sitting room downstairs. A small utility area was also located on the ground floor where residents could do their own laundry if they wished. Inspectors observed that certain parts of the centre required deep cleaning particularly internal doors, radiators, tiled areas of bathrooms and the removal of cobwebs which were visible around some of the ceiling fire sensors.

There were two bathrooms on the ground floor, the smaller of which required new assistive hand rails, and inspectors were shown documents verifying that replacements had been ordered. The large bathroom on the ground floor contained a bath and a separate assisted shower. This bathroom also contained a piece of equipment to enable one resident to stand and staff reported that this piece of equipment was currently not in use as it was waiting to be serviced. On the whole this bathroom was very clinical in nature, dark and requires some upgrade to make it more homely for residents. There was one bathroom located upstairs in the centre, but at the time of inspection the bath could not be used for showering as there was no appropriate screen/curtain or shower rail.

Each of the five residents currently residing in the centre had their own bedroom, and the bedrooms observed by inspectors were personalised and contained ample storage and suitable furnishings. There was one vacant bedroom downstairs that required redecoration.

The staff bedroom had en suite facilities and was also used as an office.

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:
Inspectors found that there were policies and procedures in place for risk management, emergency planning and health and safety within the centre. The only area of concern for inspectors was the frequency of maintenance of the fire alarm and the emergency lighting, and the associated impact on the safety of residents, visitors and staff.

Inspectors observed that fire evacuation plans in pictorial format were displayed in the centre. Fire risk assessments had been carried out, and staff had attended a fire safety course within the last year. Fire drills involving all the residents were carried out on a regular basis and residents were kept alert to fire procedures using quizzes at resident meetings. Personal evacuation plans were in place for all five residents. The centre had an emergency plan, which was also available in pictorial format and outlined procedures to be followed in the event of loss of electricity, heating or water, fire or flood. An emergency pack was stored in the hall near the front door. The fire extinguishers and fire blanket had been serviced in the last year, and the fire alarm although recently inspected had only been checked once in 2014 according to records maintained in the centre. The emergency lighting within the centre had no recorded routine servicing since January 2014.

There was a comprehensive risk management policy available in the centre which covered training, hazard identification and risk assessment. Risk assessment forms had been completed in a number of areas including housekeeping, manual handling, fire prevention, electricity, access and egress from the centre, clinical waste and the use of assistive equipment. The health and safety statement had been updated in November 2014.

Missing persons guidelines detailed the procedures to be followed relating to incidents where a resident goes missing.

Staff had completed manual handling training.

Judgment:
Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There were measures in place to protect residents being harmed or suffering abuse. All staff currently working in the centre had up to date safe guarding training. One staff member currently on leave was awaiting further training. Staff members were observed to treat all residents with warmth and respect. Intimate care plans were in place for residents.

There was a detailed policy in place for the provision of positive behavioural support, and staff were scheduled to receive further FETAC level five training on positive behavioural support in the coming months. One resident occasionally exhibited challenging behaviour, and there were behaviour guidelines, and an accompanying management and prevention strategy in place. Staff were familiar with de-escalation and intervention techniques, and of potential triggers for this challenging behaviour. However, these triggers were not identified in the prevention strategy currently in place for this resident.

Restrictive practices were confined to the use of a lap strap and bed rails for one resident in this centre. The resident had been assessed for the use of these bed rails but there was no evidence of any alternatives having being trialled.

**Judgment:**
Substantially Compliant

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**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:**
A record of all incidents occurring in the designated centre was maintained and, where required notified to the chief inspector. The person in charge had knowledge of their statutory responsibilities regarding notifications.

**Judgment:**
Compliant

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

**Findings:**
Resident’s opportunities for new experiences, social participation, education and training were facilitated and supported by staff.

All five residents' attended day care facilities 3 - 5 days per week. Two residents' worked part-time in the local area. Each of the residents had their own weekly activity schedule which including personal development within the house such as, the buying of food from a supermarket, the preparation meals, housework/chores, sorting and attending to washing of personal clothing.

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

**Findings:**
The health care needs of residents were being met.
Inspectors reviewed three residents’ files and saw evidence that they were facilitated to access their General Practitioner (GP) and to seek appropriate treatment and therapies from health care professionals when required. Completed referral forms were available for review in residents’ files and written evidence of relevant reviews were also available. For example, one resident explained how she had recently being assessed for new shoes which she had received and was now breaking in.

