| **Centre name:** | A designated centre for people with disabilities operated by St Michael's House |
| **Centre ID:** | OSV-0002348 |
| **Centre county:** | Dublin 13 |
| **Type of centre:** | Health Act 2004 Section 38 Arrangement |
| **Registered provider:** | St Michael's House |
| **Provider Nominee:** | John Birthistle |
| **Lead inspector:** | Sheila McKevitt |
| **Support inspector(s):** | None |
| **Type of inspection** | Announced |
| **Number of residents on the date of inspection:** | 5 |
| **Number of vacancies on the date of inspection:** | 1 |
About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

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

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

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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. 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 and policies and procedures. The views of residents, relatives and staff members of the centre were also sought.

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.

The nominated person on behalf of the provider had made improvements within the centre since the last inspection. The fitness of the person in charge was assessed through interview and during the inspection process to determine her fitness for registration purposes. She was found to have satisfactory knowledge of her role and responsibilities under the legislation and sufficient experience and knowledge to provide safe and appropriate care to residents. During the inspection she informed the inspector she had plans to move from the centre prior to going on planned leave for a twelve month period. However, the Authority had not been notified of her planned absence or of the plans put in place during her absence. The fitness of the nominated person on behalf of the provider was assessed through the inspection process and at interviewed prior to the inspection and he was found to be a fit person to fulfill the role of the provider nominee.

The centre was established to provide care for a maximum of six adults with physical and/or intellectual disabilities who have a high level of social care needs. On inspection there were five residents living in the centre long term, all were met on inspection and appeared comfortable in their home. Two relatives’ questionnaires were received by the Authority during the inspection process. The opinions expressed through the questionnaires were broadly satisfactory with services and facilities provided. However, two relatives expressed concern about the lack of staff employed to care for five residents'.

Three of the four non compliances from the last inspection had been addressed, one in relation to inappropriate staffing levels had been partially addressed. Evidence of some good practice was found across all 18 outcomes, 6 outcomes inspected against were found to be in compliance and 5 in substantial compliance with the Regulations. The remaining 7 were found to be in moderate or major non compliance. The non compliances found related to no annual review had been conducted in relation to the quality of care provided to residents'. The management of medications particularly around the recording of and administration practices. The records in relation to resident assessments, care plans and personal outcome based goals required review and staff required training in relation to the completion of these records. The number of staff employed was not ensuring continuity of care for residents' and according to records reviewed the service was not meeting the needs of two residents'. Records such as an up to date insurance certificate, directory of residents and policies required updating and implementation in order to meet the regulations.

The action plans at the end of this report identifies those areas where 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 care. They were provided with information about their rights and each resident’s privacy and dignity was respected.

Minutes of residents meetings held every week were available for review. At these meetings residents’ planned their weekly activities and discussed the weekly menu with staff. Visits to and from family homes and appointments were also discussed at these meetings. There was a small private sitting room where residents could receive visitors in private.

Resident’s privacy and dignity was respected. The bathroom/shower room and toilet doors had privacy locks in place. All windows had blinds and curtains in place.

The rights of residents’ were respected. The inspector met all five residents' over the two day inspection. Residents’ were free to make choices about their daily routine however, all five required some level of assistance with activities of daily living from staff. The inspector saw that information including contact details for the National Advocacy Committee was accessible to residents, as details were on display in the front hallway.

There was a policy and procedure for the management of residents' monies by staff and a procedure on personal possessions. The inspector went through one resident's finances with the person in charge and found there were clear, concise records and receipts in place to reflect the individuals outgoing and incoming cash. Safe and secure
storage was available. The process in place reflected the policy. All five residents were unable to manage their finances independently. However, some of the residents’ next of kin managed their finances on their behalf.

There was a complaints policy in place. It was accessible to residents in written and pictorial formats, both were on display in the centre and a copy was included in the residents guide. The written complaints policy met the legislative requirements. The inspector was informed that the centre had received no complaints in 2013, 2014 or to date in 2015.

