<table>
<thead>
<tr>
<th>Centre name</th>
<th>A designated centre for people with disabilities operated by St Michael's House</th>
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<td>Centre ID</td>
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<td>Centre county</td>
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<td>Type of centre</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Provider Nominee</td>
<td>Declan Ryan</td>
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<tr>
<td>Lead inspector</td>
<td>Valerie McLoughlin</td>
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<td>6</td>
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<td>Number of vacancies on the date of inspection</td>
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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: 02 June 2015 13:30
To: 02 June 2015 19:00
From: 03 June 2015 08:30
To: 03 June 2015 14:00

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

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

Summary of findings from this inspection
This was the first inspection of this centre by the Health Information and Quality Authority (HIQA). The provider had applied for registration for six places. The inspector met with residents and staff members and observed practices and reviewed documentation such as assessments, care plans, audits, policies and procedures and staff files. The inspector received questionnaires from residents which were complimentary of the service being provided at the centre.

Rossmore is double two story home to six residents, both male and female, over eighteen years of age. Residents have lived together in Rossmore between eight and
thirty five years. All residents have an intellectual disability. All residents are mobile and are supported by staff to live in their home independently. Residents have learned life skills to enable them to be independent with some degree of staff support during the day and a “sleep over” staff member overnight.

Residents spoke with the inspector and said they felt they were very well supported to live as independently as possible and to maintain contact with friends, family and the local community. Residents talked about their retirement, the range of work, social activities and educational opportunities they were involved in. Residents had been informed about the purpose of this inspection and they were keen to chat with the inspector and show the inspector around their home.

Family members who completed the pre inspection questionnaire were very complementary about the services, the person in charge and the staff. They also mentioned how residents had developed independence, and that they were very happy in their home.

Inspectors found that the residents received a high quality service, and were supported to live an active meaningful life, and they reported that they have a very good quality of life.

Residents were seen to live in a very pleasant environment that was well maintained, and met their needs. The staff team that supported them were very caring and knowledgeable about their needs, and they supported and encouraged individuals to be as independent as possible in relation to their assessed needs.

Personal support plans encouraged residents to set out their goals for the future, and health care plans were reflective of all assessed needs and ensured that residents received the care and support they needed to maintain a healthy lifestyle.

Areas of non compliance related to one aspect of the premises; safe storage of medications, management of residents finances; two of the policies required improvements in order to meet with the regulations and the provision of a summary of the annually review of the quality and safety of care. These issues are discussed further in the report and included in the action plan at the end of this report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

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

**Theme:**

Individualised Supports and Care

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

This was the centre’s first inspection by the Authority.

**Findings:**

Residents were consulted with and participated in decisions about their care and the organisation of the centre. They also had access to advocacy services and this information was visible on the notice board in the sitting room. Information about residents’ rights was available to residents and residents were aware of their rights.

The inspector found that residents were consulted via the residents committee about how the centre was managed. There was weekly discussion with the residents to plan things like social activities, the menu, maintenance issues, household tasks and discussions about what to plant in the garden. The residents reported that they felt they were involved in making decisions about their daily routine, and decisions such as how they decorated and cared for their home. Residents said they looked forward to their weekly meetings.

There was a resident’s guide available for everyone in the centre, this included information about the services provided to them, and the procedure for making complaints. All of the residents spoken with said they knew who to speak to if they had any worries. There was a summary of the complaints procedure in an accessible format available on the notice board in the sitting room.

The complaints policy met the requirements of the Regulations, for example it clearly outlined the appeals process. A review of the complaints log showed that there had been only one complaint, it was in progress and actions were been taken by senior management to resolve the issue. The person in charge was aware that the satisfaction of the complainant would need to be recorded on complete the actions. Residents
spoken with told the inspector that they had no concerns or complaints and that the majority of issues were discussed and resolved during the residents committee meeting. Residents said that the staff listened to them and were responsive to their needs, for example in planning meals and supporting residents to visit their GP, and going shopping whenever they wished.

Residents told inspectors that they had their own keys for their house and they could come and go as they pleased. Staff were respectful of residents’ privacy and dignity and were observed knocking on the main door of residents’ bedroom, and waiting for a response to enter.

In the questionnaires that residents completed for inspectors they used comments like ‘I love living here’, and a number of residents said, ‘I like the staff and the people living here’, and it’s great fun here and the people are nice’ and ‘we get treated nicely’. On the day of the inspection residents spoken with knew the staff by name and said they felt the staff treated them very well and were kind to them. The inspector observed residents and staff to have a friendly, caring relationship. Relatives commented in the feedback questionnaire that, their family member is ‘well cared for and happy’.

Staff respected residents’ personal information. Inspectors saw that resident’s files were stored securely to maintain confidentiality. Personal letters were delivered to residents, and residents had access to a phone to make calls in private if they wished.

Residents have opportunities to participate in activities that provide meaning and purpose to them, and which suit their needs, interests and capacities.