One resident spoken with told the inspector they had a choice of food. Staff did most of the cooking, but as mentioned under Outcome 10 residents’ often assisted with the shopping and the preparation of meals. A resident told the inspector they planned the weekly evening meal menu, each resident choose an evening meal. Pictures of the meal were then posted on a notice board beside the week day, so resident could see what was for dinner. The inspector saw that residents’ had access to adequate quantities and a good variety of nutritious food to meet their dietary needs. Staff had a good knowledge of the different food consistency required by the residents’ and inspectors saw their knowledge was reflected in the resident individual assessment records. Snacks were available and staff refresher food hygiene training was scheduled for all staff.

One resident who had swallowing difficulties had been assessed by the speech and language therapist and staff were adhering to recommendations made post the assessment. Information about this residents required food consistency were posted in a discreet manner within the kitchen.

Judgment:
Compliant

<table>
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<td>Each resident is protected by the designated centres policies and procedures for medication management.</td>
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<td>Health and Development</td>
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<table>
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<th>Outstanding requirement(s) from previous inspection(s):</th>
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<tbody>
<tr>
<td>The action(s) required from the previous inspection were satisfactorily implemented.</td>
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Findings:
Inspectors found that there were written operational policies in place in the centre relating to the ordering, prescribing, storage and administration of medicines to residents. There was no system within the centre for reviewing and monitoring safe medication practices, or for reviewing medication errors. Out of date medicines were not appropriately segregated from other medicines, and staff were not consistently indicating the date on which certain prescribed liquids or creams had been opened.

In addition medicines were stored securely in a locked cupboard in the kitchen however,
the storage of medicines in the kitchen is not acceptable practice. Inspectors advised
the person in charge that this was not a suitable location to store medicines. A separate
fridge with secure access was used to store any medication or prescribed nutritional
supplements that required refrigeration. Inspectors found an out of date medicine
stored with a residents medicines, and a prescribed liquid and cream which had no date
of opening marked on the packaging. The nutritional supplements stored in the fridge
had the date of opening recorded on the bottles.

Medicines were supplied by a local community pharmacy in a monitored dosage system,
that consisted of individual 'pods'. The person in charge had developed and
implemented a local policy that outlined detailed practical procedures to be followed by
staff regarding the use of this system. This policy was used in addition to the
organisation's safe administration of medication (SAM) policy which had been reviewed
in January 2015. All medicines received from the pharmacy were checked by staff, and
drug audit records were maintained for all medicines. However, these audits only
checked for discrepancies in the quantities of medicines, and did not include any
monitoring of medication management practices.

Inspectors reviewed a sample of medication prescription and administration sheets.
Guidelines for PRN (as required) medicines were in place.

Staff spoken to during the inspection outlined the procedure for dealing with medication
errors. All errors were recorded on specific drug error forms and submitted to the
organisation's head office. There was no system in place in the centre itself to review
medication errors as part of a comprehensive medication management audit.

**Judgment:**
Non Compliant - Moderate

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**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:**
A copy of the statement of purpose had been submitted to the Authority and was
reviewed prior to the inspection. It included the details of all the facilities and services
provided. It contained the majority of information outlined in Schedule 1 of the Health
Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and
Children) with Disabilities) Regulations 2013. However, some additional information was required. For example, it did not outline the procedure in the centre to address complaints.

A copy of the statement of purpose had not been made available to the residents and their representatives as it had not been finalised. The inspection saw that a copy of the statement of purpose was clearly on display in the front foyer.

**Judgment:**
Substantially Compliant

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

**Findings:**
There was a clearly defined management structure that identified the lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced social care worker with authority, accountability and responsibility for the provision of the service. He was the named person in charge, employed full time to manage the centre and a second centre located next door. The inspector observed that the person in charge was involved in the governance, operational management and administration of the centre on a consistent basis. He had a good knowledge and understanding of the residents' and they appeared to know him well.