**Judgment:**
Compliant

**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 were enabled to communicate at all times.

One resident could communicate verbally, the other four could not. These four residents’ communication needs were outlined in their assessment and care plans. For example, they communicated by use of gestures, body movement, vocalising sounds and one resident used Lamh. The inspector saw that staff knew each residents means of communication and communicated with residents in a patient, quite, kind and respectful manner. Different methods of communication were used as recommended by members of the allied health care team. Pictorial aids were used in some incidents to prompt residents, for example, one resident used a first and then visual communication system.

The complaints policy included pictures of personnel residents could complain to. Also, pictures of staff on duty were posted by signs of day and night duty so residents could easily see who was on duty. However, the inspector saw scope for further development in the supply and implementation of non verbal communication aids to assist staff to communicate more effectively with residents’. For example, the timetable for the weekly evening meal was written and posted on the fridge within the restricted kitchen area. The posting of such information in a more accessible area and the use of photos could enable improved communication with residents’.

The inspector saw all residents had access to a television in their bedroom and in the main sitting room. Some had their own music system. Residents had access to a portable telephone in the house.
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.

There was a visitor's policy displayed in the front hallway, it was signed and dated by the person in charge. The inspector was informed that each resident could have visitors to their home when they wished. They had access to a private quite sitting room. The inspector met one resident's parent who was welcomed in to the house to visit. Staff facilitated residents' to visit their family home by providing transport. Residents’ who had chosen for their families to be involved in their care had been invited to attend the residents’ wellbeing assessment and personal plan development. There was a family contact sheet in each resident's file where staff recorded all contact with the residents’ family.

Residents used facilities in the local community. Residents were facilitated to visit local coffee shops, restaurants, shopping centres and to drive to places of interest in the area.

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:
Admission and discharge of residents’ was guided by policy. However, contracts of care were not in place for all five residents.

Three of the five residents’ had a contract of care in place signed and dated by their next of kin. Each contract of care included details about the support, care and welfare the resident would be expected to receive, details of the services to be provided and of the fees to be charged. The two outstanding contracts of care were being followed up on by the person in charge and the social care team.

**Judgment:**
Non Compliant - Moderate

**Outcome 05: Social Care Needs**
*Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**
Effective Services

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

**Findings:**
The inspector was not satisfied that the care supports provided to the residents were appropriate to meet their assessed needs. Comprehensive assessments were completed for each resident and members of the allied health care team had clearly identified that the centre was not meeting the needs of two residents. Care plans were in place to reflect the clinical care needs. However, the content of these care plans was repetitive. Residents had personal outcome based plans in place, however they were not specific enough.

The inspector reviewed two resident files and found that they had a comprehensive assessment in place which had been updated within the past year. There was evidence that the resident, their key worker, members of the allied health care team and some of their families had been involved in their assessment and in the development of their care plans. The inspector noted that records of multidisciplinary meetings in two residents’ files stated that the centre was no longer meeting the needs of two residents’. The two residents’ routines/behaviours were having a negative impact on each other. So much so that it was causing both of them to display an increase in the frequency of self injurious behaviour. This in turn resulted in staff having to administer chemical restraint to one resident and restrict the movements of another resident on a frequent basis (all in line with the guidelines outlined by the psychologist). However, although the unsuitability of both residents’ to the centre had first been identified up to two years ago
they both remained living in the centre.

The care needs identified on assessment had a corresponding care plan in place. However, their content was repetitive. For example, one resident with a detailed fire evacuation plan in place also had a care plan for fire evacuation. Another resident, with a detailed intimate care plan in place had numerous care plans reflecting the same information within the intimate care plan. Staff informed the inspector that they received no training prior to this system of documentation being introduced.

The inspector saw that each resident had personal outcome based plans in place. These had been developed with the resident, their keyworker and next of kin within the past year. However, the goals were not specific enough, they did not clearly identify objectives in place to ensure the goals would be met nor did they clearly outline the agreed timescales. Personal plans were not available to residents' in a format that was accessible or understood by them.