Residents told inspectors that they were able to make decisions about their own lives, setting the goals they want to achieve, for example going on holidays, attending events in the community such as basketball games, concerts, and the theatre and dining out. Each resident had their own weekly schedule that included a wide range of activities suitable to their assessed needs and based on their preferences, such as training, employment, household tasks and social activities. Residents make arrangements to do their own laundry and staff offered support as required. It was clear from a review of the records and from talking with the residents that they were very involved in developing their support plans, and deciding what to with their time. Some residents attended day services where they took part in activities of interest to them, and made new friends. Other residents choose not to attend day services and staff ensured suitable activities were available to meet residents needs such as attending a retirement group, going out to the shop’s and meeting their friends in the community and having friends over to their home.

Residents were registered to vote, and supported to access the polling station if they wanted support.

Inspectors found there were adequate facilities for occupation and recreation. Residents told inspectors that they enjoyed getting together with their friends and family. Residents told inspectors that they liked their home and that they had enough room to keep personal possessions, for example, DVD’s, books and clothing and musical instruments. The inspector found that there was adequate space in residents’ bedrooms for clothing and personal possessions and there was also a spare room to store seasonal clothing and personal effects if required.
There was a policy in place to protect and manage residents’ personal finances and personal possessions. The inspector reviewed the policy and found it did not fully meet the requirements of the regulations. For example residents’ monies over a specified amount were placed in a personal deposit pooled account with the residents name but under the main account holder name of St.Michael’s. While there were stringent process outlined in the policy relating to the auditing of such accounts, residents did not have immediate access to this money as it could take at a minimum of twenty four hours to access the money through the accounts department. The inspector was concerned that residents’ rights were not being fully upheld by this policy. The action plan relating to this is recorded under outcome 18.

While all transactions were clearly recorded and receipts maintained for each transaction the system in place of one staff member signing all transactions of monies into and out of residents safekeeping box in the home was not in line with the designated centres policy. The policy required two staff signatures at the time the money was taken out of safekeeping and returned to safekeeping to ensure transparency, and to safeguard both residents and staff. The inspector checked the balance and records and found them to be correct.

**Judgment:**
Substantially Compliant

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**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
Residents’ communication needs were met. All residents could verbalise their needs clearly. Personal plans and some policies specifically related to residents, for example the complaints policy and residents rights were written in plain short sentences with pictures to promote understanding. As mentioned under outcome one the inspector found that residents were well informed about their rights and how to make a complaint. This was in line with the centres policy.

Residents had access to radio, television, DVD’s and magazines. While there were numerous television channels available this did not fully meet all the residents needs. The person in charge explained that due to the location some television channels were not accessible. This is referred to under outcome 1, as it relates to the one complaint currently in progress.
All residents had access to the internet and a number of residents were seen using the computer in the second sitting room. Residents were seen to access their local communities and explained how they enjoyed playing darts, going swimming, to the post office and working as volunteers in the local DSCPA (Dublin society for the prevention of cruelty to animals).

**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector found that residents were supported to develop and maintain personal relationships and links with the wider community. Residents told the inspector that they were able to see their family and friends at times that suited them, and that they could see them in private. Family members mentioned in the questionnaire that they could visit any time and that the staff were very welcoming. A number of residents spent weekends at home with their family and went abroad on family holidays. Support plans set out the key relationships in resident’s lives as part of their support network, and any support that was needed to maintain those relationships. There were records of the contact residents had with their family and others.

Residents were supported to take risks in their daily lives. Where potential risks were identified risk assessments were undertaken to evaluate the resident's skills and abilities and what supports they required to mitigate risks. Five residents were accessing the community independently while other residents were developing skills in social activities such as photography and learning how to access the internet. Many residents sought educational opportunities and were successful in achieving educational certificates. These achievements and graduation ceremonies were celebrated with family and friends with staff support. Residents showed the inspector their certificates and graduation photographs.

**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
There was a comprehensive policy in place which outlined the process to support residents moving in and out of the centre. Admission to the service is arranged through St. Michaels residential wait list committee, in line with the inclusion and exclusion criteria specified in the statement of purpose. The person in charge carries out a comprehensive assessment of suitability, including a health and safety assessment, a risk profile regarding suitability of the house in meeting a new residents needs. The multidisciplinary team are involved also as required. The residential approval group considers the person in charges recommendations with involvement of the social worker. Potential residents are provided with opportunities to visit and stay over to see if they like the home prior to moving in permanently. There was also a comprehensive transition process in place, should residents request alternative accommodation.

All residents spoken with were very happy in their home and the home met their current assessed needs. Residents had lived in Rossmore together between eight and thirty five years together. Three residents told the inspector about the day they moved in together thirty five years ago. All the residents had become good friends and there were no residents requiring a change of accommodation at the time of inspection.

A relative expressed satisfaction about supports in place around the admission process in the feedback questionnaire, stating, ‘The person in charge and the social worker were very helpful during the admission process’. The admission process was in line with the statement of purpose.