During the inspection the person in charge demonstrated sufficient knowledge of the legislation and of his statutory responsibilities. Records confirmed that he was committed to his own professional development. He was supported in his role by a team of social care workers who worked between the two centres. One of whom had been nominated to manage the centre in his absence. He reported directly to a Service Manager who reported to a Regional Director (also nominated person on behalf of the provider). Inspectors were informed by the person in charge and saw evidence that regular scheduled minuted meetings took place with the service manager. The nominated person on behalf of the provider attended the centre occasionally.

Management systems had been developed to ensure that the service provided were
safe, appropriate to residents’ needs, consistent and effectively monitored. An
unannounced review of the health and safety and quality of care and support provided
to residents’ had been completed in the centre by the service manager. It identified
areas for improvement and issues which required follow-up, by whom and within what
time line. The inspector saw evidence that some issues identified had been followed up
on and others were in the process of being actioned. The inspector was informed that
this information would be used to inform the annual review of the service, a format for
which was being developed by management but had not yet been finalised.

As part of the application for renewal of 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 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 had not been notified of any proposed absence of the person in
charge of the centre to date. Inspectors were satisfied that arrangements were in place
for the management of the centre during any such absence. As mentioned under
Outcome 14, a social care worker who was met on inspection 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
**Theme:**
Use of Resources

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The centre was sufficiently resourced to ensure the effective delivery of care and support to residents’ in accordance with the Statement of Purpose. The resources available within the centre were appropriately managed by the person in charge to meet the needs of residents’. For example, the person in charge ensured that there was enough staff allocated to the centre to meet the needs of residents’.

**Judgment:**
Compliant

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

**Findings:**
The numbers and skill mix of staff were adequate to meet the needs of the five residents. Staffing levels included the person in charge and nine social care workers who provided up to 52 care hours to three residents living next door. The full names of staff now appeared on the staff roster and the exact times they worked in the centre.

Inspector reviewed staff training records and saw evidence that all staff had mandatory training in place. In addition, staff had refresher Safe Administration of Medication training and refresher food safety and management of challenging behaviours was scheduled for dates in April and May 2015. There were no volunteers working in the centre and minimum use of agency staff.

The person in charge had support meetings with each staff member on a 4-6 weekly basis and had monthly staff meetings for which minutes were available.
The recruitment process was found to be safe and robust for staff files were reviewed and all documents outlined in schedule 2 were available in each of the files reviewed.

Judgment:
Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Residents and Adults) with Disabilities) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

An insurance certificate was submitted as part of the registration pack and it showed that the centre was adequately insured against accidents or injury to residents, staff and visitors. It also confirmed that the bus used to transport residents was adequately insured. There was a directory of residents available which included all the required information.

The centre had some of the written operational policies as outlined in schedule five available for review. Those not finalised and therefore not implemented to date included the following:
- communication with residents’
- monitoring and documentation of nutritional intake.
- provision of information to residents’.
- the creation of, access to, retention of, maintenance of and destruction of records’.

As detailed in outcome 4 the admissions policy was not reflected in practice.

The records of emergency lighting checked completed by technical services in early
2014 were not detailed enough.

**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:**

Sheila McKevitt
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Michael's House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002365</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>03 March 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>13 April 2015</td>
</tr>
</tbody>
</table>

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:
Residents’ voiced concerns were not addressed prior to the admission of a respite resident.

Action Required:
Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
- In the first instance, please see 'Correction of factual inaccuracies' under the heading of 'Regulation Directorate, Factual Accuracy Check' in respect to the above statement.
- Secondly a review will take place to establish the learning from the incidents highlighted under this outcome.

Proposed Timescale: 19/06/2015

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:
The admissions policy did not differentiate between long term and respite admissions, and respite admissions were being admitted to the centre without adequate assessment and consultation in a transparent manner.

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:
- St. Michael's House policy 'Admissions Protocol for Residential Admissions' (November 2014) will be reviewed and amended to ensure differentiation between long term and respite admissions, further ensuring adequate assessment and consultation takes place in a transparent manner.

Proposed Timescale: 19/06/2015

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:
Care plans were not in place to reflect all residents clinical care needs.

Action Required:
Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.
Please state the actions you have taken or are planning to take:

- The Person in Charge will ensure that care plans will be completed on all existing residents and on any new admissions to the designated centre within the 28 days of admission.