All residents living in the centre attended a day care centre on weekdays. However, activities organised from within the centre were limited due to the lack of resources, for example, not enough appropriately trained staff on duty to take residents out.

**Judgment:**
Non Compliant - Major

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### 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:
The location, design and layout of the centre was suitable for its stated purpose. However, as mentioned in Outcome 5 the centre did not meet the individual and collective needs of residents in a comfortable and homely way.

The house was in the process of being repainted. The front hallway and some of residents' bedrooms had been painted other rooms had just got the preparation work completed. The inspector was informed that residents had been involved in the selection of the paint colour for their bedroom and the inspector saw bedrooms reflected residents' individuality and preferences with photographs, pictures and fixtures which reflected their individual interests and hobbies.

They had an adequate amount of communal space and private space to meet their
individual needs. All required assistive equipment was available to meet the needs of residents and was stored safely within the centre. They had access to toilets and bathrooms to meet their needs. However, the bathrooms upstairs and downstairs were not clean. The white grout between the tiles was dark brown, the shower tray upstairs and shower screens were dirty. The upper part of the wall tiles were coated in dust in some areas. Throughout the house there were cobwebs on the ceiling’s, skirting boards were coated with dirt and dust. The laundry area was also dirty. The inspector was informed that the staff cleaned the house on a daily basis, however, it was evident from the findings outlined above that the centre required a deep clean.

Residents' had access to a safe and secure garden which contained patio furniture. There was a paved area at the front of the house which allowed for car parking.

**Judgment:**
Substantially Compliant

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**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:**
The inspector formed the view that the health and safety of residents, visitors and staff was promoted and protected within the house.

There was a risk management policy in place which reflected the legislative requirements. Residents’ had individualised risk assessments completed and available in their personal files. The person in charge completed risk assessments on a monthly and annual basis and health and safety checks were completed on a quarterly and six monthly basis with the service manager. Accidents and incidents were reviewed by the person in charge and the service manager.

There was an up-to-date localised health and safety statement in place and it was on display in the centre. An emergency plan had been developed and implemented. Additional equipment to effectively and safely respond to emergencies was now available including hi visibility jackets and space blankets.

Records were available to confirm that fire equipment including fire extinguishers, the fire blanket, emergency lighting and the fire alarm had all been tested by professionals within the required time frame. Most staff had completed fire training within the past year and further training was scheduled for 27 March 2015. Residents had individualised fire evacuation plans in place. The records reviewed showed that fire drills were practiced on a regular basis during the day and night by both staff and residents.
There was an infection control policy in place and practices throughout the house were safe. The inspector saw that the bus being used to transport residents to and from the centre was road worthy.

**Judgment:**
Compliant

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**Outcome 08: Safeguarding and Safety**

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

**Theme:**
Safe Services

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

**Findings:**

Measures were in place to protect and safeguard residents which included a policy and procedure on the prevention, detection and response to abuse. Staff had up to date mandatory safeguarding vulnerable adults training in place and those spoken with had a clear understanding of how to safeguard residents'.

The centre appeared safe and secure. Residents had access to a rear garden and front paved area. All the exit/entry doors could be secured by locking and the house was alarmed. The inspector saw bathroom doors had secure locks and there were blinds and curtains on bedroom windows.

Communication between residents and staff was respectful. A number of residents' who frequently displayed challenging behaviour had positive behavioural support guidelines in place. The resident's psychologist had been involved in the development of each plan. Residents' with restraint in use had been assessed by the allied health care team as requiring its use in order to maintain their safety. Restraints used in the house had all been passed for use by a positive approach team of professionals and were reflected in their care plans.

Residents' finances managed by staff were done so in accordance with the centres policy. Safe and secure storage was provided in the staff office.

**Judgment:**
Compliant
**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.

Quarterly reports had been submitted to the chief inspector in a timely manner.

**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):**
No actions were required from the previous inspection.

**Findings:**
All five residents' attend day care facilities five days per week. Residents were engaged in social activities within their day care facility but from the house access was limited in scope.