Residents had a contract of care in place as required by the Regulations. It outlined the services to be provided and any additional charges that may incur. For example, if residents choose to avail of private healthcare elsewhere. Residents also had a financial plan in place for a ‘house fund’ signed by the residents. It outlined payment details such as social activities that all residents took part in and any small purchase required for the home for example, an iron or drinking glasses. This was in line with the centres policy. Residents spoken with were happy with this arrangement and said that they often went out together as a group, or ordered a take away together which was covered by the financial arrangement.

**Judgment:**
Compliant
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):
This was the centre's first inspection by the Authority.

Findings:
Care and support provided to residents reflected their assessed needs and the services outlined in the statement of purpose.
The inspector saw from the records that residents were involved in the assessment to identify their needs and choices. Residents explained how staff supported them in their personal, social and educational development and what steps were needed to be put in place to achieve their goals. Residents enjoyed a wide range of activities, for example attending computer courses, swimming, basketball, Thai Chi, rug making, astrology, shopping trips, cinema, going out for a drive, walking the dog and feeding the bird’s.

Inspectors read a sample of the plans and found that they completed to a high standard. They were seen to identify the support needs of the resident, and how they were to be met. They were person centred and focused on what people wanted from life, such as personal, social and environmental wellbeing. The plans included any goals that had been set, and the progress made in meeting them. Residents told the inspector, ‘The staff help me when I need it’, for example, give me my medication, help me with the ironing and cooking and help to make up my bedroom each week’.

Psychology and psychiatric services were available to residents as required. Records showed that they were involved in residents care and their recommendations were implemented, monitored and reviewed. Personal support plans were in place as required. Residents reported that they felt supported by the staff and the healthcare team, for example, occupational therapy, chiropody, optomology, dental care and speech and language therapy.

Residents reported a high level of satisfaction with the service and they appeared to be very happy in their home. Residents said, ‘I am very happy here because my friends are here’, ‘I decide what I do everyday’ and ‘I can come and go as I please’, and ‘no one tells me what to do’.
The person in charge knew the residents very well and was very intuitive. She said, "I
know by the way they put the key in the front door and by the way they put their bag down in the hall what form they are in, and what kind of a day they have had. I know when they need some extra time for a chat and for some reassurance”. The inspector observed the person in charge discretely spending time with one resident who was a little unsettled, resulting in a positive outcome. The person in charge and the staff on duty interacted with residents in a friendly, respectful and patient manner, and they ensured that each resident had an opportunity to be heard and valued for their contribution to discussions.

The person in charge and staff gave details of the progress residents had made over time. This was clear from the support plans and from feedback from residents and family members.

Reviews were completed annually in consultation with residents or more frequently if required. The inspector noted that all of the families were not formally involved in reviews. The person in charge explained that residents' relatives were mainly elderly people and had chosen not be involved in the reviews. However, the person in charge and the staff kept family members up to date with residents changing needs with the resident’s permission. The person in charge told the inspector that they had social events in the house where relatives were invited and where they had an opportunity to make suggestions and share their views about the running of the centre. This was confirmed by the residents and information from relatives in the pre inspection questionnaire.

**Judgment:**
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:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The designated centre is suitable in lay out, some improvement was required to be in line with the regulations.
The house is owned by St Michaels. The inspector found the house met the description provided in the statement of purpose and the residents guide.

The house found to be clean and well maintained. It was very homely, and residents
had been involved in making decisions about how it was decorated. On the day of the inspection the house was found to have a lot of natural light, adequate heating and ventilation in place.

There were six bedrooms for residents, two downstairs and four upstairs, a staff bedroom and a staff office. Residents told the inspector that they loved having their own bedroom.

Some residents were happy to show inspectors their bedroom accommodation. The rooms were found to be of a good size, and personal in nature. Residents had adequate furniture to meet their needs.

The kitchens were equipped with the facilities needed for residents to prepare and cook their own meals, or receive support from the staff. This included facilities to carry out laundry independently or with support. Residents explained to the inspector the arrangements for household tasks, and doing their laundry.

There was outdoor space at the front and back of the house that was accessible to the residents, and they were well maintained. There was a smoking area with an awning provided outside where the residents chose to smoke. There is ample parking space available.

There were an adequate number of toilets, showers and a whirlpool bath to meet the needs of the residents.

There was no separate sluicing/cleaning facility in the home. Staff told the inspector that they dispose of dirty water into a large sink in the laundry room after washing the floors. Mops and buckets were also stored in the laundry room. The inspector held the view that this practice could pose a cross infection risk when residents clothing was being taken from the dryer in this room. The person in charge said that she would bring this to the attention of the provider nominee and have a plan in place to address it.

**Judgment:**
Non Compliant - Minor

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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):**
This was the centre's first inspection by the Authority.

**Findings:**
There were systems in place to promote and protect the health and safety of residents, visitors and staff.

The inspector reviewed the policies and procedures that covered health and safety in the house, this included policies on incident reporting, infection control, missing persons
and safe storage of chemicals. There was also an up to date safety statement that covered residents, staff and visitors.