- The care plans will reflect the assessed clinical care needs of all residents and of any new admissions to the designated centre.

- All care plans that are in place will be reviewed by the PIC to ensure that they contain, (1) a baseline, (2) Timescale and (3) a periodic review to highlight the assessed clinical need that the resident is at and the level of clinical support that they require.

**Proposed Timescale:** 30/06/2015

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**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

One piece of assistive equipment stored in the large bathroom downstairs is not currently in working order and requires servicing.

**Action Required:**

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

- The PIC will ensure from here on in that any assistive equipment that is being used in the designated centre is serviced and assessed annually, or as required by an appropriate external professional and is deemed fit for purpose by the assessor and a conformance certificate will be requested in writing by the PIC.

- The PIC will contact the servicing company for assistive equipment to request that they service an existing piece of assistive equipment. If the assistive equipment is deemed by the company not to be in good working order, the PIC will arrange through the Occupational Therapy Department to purchase new assistive equipment immediately, thus ensuring safe compliance and minimising the disruption and inconvenience to the resident.

**Proposed Timescale:** 30/06/2015

**Theme:** Effective Services
<table>
<thead>
<tr>
<th><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspectors found that parts of the centre required deep cleaning, in particular the internal doors on the ground floor, the tiled areas in the bathrooms, radiators and that there were cobwebs visible covering some of the fire sensors.</td>
</tr>
</tbody>
</table>

**Action Required:**
Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

**Please state the actions you have taken or are planning to take:**
- The PIC will contact a contract cleaner who will be hired to carry out a deep clean of all the rooms within the designated centre while also paying close attention to the areas highlighted in this report.

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

**Theme:** Effective Services

<table>
<thead>
<tr>
<th><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The bathroom upstairs although equipped with a bath has no facilities to enable residents to have a shower.</td>
</tr>
</tbody>
</table>

**Action Required:**
Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

**Please state the actions you have taken or are planning to take:**
- The PIC in consultation with the residents of the designated centre and the Technical Services Department will ensure that the bathroom upstairs is equipped with a shower to the residents choosing and satisfaction.

**Proposed Timescale:** 29/05/2015

**Theme:** Effective Services

<table>
<thead>
<tr>
<th><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The large bathroom downstairs was dark and not appropriately decorated or furnished to promote a homely environment.</td>
</tr>
</tbody>
</table>

**Action Required:**
Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.
Please state the actions you have taken or are planning to take:
- The PIC in consultation with the residents of the designated centre and the Technical Services Department will request that the bathroom downstairs is painted and decorated to the residents choosing and satisfaction thus giving a homely living environment.

**Proposed Timescale:** 29/05/2015

<table>
<thead>
<tr>
<th>Outcome 07: Health and Safety and Risk Management</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong> The fire alarm system is not being serviced at the required intervals. The fire alarm system was only inspected once in 2014.</td>
</tr>
<tr>
<td><strong>Action Required:</strong> Under Regulation 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong> • The PIC will email the Technical Services Department to request that the fire alarm system is checked and maintained quarterly or as the need arises.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 15/05/2015</td>
</tr>
</tbody>
</table>

| The Registered Provider is failing to comply with a regulatory requirement in the following respect: The emergency lighting is not being adequately maintained and had not been serviced since January 2014 |
| **Action Required:** Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services. |
| **Please state the actions you have taken or are planning to take:** • The PIC will ensure that a service of the emergency lighting is carried out by an approved registered contractor. |
| **Proposed Timescale:** 29/04/2015 |
### Outcome 08: Safeguarding and Safety

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Bed rails are currently being used for one resident, although there is no evidence to suggest that alternative less restrictive practices have been considered.

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

**Please state the actions you have taken or are planning to take:**
- In consultation with the resident's immediate Family the PIC will make a referral to the Occupational Therapy Department seeking advice on using the least restrictive alternative to bed rails.

**Proposed Timescale: 29/05/2015**

### Outcome 12. Medication Management

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The storage of medicines in the kitchen is not acceptable practice

**Action Required:**
Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

**Please state the actions you have taken or are planning to take:**
- The double locked press which stores the medication will be relocated from the kitchen area and stored securely in the office.