Resident’s opportunities for new experiences and social participation were facilitated and supported by staff as much as possible inside the house. Staff stated they could not facilitate residents' to maintain or develop new experiences and social participation outside of the centre on a consistent basis due to the high staffing levels required to meet reach residents' assessed needs when outside of the centre. For example, one resident required two staff to be present when the resident was taken out of the centre, another resident required two staff both of whom were required to have breakaway training in place.

**Judgment:**
Substantially 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:**
The health care needs of residents were being met and records reflecting this were available for review in each resident's file. The inspector reviewed two residents’ files and saw evidence that they were facilitated to access and to seek appropriate treatment and therapies from allied health care professionals when required. The inspector was satisfied that the allied health services were availed of promptly to meet residents' needs. Completed referral forms were available for review in residents' files and written evidence of relevant reviews were also available. For example, one resident had recently been reviewed by a physiotherapist and recommendations made for further exercises were displayed inside the resident's wardrobe door. Records were on file to reflect visits and recommendations from allied health care team members. All residents' had been reviewed by their General Practitioner (GP), a Medical Officer or a consultant prior to this inspection. Evidence of this was available in each resident's file.

The inspector saw that residents’ had access to adequate quantities and a good variety of nutritious food to meet their dietary needs. Those residents who required the consistency of food to be altered prior to eating had been assessed and information regarding such recommendations were displayed in a discreet manner in the kitchen so staff could refer to it. Staff prepared, cooked and served meals to all five residents' as they had no capacity to do so for themselves.

**Judgment:**
Compliant

**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:**
There was a new operational policy which included the ordering, prescribing, storing,
administration and disposal of medicines. There was a separate policy on self
administration of medicines. The inspector found that practices regarding drug
administration and prescribing had improved since the last inspection. However,
medication administration practices were not in line with best practice.

The practices in relation to prescribing, 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. There was a
secure disposal container for medications. 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. This was reviewed and
recommendations made were fed back to the person in charge who was given a set
period of time to implement the recommendations made. The inspector was informed
there had been a minimal number of medication errors in the centre to date in 2015.

Safe Administration Medication (SAM) guidelines were under review and were available
in draft format. All staff had up-to-date SAM training in place.

The inspector saw that each of the residents had their prescribed medications recently
reviewed by a Medical Officer. However, the inspector observed a staff member sign for
medications on the administration signature prior to actually administering the
medications to residents'. Also, the inspector noted that staff were not recording on the
drug administration chart when the resident was at the family home, therefore there
were a number of blanks on the administration forms which appeared like the resident
had not received the prescribed medication as staff had not recorded on the chart that
they were at home. Also, staff were not consistency signing in the correct place on the
administration chart when they were administrating as required medication (PRN), some
were signing in the designated column for PRN medications others were signing in the
comment section of the medication chart. This had the potential for error in
administration of medication.

Judgment:
Non Compliant - Moderate

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in
the centre. The services and facilities outlined in the Statement of Purpose, and the
manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

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

Findings:
The statement of purpose was submitted to the Authority and reviewed prior to this
inspection. It included details of the services and facilities provided. It also contained the information as required 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, minor changes such as the removal of staff names were required.

The inspector saw a copy of the statement of purpose was accessible to residents and their family as a copy was displayed in the hallway of the centre. The person in charge stated residents did not have the capacity to understand it and once it was finalised she intended to furnish all residents’ next of kin with a copy.

**Judgment:**
Substantially Compliant

**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:**
There was a clearly defined management structure that identified the lines of authority and accountability. However, some staff members did not know the reporting mechanisms. Also, evidence on inspection indicated that the planned absence of the person in charge had not been managed well.

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. She was the named Person in Charge, employed full time to manage the centre. The inspector observed that the person in charge was involved in the governance, operational management and administration of the centre on a consistent basis. She had a good knowledge and understanding of the residents’ having worked with most of them for a number of years. Residents appeared to know her well however, she told the inspector that the number of protected management days she had on the monthly schedule was not adequate for her to complete her role as person in charge.