The risk management policy met the requirements of the regulations and it was implemented, for example there was a local risk register in place that was kept under review. The provider nominee had a system in place to ensure that the identified risks were being managed effectively. For example, the health and safety committee reviewed the risks and escalated areas of high risks to the senior management team for review as outlined in the policy.

Each resident had clinical and environment risk assessments in place. The information in these documents was used to support the allocation of resources such as making sure there was enough staffing to consistently meet residents needs.

The inspectors observed a range of measures in place in the centre to manage risks in relation to health and safety, including manual handling training and fire training.

Staff were vigilant in maintaining a safe environment for residents. They were kept up to date about the identified risks in the centre and they were knowledgeable of the risks recorded on the local risk register., for example risks associated with smoking. The inspector found that a resident had a risk assessment and care plan in place for safe smoking. Staff ensured residents were supervised closely when residents smoked.

There had only been one accident in the house in the previous twelve months and this had been a "slip and trip "accident. The inspector reviewed the incident report and found it had been fully completed and reported to the service manager in line with the policy. Appropriate control measures had been put in place following re risk assessment to minimise the risk of reoccurrence. For example the resident was referred to the multidisciplinary team and was fitted with specialised footwear. Staff ensured that the floors were not washed while residents were present in the house.

Learning from incidents and accidents was incorporated in the resident care plans to minimise risk of another “slip or trip” occurring. The inspector observed that the resident mobilised independently and safely in the house and was supported by staff when out in the community.

There was a range of fire equipment available in each apartment including fire extinguishers and fire blankets, it was recorded on the equipment register that these had been serviced in April and May 2015. Emergency lighting and fire doors were in place and all fire exits were seen to be unobstructed during inspection. Emergency lighting had been serviced in March 2015.

There was a fire plan in place that was displayed in the entrance hall and clearly described the routes to use in an evacuation. The inspectors read a sample of the personal evacuation plans that had been completed for residents to consider what support if any would be needed in the evacuation of the centre. There was also an emergency plan in the event of power outrage, loss of water, heating, electricity and staff knew who to contact in the case of an emergency. Alternative accommodation and an emergency kit were available in the event of such emergencies. Staff were familiar
with the procedure.

Fire drills were completed regularly and mock evacuation of residents took place on during the day and early morning to familiarise residents with the procedure should an emergency occur. Where a risk was identified in one resident not hearing the alarm, the person in charge ensured additional measures were put in place to ensure the safe evacuation of the resident. Staff spoken with were familiar with this care plan. A review of the minutes of staff meetings and sign off sheets indicated that all staff had been personally informed of this care plan. Residents spoken with were aware of what to do should an evacuation the house be required. The inspector saw records of frequent checks of safety equipment and alarms and exits.

Judgment:
Compliant

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):
This was the centre’s first inspection by the Authority.

Findings:
There were systems in place to safeguard residents and protect them from the risk of abuse. There was a policy and procedure on the prevention, detection and response to abuse for adults. It included the definitions of different types of abuse including neglect and psychological abuse and discriminatory abuse. However it required some improvement to be in line with the recent National Health Service Executive (HSE) policy on protection. Issues which needed to be included in the policy were peer abuse and comprehensive details relating to the management of anonymous allegations of abuse; and information of human rights, civil liberties, including a person unable to make a valid consent. The action plan in relation to this is recorded under outcome 18.

Staff members had all received training in safeguarding and additional training was planned to be in line with the most recent guidelines. Staff spoken with were knowledgeable in relation to the prevention, detection and management of an allegation of abuse.

The person in charge was educated in safeguarding and very clear around the process of managing an allegation of abuse and its investigation. At the time of inspection, there
were no cases of allegations of abuse recorded.

Residents told inspectors that they felt secure in their home; because they could lock the door and staff were very nice and readily available if they needed help at any time.

Staff managed behaviour that challenges well and restrictive practices such as physical and chemical restraint were not used to control behaviours.

All staff were trained about de escalation techniques. The least restrictive measures were employed. when required. A sensor alarm to minimise the risk of a resident with a swallowing difficulty obtaining food from the kitchen unsupervised thereby reducing the risk of aspiration. The sleep over staff member would hear the alarm in this event and provide supervision to minimise this risk. The person in charge spoke of the importance of promoting residents independence, while enabling residents to make independent choices proportionate to an identified risk.  This was in line with the risk management policy which stated, 'staff will ensure the necessary supports are in place for all residents necessary to take risks appropriate to their abilities, to develop independence and take on appropriate risks’. This safety measure had been discussed with the multidisciplinary team including the psychologist and the family. Records reviewed confirmed this. As this had been identified as high risk, alternative measures had not been implemented prior to using the alarm as there were no alternatives considered to be effective.  Care plans were in place detailing the management and reviews and these were implemented.

**Judgment:**
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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The person in charge was aware of the legal requirement to notify the Chief Inspector regarding any incidents and accidents. The person in charge was clear of what incidents needed to be notified and the timescales in which they must be notified to the Authority. To the knowledge of inspector all incidents and accidents were reported clearly, and 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):**

This was the centre's first inspection by the Authority.