**Proposed Timescale: 29/05/2015**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
An out of date medicine was stored with a resident’s medicines and not segregated for disposal.
**Action Required:**
Under Regulation 29 (4) (c) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

**Please state the actions you have taken or are planning to take:**
- The PIC will remove from the drugs press out of date medication and dispose of them in line with the Organisations policy on the disposal of medication.

**Proposed Timescale:** 25/03/2015
**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
All prescribed liquids and creams had not been marked with their date of opening to indicate their subsequent date of expiry.

**Action Required:**
Under Regulation 29 (4) (c) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

**Please state the actions you have taken or are planning to take:**
- At the next staff meeting all staff will be informed that they must indicate in writing on the prescribed liquid / cream / ointment the date on which the item has been opened.

**Proposed Timescale:** 25/03/2015
**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was no system within the centre for reviewing and monitoring medication practices, or for reviewing medication errors.

**Action Required:**
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and
administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:
- The PIC will put in place a recording sheet for drug errors which will be reviewed at each staff meeting to identify any patterns that may arise.
- If there is a consistent pattern of medication errors the PIC will request that the individual staff member is retrained in the safe administration of medication.
- The Organization is amending the drug error policy to reflect a robust response to drug errors.

Proposed Timescale: 31/07/2015

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 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.

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 will include in the Statement of Purpose the most up to date Organizational policy on addressing complaints.
- All staff and residents will be fully briefed by the PIC on the most recent complaints policy.

Proposed Timescale: 29/05/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A copy of the statement of purpose had not been made available to residents and their representatives.
Action Required:
Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

Please state the actions you have taken or are planning to take:
• The PIC will make a finalised copy and user friendly version of the statement of purpose available to all residents and their Family members.

Proposed Timescale: 22/05/2015

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 PIC will contact the Technical Services Department to request the planning and fire compliance certificate.

Proposed Timescale: 17/04/2015

Outcome 18: Records and documentation
Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All 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 were not finalised. Those not available in final draft and therefore not implemented included policies on the following:
• communication with residents’
• monitoring and documentation of nutritional intake.
• provision of information to residents’
• creation of, access to, retention of, maintenance of and destruction of records’.
**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:**
- **Communication:** The registered provider has developed a communication Policy in consultation with key stakeholders and service users. The PIC will be briefed on the contents and implementation of the policy by April 30th 2015. The PIC will then brief the staff team on the contents and implementation of the policy. The policy will be available for review in the designated centre.

- **Nutrition Policy:** The registered provider is developing a nutrition policy. The policy will be completed by March 31st. The PIC will be briefed on the contents and implementation of the policy by April 30th 2015. The PIC will then brief the staff team on the contents and implementation of the policy. The policy will be available for review in the designated centre.

- **Provision of Information to Residents:** The registered provider has developed Guidelines on the Provision of Information to Residents. The PIC will be briefed on the contents and implementation of the guidelines by April 30th 2015. The PIC will then brief the staff team on the contents and implementation of the policy. The guidelines will be available for review in the designated centre.

- **The legislation requires a policy on the Provision of Information to Residents which is being developed in consultation with a group of service users. This policy will take some time as the consultation process is extensive. The registered provider is using the guidelines as an interim measure until the policy is developed. The policy will be completed by December 2015.**

- **The Organization has developed a policy on the creation of, access to, retention of, maintenance of and destruction of records. This policy will be rolled out to all staff at the next staff meeting.**

- **The PIC will ensure that staff are aware of the above policies. This will be done at the staff meeting following each policy roll out.**

<table>
<thead>
<tr>
<th><strong>Proposed Timescale:</strong></th>
<th>18/12/2015</th>
</tr>
</thead>
</table>

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The admission policy implemented in November 2014 was not reflected in practice.

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

**Please state the actions you have taken or are planning to take:**
- St. Michael's House policy 'Admissions Protocol for Residential Admissions' (November 2014) will be reviewed and amended to ensure differentiation between long term and respite admissions, further ensuring adequate assessment and consultation takes place in a transparent manner.

**Proposed Timescale:** 19/06/2015

**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Detailed records of emergency light checks were not available for review.

**Action Required:**
Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 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 Organization is currently in the process of tendering for a contractor to provide Emergency lighting servicing in line with IS 3217. In the Interim the PIC will request Electricians carry out a service before the end of April 2015.

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