During the inspection the person in charge demonstrated sufficient knowledge of the legislation and of her statutory responsibilities. Records confirmed that she was committed to her own professional development. She was supported in her role by a team of social care workers. One of whom had just been nominated to take over
temporarily in her absence. On inspection the inspector was informed that the person in charge was moving to another centre within two weeks of the inspection and together with upcoming leave would be away for the centre for a period of twelve months in total. The provider nominee had not made plans to fill this vacancy in a timely manner, this is discussed further under Outcome 15.

The person in charge reported directly to a Service Manager who reported to a Regional Director (also nominated person on behalf of the provider). The inspector was informed by the person in charge and saw records of regular scheduled minuted meetings between herself and the service manager. The inspector also viewed minutes of meetings between the service manager and the provider nominee.

Management systems had been developed to ensure that the service provided was safe, appropriate to residents’ needs, consistent and effectively monitored. The service manager on behalf of the provider nominee had visited the centre unannounced on a six monthly basis and together with the person in charge conducted a review of the health and safety and quality of care and support provided to residents’ within the centre. They identified areas for improvement and issues which required follow-up, by whom and within what time line.

An annual review of the service for 2014 had not been completed to by the provider nominee.

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 Authority had not been notified of the planned absence of the person in charge from the centre for a period of greater then 28 days and the inspector was not satisfied
that adequate arrangements had been put in place for the management of the centre in the planned absence of the person in charge.

As mentioned under Outcome 14 adequate arrangements had not been put in place to replace the person in charge who was planned to be absent from the centre for a minimum of a twelve month period from the 07 April 2015. The inspector was informed on inspection that the closing dates for applications to fill the temporary twelve month person in charge vacancy was four working days prior to the person in charge moving to another centre. The inspector was told that a social care worker currently working in the centre was going to act up until the twelve month vacancy was filled however, on speaking with this staff member it was noted that they were on ten days annual leave which was due to commence two days after the person in charge was due to move from the centre. This would mean that there would be no person in charge during this time which is not in compliance with regulations.

The inspector was given verbal reassurance from the person in charge and the service manager that her absence from the centre would be postponed until the post of person in charge was filled.

Judgment:
Non Compliant - Major

**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:**
The centre was not adequately resourced to ensure the 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’. However, there were staff vacancies which had not been filled this will be discussed in further detail under Outcome 17: Workforce.

Judgment:
Non Compliant - Major

**Outcome 17: Workforce**

_There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice._
### Theme:
Responsive Workforce

### Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

### Findings:
The number and skill mix of staff employed had increased since the last inspection. Nine permanent staff were now employed to work in the centre, however, agency staff were still being used to cover shifts.

According to the management team, there was now just point five of a staff vacancy being covered by relief and agency. However, agency and relief staff were also being used to support one resident who was currently requiring 1:1 care for four hours each evening from 16.00 to 20.00 hours, hence there was a considerable number of shifts been covered by staff not always known to these extremely vulnerable residents', some of whom were assessed as requiring care delivery by staff known to them. For example, on the roster for the month of March seven different staff came in to cover vacant shifts in the centre.

Staff informed the inspector that two staff who were trained to deal with challenging behaviour were required to be on duty each afternoon to provide care to one resident and all social care workers named on the staff roster had received positive behavioural support breakaway training to allow them to provide this care.

Most of the staff had all the required mandatory training in place. Those who had not were scheduled for refresher training in April 2015. Staff had received food safety refresher training in place and had Safe Administration of Medication training in place. However, staff had not received any training on the newly implemented assessment and care plan documents.

Staff had completed supervisory meetings with the person in charge in January and March 2015.

A sample of staff files reviewed contained all the information outlined in schedule 2. There were no volunteers working in the centre.

### Judgment:
Non Compliant - Major

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### 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
**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 not maintained in a manner so as to ensure ease of retrieval. The inspector found that the filing systems in place for residents documents required review to ensure out of date assessments and records were filed away and that current records were filed in an organised and sequential manner.