**Findings:**

Residents had opportunities for new experiences, social participation, education and employment/volunteering.

Each resident had their own plan about the activities they took part in. They worked with the staff to identify the different things they wanted to do, and then steps were taken to identify how to achieve the outcome they wanted.

Residents told the inspector about their personal activities such as training courses at local collages, personal skill development with support staff, attending the day centre, and hobbies such as playing pool, going to rugby matches, rug making, photography, going to the theatre, dining out and watching their favourite television programmes.

Residents had very active social lives. They told the inspector about their plans, such as going home to their family for the weekend, trips abroad, having friends around and going out with staff for the day.

Some residents shared photographs and stories about their family and events that they had celebrated as a group including family members such as graduations, birthday parties and seasonal events. Residents also spoke of knowing their neighbours and making friends in the community.

The inspector found that there were effective and efficient arrangements in place to provide care for each resident. Health care needs were met to a high standard. Each resident had an identified key worker who was responsible for putting care plans in place and ensuring that they were implemented. Residents told the inspector, ‘we have good key workers’.

Residents had a comprehensive up to date assessment of health care needs in place, including mental health. There were comprehensive care plans that guided staff to provide evidenced based practice for example, residents with a history of dysphagia (difficulty swallowing) and challenging behaviour. The person in charge also held a qualification as a registered general nurse and ensured that the staff had received training on the residents health care issues as applicable. When required residents were assessed by allied health professionals such as speech and language therapists, dietician and chiropodist. Specialist advice was available in the residents file, reflected in the care
plan, implemented and monitored closely. The person in charge and the service manager, the GP and psychologist, if applicable reviewed the care plans regularly to ensure that they were effective. Their signatures were recorded and dated on the care plans. Residents were involved in care planning and review, and residents also signed the reviews.

Plans were formally reviewed yearly, but more frequently if there was a change in the residents’ health status, for example evidence of difficulty swallowing, raised or lowered blood pressure levels, weight management, and dental and cataract treatment. Residents had access to a range of medical and allied healthcare professionals based on their assessed needs, for example physiotherapist, dietician, occupational therapy, chiropody, psychology, psychiatry and medical consultants and specialised surgeons. Residents had access to a general practitioner (GP) of their choice, and access out of hour’s service medical services. Residents also had access to private healthcare if they wished.

Health assessments had recently been put in place to ensure residents received appropriate health screening, for example, testicular screening. Health educational booklets in picture and word format were available to residents. Residents who required surgery received pre operative advice and access to psychologist as required providing reassurance and answering any concerns.

Residents planned their own menus and shopping lists and bought food from the supermarket occasional with support from the staff. Residents were very involved in preparing their evening meal and assistance was provided with meal preparation as required. The residents invited the inspector to join them for dinner. The dining experience was a lovely social occasion with lots of interaction between residents, staff and the inspector. It was customary for staff to have their evening meal with the residents and there was lots of discussion about the residents’ day and plans made for the evening time and the following day.

The inspector found that there was an ample supply of fresh and frozen food. The food was fresh, plentiful and nutritious. The menu focused on a healthy eating plan which the residents said they enjoyed. Residents spoke about liking to keeping fit and maintaining a healthy weight. Residents particularly loved a “skinny” latté or hot chocolate (made from low-fat milk) after dinner which was known by residents to be one of the staff’s specialities. Fresh fruit and juice and fresh fruit was available during the day which residents could access whenever they wished.

The kitchen was accessible to all residents at any time, with the exception of one resident as outlined under outcome 7, as the resident required supervision at meal times for his continued safety.

**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):
This was the centre’s first inspection by the Authority.

Findings:
The inspector found that there were effective and efficient arrangements in place to provide care for each resident.

Health care needs were met to a high standard. Each resident had an identified key worker who was responsible for putting care plans in place and ensuring that they were implemented. Residents told the inspector, ‘we have good key workers’.

Residents had a comprehensive up to date assessment of health care needs in place, including mental health. There were comprehensive care plans that guided staff to provide evidenced based practice for example, residents with a history of dysphagia (difficulty swallowing) and challenging behaviour. The person in charge also held a qualification as a registered general nurse and ensured that the staff had received training on the residents health care issues as applicable. When required residents were assessed by allied health professionals such as speech and language therapists, dietician, chiropodist; their recommendations were available in the residents file, reflected in the care plan, implemented and monitored closely. The person in charge and the service manager, the GP and psychologist if applicable reviewed the care plans regularly to ensure that they were effective. Residents were involved in care planning and review, and residents also signed the reviews,

Plans were formally reviewed yearly, but more frequently if there was a change in the residents’ health status, for example evidence of raised or lowered blood pressure levels, weight management, and dental and cataract treatment.

Residents had access to a range of medical and allied healthcare professionals based on their assessed needs, for example physiotherapist, dietician, occupational therapy, chiropody, psychology, psychiatry and acute hospital services.