The directory of residents was submitted to the Authority and was found to be compliant.

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 up until the 31 March 2015. The new insurance policy covering the period post 31 March 2015 was not submitted.

The directory of residents did not identify the service responsible for admitting the resident into the centre.

The centre had some of the written operational policies as outlined in schedule five available for review. The policy on safeguarding residents available in the centre did not reflect the requirement to notify the Authority of any allegation, suspected or confirmed incident of abuse of a resident.

Those not developed 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’

**Judgment:**
Non Compliant – Moderate
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-0002348</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>24 March 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>28 April 2015</td>
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</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 02: Communication

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Pictorial aids used to enhance communication with residents particularly non verbal residents could be developed further.

Action Required:
Under Regulation 10 (1) you are required to: Assist and support each resident at all

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
times to communicate in accordance with the residents' needs and wishes.

Please state the actions you have taken or are planning to take:
PIC to liaise with relevant speech and Language therapists RE: reviewing all non verbal communication tools for residents. Communication passports to be reviewed and updated accordingly for individuals. Picture communication to be enhanced to support communication passports, such as; photographs of food/dinners to be utilised by service users at weekly house meetings to choose their meals. A picture of that day's main meal to be displayed on communication board along with photos showing what staff are on duty. Photographs to be utilised to also aid transitions for individuals EG: transitioning from home to a day service and vice versa. Activities plan (in an accessible format) are completed and in use.

Proposed Timescale: 01/06/2015

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:
Two residents do not have a signed contract of care in place.

Action Required:
Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

Please state the actions you have taken or are planning to take:
The PIC is following up on both contracts of care and will ensure they are in situ and available for review.

Proposed Timescale: 01/06/2015

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:
Personal outcome based plans were not available to each resident in a format which was accessible or understood by them.

Action Required:
Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

Please state the actions you have taken or are planning to take:
PIC to liaise with relevant speech and Language therapists RE: reviewing all non verbal communication tools for residents. Communication passports to be reviewed and updated accordingly. Utilising each individuals communication tools, personal plans and IP goals will be made accessible so as to be understood by each individual resident EG: utilising Boardmaker, PECS systems, Lamh etc.

**Proposed Timescale:** 01/06/2015  
**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Personal plans reviewed did not clearly identify how the resident was going to reach their desired goal and the plans did not include set objectives within agreed timescales to ensure the planned outcome was reached.

**Action Required:**  
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

**Please state the actions you have taken or are planning to take:**  
The PIC will ensure each keyworker works with the resident to review and up-date all personal plans, to clearly identify Individuals goals. All plans will include set actions and agreed timescales and people to complete these. All actions will be signed/ dated when complete.

**Proposed Timescale:** 01/06/2015  
**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
The personal clinical care based plans were repetitive and required review.

**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 PIC will ensure all personal plans are review ed by keyworkers to ensure they are not repetitive in nature. Information will not be repeated under different headings or templates, to ensure all information is easily accessible and clear.

**Proposed Timescale:** 01/06/2015  
**Theme:** Effective Services
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The designated centre had been identified as not suitable to meet the assessed needs of two residents. However, they remain 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:
Both residents have been referred to the Residential Approvals Committee for a more suitable placement, in line with the Admissions policy. A comprehensive personal plan of the residents individual needs and the relevant reports from allied health professionals was also submitted with the referral. As per the admissions protocol when places become available a consultation document is issued which supports the person in charge to carry out a detailed assessment of suitability of the individual for the vacancy. This will also include robust consultation with all relevant stakeholders I.E the resident/ family members/ Allied Health Professionals.

In the interim the PIC will support both residents in the existing environment to ensure their Individual needs are being met and to achieve the best possible outcome for both people. Individual Co-Ordination meetings will be held involving collaboration with allied health professionals and frontline staff. Following on from this specific actions will be assigned to ensure the current environment is maximised to support and meet the persons individual needs. Well being assessments, positive behavioural support plans and IP plans will be reviewed by Allied Health Professionals and will be employed by the keyworker to ensure both residents are occupied or away from the designated centre as much as possible.