Residents had access to a general practitioner (GP) of their choice, and access out of hour’s service medical services. Residents also had access to private health care if they wished.

Health assessments had recently been put in place to ensure residents received appropriate health screening, for example, testicular screening. Health educational booklets in picture and word format were available to residents. Residents who required surgery received pre-operative advice and access to psychologist as required providing reassurance and answering any concerns.

Residents planned their own menus and shopping lists and bought food from the supermarket occasionally with support from the staff. Residents were very involved in
preparing their evening meal and assistance was provided with meal preparation as required.

The residents invited the inspector to join them for dinner. The dining experience was a lovely social occasion with lots of interaction between residents, staff and the inspector. It was customary for staff to have their evening meal with the residents and there was lots of discussion about the residents’ day and plans made for the evening time and the following day.

The inspector found that there was an ample supply of fresh and frozen food. The food was fresh, plentiful and nutritious. The menu focused on a healthy eating plan which the residents said they enjoyed. Residents spoke about liking to keeping fit and maintaining their weight to protect their health. One resident said, ‘I have health lovely dinners every day and health food’.

Residents particularly loved a “skinny” latté or hot chocolate (made from low-fat milk) after dinner which was known by residents to be one of the staff’s specialities. Fresh fruit and juice and fresh fruit was available during the day which residents could access whenever they wished.

The kitchen was accessible to all residents at any time, with the exception of one resident as outlined under outcome 7, as the resident required supervision at meal times for his continued safety.

**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
There was evidence of good medication management practices and there was one area that required some improvement.

The inspector was satisfied that each resident was protected by the designated centre’s policies and procedures for medication management. The medication policy met the requirements of the regulations; it included procedures relating to the ordering, prescribing, storing and administration of medicines.

The policy also included a procedure for self-administration of medication. At the time of inspection the person in charge told the inspector that no residents were self medicating.
Training records reviewed indicated that staff had received updates in the safe administration of medication. On the day of inspection the inspector did have an opportunity to observe medications being administered as medications were prescribed mainly morning and evening. The inspector found staff were knowledgeable in medication management. For example there were safe systems and processes in place for checking medications in and out of the home, and for the safe disposable of disused medications in line with the policy.

Inspectors reviewed the prescription sheets for a number of residents and found each medication was accompanied by a signature from the prescribing general practitioner (GP). The GP prescribed all medications and ensured the prescriptions were typed onto the medication administration record to minimise risk of error for staff when reading the charts. The medication charts were reviewed by the GP six monthly or more frequently if required, for example each time a residents was prescribed a new medication, or had a medication discontinued, the chart was re written. Prescription sheets reviewed were clear and distinguished between “as required” (PRN) and regular medication. The maximum amount for PRN medication was consistently recorded on prescription sheets and the purpose of the required medication. These evidenced based practices in prescribing would minimise the risk of drug errors, near miss or overuse of PRN medication administration.

Inspectors reviewed a sample of residents’ medication files which were clear and legible. Resident identifiers were in place including photographic identification available on the chart for each resident to ensure the correct identity of the resident receiving the medication thus reducing the risk of a medication error. Medication was administered within the prescribed timeframe.

There were good practices around the management and understanding of the use of PRN medications. One low dose PRN medication was prescribed in line with best practice prescribing practice. The staff told the inspector that this medication had not been administered in over two months as alternative measures were tried first; such as providing divisional therapy, going for a walk or providing a cup of tea. A review of the medication record confirmed that the medication had not been administered as outlined by staff.

There was no locked medication fridge in the house. The inspector noted that there was one infrequently used medication prescribed every six months that required storage in a medication fridge. The staff told the inspector that this medication would be stored in a separate container in the food fridge in the kitchen prior to administration. While the food fridge temperature was checked, recorded daily, and the temperature was within normal limits the inspector was concerned that the fridge was unlocked and therefore accessible to residents and visitors. The inspector was concerned that this could result in poor outcomes for residents and or visitors. The person in charge said that she would have a locked medication fridge in place to store the medication safely.

There was no resident requiring medications that required special controls during the inspection. The facilities were available to stores these type of medications safely should they be required, and the staff were familiar with the process to be adhered to should these medications be required, in line with the policy and on with An Bord Altranais agus
Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) professional guidelines.

The PPIM spoke about medications prescribed by the psychiatrist for residents on a regular basis and explained how they were counted on each shift to ensure the medication count was correct, and to detect any errors that may have occurred during the day. The medication count was correct. The inspector noted that where these medications were prescribed, they were in a low dosage and they were reviewed three monthly by the psychiatrist or more regularly if required. There was no evidence of any of the residents being drowsy or unsteady on their feet as a result of taking these medications.

Medication management was the subject of a regular audit by the staff member who provides cover in the absence of the person in charge. There was evidence of learning from the outcome of the audit, for example, recording the actual time of administration when a resident refused the medication at the prescribed time. There was evidence that staff were updated on the outcome of the audit, as it was a standing item on the staff meeting agenda.