Proposed Timescale: 23/10/2015

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 premises is not clean and bathrooms were not decorated in a homely manner.

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:
A deep clean of the house was carried out on the 21st and 22nd April. The full interior of the house has been painted, including all woodwork. A housekeeper is employed part-time in the centre and there is a daily cleaning log to ensure general cleaning of the centre on a daily basis. All residents will be consulted RE: decoration and soft
furnishings in their own personal space and all communal area's.

**Proposed Timescale:** 22/04/2015

<table>
<thead>
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<td><strong>Theme:</strong> Health and Development</td>
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<tr>
<td><strong>Action Required:</strong></td>
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<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
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<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
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<tr>
<td><strong>Action Required:</strong></td>
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</tbody>
</table>
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 review all training records to ensure that all staff are compliant with minimum training standards. All staff to receive refresher in Safe Administration of Medication training on 27th April. The PIC will ensure that all local practices are fully compliant with the policy and in line with best practice. The training attendance sheet will be available for review in the centre following the training. All drug errors will be reviewed with staff during staff supervision and again at staff team meetings, in order to learn and improve practice.

Proposed Timescale: 27/04/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose required review, staff names required removal.

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

Please state the actions you have taken or are planning to take:
The statement of purpose has been updated and forwarded to the Authority

Proposed Timescale: 20/04/2015

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 was not made available to all five residents’ next of kin.

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 ensure that a copy of the statement of purpose and Inspection report is sent to each family member for their information. All family members will also be encouraged to discuss this information with all staff in the designated centre. A copy of the statement of purpose and the inspection report (and action plan) will also be available for review in the designated centre.
Proposed Timescale: 20/04/2015

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:**

Please find attached with this report two documents in relation to the designated centre...

- The Architects opinion on planning permission
- The Architects opinion on building regulations.

In addition to these documents we will forward a further opinion in relation to fire safety.

Also in addition please find attached documentation from the Authority to the provider relating to the requirement for planning and fire compliance.

Proposed Timescale: 29/04/2015

**Theme:** Leadership, Governance and Management

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

The number of management days allocated to the person in charge did not allow her time to ensure the service and staff were effectively monitored.

**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:**

The PIC is allocated one management day per week, this does not include time taken for staff team meetings or any meetings associated with the care of the residents. Ensuring there is a full staffing compliment provides the PIC with the flexibility to be
extra on some days, providing frontline assistance only when required.

Interviews are being held on 28th April to recruit a full time social care worker to fill the existing vacancy. This will provide extra resources and in turn give flexibility around frontline work to allow the PIC more management hours.

There also currently exists a vacancy for a PIC. The PPIM is currently acting as PIC. This vacancy has created a gap in the human resource in the centre which is currently being filled with relief. There are interviews scheduled for the 30-04-2015 to identify a new fulltime social care leader for the role.

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

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
No annual review of the quality and safety of care in the designated centre had taken place.

**Action Required:**
Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

**Please state the actions you have taken or are planning to take:**
A date has been set for the annual review of the centre. Following this review the report will be available in the designated centre. This review will cover the following area's:...
- Consultation with Residents and their experience living in the centre.
- Consultation with families/ key stakeholders and their experience of the designated centre.
- Consultation with frontline staff and allied health professionals.
- A full review of current audit documentation.
- A review of all policies and procedures in the designated centre.
- A review of all information arising from significant events in the centre.
- A review of the management structure and current resources in the designated centre.

**Proposed Timescale:** 11/05/2015

**Outcome 15: Absence of the person in charge**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The Authority had not been notified of the planned absence of the person in charge from the centre for a period of greater then 28 days.
**Action Required:**
Under Regulation 32 (1) you are required to: Provide notice in writing to the Chief Inspector where the person in charge proposes to be absent from the designated centre for a continuous period of 28 days or more.