Judgment:
Substantially Compliant

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

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
There was a statement of purpose that met the requirements of the regulations. The inspector read the statement of purpose and found that it provided accurate information about the service. It accurately reflected the services and facilities to be provided and described the aims, objectives and ethos of the service. The person in charge was aware of the need to keep this document up to date, and to notify the Authority of any changes.

Judgment:
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):**
This was the centre's first inspection by the Authority.

**Findings:**
The inspector found there were effective management systems in place to ensure that the service provided was safe, appropriate to residents’ needs, consistent and effectively monitored. There was a clearly defined management structure which identified the lines of authority and accountability in the centre.

Arrangements were in place to ensure staff could exercise their personal and professional responsibility for the quality and safety of the services provided. The provider had established a management structure, and the role of the person in charge and staff were clearly set out and understood. There was a cohesive team in place and staff were very clear about their role, the support and the reporting structures in place. For example, the person in charge was supported in her role by the service manager, the senior social care worker who provided cover in the absence of the person in charge and the staff team, including the multidisciplinary team. The person in charge reported to the service manager and the service manager reported to the regional manager who is the provider nominee.

The provider nominee was interviewed by an inspector prior to this inspection. He reported that he was satisfied that the structure and the regular meetings with the management team ensured he was kept up to date on the designated centre. He reported that he received updates formally and informally on a regular basis to ensure he was up to date in relation to the quality and safety of the centre. Staff told inspectors that he visited the centre periodically and that he was approachable and supportive.

The centre is managed by a suitably skilled, qualified and experienced person in charge who is based near by the designated centre. The post of the person in charge is full time. She is experienced in managing people with severe learning disabilities and complex medical needs in community residential settings. The person in charge had good knowledge of the legislation and her statutory responsibilities. She demonstrated very good clinical, managerial and leadership skills.

She was enthusiastic about her role and strived to promote a high standard of care and a good quality of life for residents. She was actively engaged in the governance,
operational management and administration of the centre on a regular and consistent basis. She maintained her own professional development and had attended a number of courses and conferences. Residents knew the person in charge very well and were clearly very fond of her. Residents told the inspector, ‘Valerie is excellent and she is irreplaceable’.

The role of the person in charge is full time, and her working week includes weekends. The person in charge does not manage any other designated centres.

The senior social care worker provides coverage for the person in charge during any absences. She was also found to be a suitably skilled, qualified and experienced person.

There was an on all system provided out of hours including weekends and staff were aware that they could seek advice at any time.

At the time of inspection a copy of the annual review of the quality and safety of healthcare had not been provided to the residents or the Chief Inspector. The provider nominee had recently completed a comprehensive annual review of the quality and safety of care in the designated centre and the person in charge and the service manager had completed a review of all residents’ assessments and care plans. The person in charge and the service manager were in the process of combining both of these reports to provide a detailed summary to the Chief Inspector, and a picture and word format summary to the residents on completion.

**Judgment:**
Substantially Compliant

**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The provider nominee was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The provider nominee had appropriate contingency plans in place to manage any such absence. There were satisfactory arrangements in place through the availability of the supervisor to cover short absences of the person in charge, and a period of absence greater than 28 days would be covered by the programme manager. The supervisor and
the programme manager demonstrated a clear understanding of their role and responsibilities under the Regulations if required to deputise for the person in charge.

The provider nominee was aware of the requirements to notify the Authority in the event of the person in charge being absent.

**Judgment:**
Compliant

### Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

**Theme:**
Use of Resources

**Outstanding requirement(s) from previous inspection(s):**
This was the centre's first inspection by the Authority.

**Findings:**
The inspector found from a review of residents needs that the designated centre was adequately resourced to support the needs of residents to achieve their person centred plans. The provider nominee ensured there was adequate staffing and skill mix to promote good outcomes for residents. For example, staff were available to facilitate residents to attend activities of their choice during the week and over the weekend and to provide a sleep over staff to be available to residents during the night.

The house met the needs of the residents and had the facilities they needed to promote their safety, privacy, independence and quality of life. Service and maintenance records indicated that these services were carried out in a timely manner.

**Judgment:**
Compliant

### 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):
This was the centre's first inspection by the Authority.

Findings:
The inspector observed that there was sufficient staff with appropriate skills and experience to meet the assessed needs of the residents at the time of the inspection.

The inspector found that residents received continuity of care and that there was appropriate staff numbers and skill mix to meet the needs of residents. Records demonstrated that staff had up to date mandatory training, and this was confirmed by the staff on duty.
Additional appropriate training had been given to staff to meet the needs of residents. The additional training recorded included safe administration of medication and the management of dysphagia, food hygiene and first aid and cardiopulmonary resuscitation (CPR) and positive behaviour support.

Inspectors noted from the training schedule that ongoing training was scheduled for fire safety on 04 June 2015 and positive behaviour support training the following week.

Staff were positive about the training they received, and felt they were supported to work well with the residents.