**Please state the actions you have taken or are planning to take:**
An NF 20 notification has been forwarded to the Authority in respect of the person in charge being absent from the centre for a period of more than 28 days.

The PPIM will act as PIC from 20-04-2015 until a replacement has been recruited. This person will then be identified as PIC for a one year contract. Interviews are scheduled for 30-04-2015 to identify a social care leader.

**Proposed Timescale:** 01/07/2015
**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The chief inspector was not notified in writing of the procedures and arrangements that were planned or will be put in place for the management of the designated centre during the absence of the person in charge.

**Action Required:**
Under Regulation 33 (1) you are required to: Notify the chief inspector in writing of the procedures and arrangements that are or will be in place for the management of the designated centre during the absence of the person in charge.

**Please state the actions you have taken or are planning to take:**
An NF 20 notification has been forwarded to the Authority in respect of the person in charge being absent from the centre for a period of more than 28 days.

The PPIM will act as PIC from 20-04-2015 until a replacement has been recruited. This person will then be identified as PIC for a one year contract. Interviews are scheduled for 30-04-2015 to identify a social care leader.

In the interim the PIC will liaise with the HR dept to identify key staff on relief/agency who could fill vacancies on a more consistent basis.

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

**Outcome 16: Use of Resources**
**Theme:** Use of Resources

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There are insufficient resources such as staffing in the centre to meet the needs of
residents.

**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:**
Interviews are being held on 28th April to recruit a full time social care worker to fill the existing 0.5 vacancy, and the extra hours required to support one resident. This will provide extra resources and consistency to ensure continuity of care.

There also currently exists a vacancy for a PIC. The PPIM is currently acting as PIC. This vacancy has created a gap in the human resource in the centre which is currently being filled with relief and agency. There are interviews scheduled for the 30-04-2015 to identify a new fulltime social care leader for the role.

In the interim the PIC will liaise with the HR dept to identify key staff on relief/ agency who could fill vacancies on a more consistent basis.

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

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**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Residents' were not receiving continuity of care and support at all times as up to eight relief and agency staff were coming into the centre to cover vacant hours on the roster.

**Action Required:**
Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

**Please state the actions you have taken or are planning to take:**
Interviews are being held on 28th April to recruit a full time social care worker to fill the existing vacancy 0.5 vacancy and the hours required for supporting one resident. This will provide extra resources and consistency to ensure continuity of care.

There also currently exists a vacancy for a PIC. The PPIM is currently acting as PIC. This vacancy has created a gap in the human resource in the centre which is currently being filled with relief. There are interviews scheduled for the 30-04-2015 to identify a new fulltime social care leader for the role.

In the interim the PIC will liaise with the HR dept to identify key staff on relief/ agency who could fill vacancies on a more consistent basis.
**Proposed Timescale:** 01/07/2015  
**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Staff have had no training in the completion of resident assessment and care plans.

**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 discuss staff trainings and career development plans with all staff members during their monthly support meetings. Training will be provided in the completion of resident assessments and care plans, these will also be part of the regular team meeting agenda. Training will cover both health care needs and social care needs.

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**Proposed Timescale:** 07/06/2015

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**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 prepared in writing.

**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 as set out in schedule 5 of the health Act 2007 are now in situ and available for review in the designated Centre. The PIC is attending a training day in relation to the role out of all new and updated policies on 30-04-2015.

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**Proposed Timescale:** 30/04/2015  
**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The directory of residents did not include the service responsible for admitting the resident to the centre.

**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 directory of residents will be updated to include the service responsible for admitting the resident to the centre.

**Proposed Timescale:** 24/04/2015

**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The insurance certificate covering submitted for the purposes of registration expired on 31 March 2015.

**Action Required:**
Under Regulation 22 (1) you are required to: Effect a contract of insurance against injury to residents.

**Please state the actions you have taken or are planning to take:**
The Insurance certificate in effect from 01-04-2015 has been forwarded to the Authority.

**Proposed Timescale:** 24/04/2015