Residents spoken with were very positive about the staff that supported them. Residents told the inspector that they had a very good relationship with the staff and felt they could depend on them to provide support as required. Relatives said in the feedback questionnaire that they were happy with the staffing levels.

The staff rota matched the staffing in the home. The centre was not reliant on agency staff.

An inspector reviewed a sample of staff files including volunteers at head office prior to this inspection and found recruitment practices were in line with the Regulations. There was evidence nursing staff were registered with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2014. Volunteers were vetted in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 201 and had their roles and responsibilities set out in writing. A volunteer spent time with the residents on a weekly basis and the residents and staff spoke highly of him.

The person in charge had implemented a system of staff supervision and appraisal. Staff confirmed that they had an appraisal completed and that they had identified training needs at their appraisal with the person in charge. The person in charge had a training plan in place to meet staff’s training needs as required. Minutes were seen of staff meetings, covering issues such as residents’ needs, training, policies and safety alerts and providing the residents with a choice of key worker.

The staff told the inspector that they enjoyed their job and that the person in charge
was very supportive and that there was a good team spirit. The inspector observed positive staff interaction and there was a friendly and happy atmosphere in the residents’ home.

**Judgment:**
Compliant

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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 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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector found that there were systems in place to maintain complete and accurate records and the required policies were in place.

Written operational policies were in place to inform practice and provide guidance to staff. Inspector found that staff members were sufficiently knowledgeable regarding these operational policies. As outlined under outcome 1 the policy in place to protect to manage residents’ personal finances and personal possessions had not been fully implemented. As discussed in Outcome 8, the policy on the prevention, detection and response to abuse for adults required some improvement to be in line with the recent National Health Service Executive (HSE) policy on protection.

Inspectors found that medical records and other records, relating to residents and staff maintained in a secure manner.

The directory of residents was maintained up-to-date. Satisfactory evidence of insurance cover was in place. Inspector read the residents’ guide and found that it provided detail in relation to all of the required areas. This document described the terms and conditions in respect of the accommodation provided and provided a summary of the complaints procedure.

**Judgment:**
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:

Valerie McLoughlin
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>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002404</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>02 June 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>01 July 2015</td>
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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 Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The system in place of one staff member signing all transactions of monies into and out of residents' safekeeping box in the home was not in line with the designated centres policy.

Action Required:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

**Please state the actions you have taken or are planning to take:**
The PIC has implemented a system of having two staff sign all transactions of monies into and out of service user’s money box. This brings practices in the centre in line with the St. Michael’s House Policy and Procedures for Managing Service Users Monies.

The PIC and provider nominee will review the practice of permitting a limited amount of money in a current account. This practice is to safeguard service users from potential financial abuse. The review of the practice will consider if this infringes on service users rights. Minutes of the review will be available for inspection.

**Proposed Timescale:** 29/06/2015

<table>
<thead>
<tr>
<th>Outcome 06: Safe and suitable premises</th>
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<tr>
<td><strong>Theme:</strong> Effective Services</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no separate sluicing/ cleaning facility in the home which could result in a risk of cross infection, and poor outcomes for residents.

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

**Please state the actions you have taken or are planning to take:**
The PIC reviewed the designated centre with the Infection Control Clinical Nurse Specialist on 29th June 2015. Recommendations on additional control measures to safeguard against infection control were identified. Minutes of the review are available for review. The PIC has implemented the recommendations.

**Proposed Timescale:** 29/06/2015

<table>
<thead>
<tr>
<th>Outcome 12. Medication Management</th>
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<tr>
<td><strong>Theme:</strong> Health and Development</td>
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</table>

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Medications required to be kept in the fridge would be accessible to other residents and visitors. There was no locked medication fridge in the house.
**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 PIC purchased an appropriate additional fridge for the storage of medication. The fridge is installed in a locked press and will be used for storing medication as required.

**Proposed Timescale:** 28/06/2015

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**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:
At the time of inspection a copy of the annual review of the quality and safety of healthcare had not been provided to the residents or the Chief Inspector.

**Action Required:**
Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

**Please state the actions you have taken or are planning to take:**
The Provider nominee requested the Service manager and PIC to develop the annual review of the quality and safety of care and support in the designated centre. The report will be discussed with residents and family when it is developed. A copy will be retained on file in the centre for inspection.

**Proposed Timescale:** 30/07/2015

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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:
The the policy in place to protect to manage residents’ personal finances and personal possessions had not been fully implemented.

The policy on the prevention, detection and response to abuse for adults required some improvement to be in line with the recent National Health Service Executive (HSE)
policy on protection.

**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:**
1. The PIC has fully implemented the policy and Procedures for Managing Service Users Monies. Two staff members now sign all transactions of monies into and out of residents' safekeeping box.

   Implemented 29th June 2015

2. The registered provider is currently updating the Safeguarding Policy to bring it in line with the National Policy on Safeguarding. The policy will be fully implemented when the review is complete.

**Proposed Timescale:** 31/10/2015