

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002389
Centre county:	Co. Dublin
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	Maureen Hefferon
Lead inspector:	Nuala Rafferty
Support inspector(s):	None
Type of inspection	Unannounced
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.

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

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

The inspection took place over the following dates and times

From: 28 April 2015 14:00 To: 28 April 2015 19:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the third inspection of this centre by the Health Information and Quality Authority's (the Authority). The purpose of this inspection was to follow up on matters arising from a registration inspection carried out on 9 and 10 December 2014 and a follow up inspection carried out on 4 February 2015 to monitor progress on the actions required arising from those inspections.

As part of the inspection the inspector met with staff members and residents and reviewed documentation such as reports, care plans and clinical records.

It was found that some progress was made by the provider in implementing the required improvements identified by the registration and follow up inspections. As further actions are required to fully address the requirements identified in these reports, these actions are repeated in this report to ensure improvements are instigated and maintained in key areas such as; premises; risk management; assessment and review of care needs, care planning and resources.

The Action Plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the Authority's Standards

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

This action was fully addressed.

Records reviewed showed that meetings had been held with residents to discuss their concerns and subsequently the satisfaction or otherwise of each individual person was reviewed and documented.

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):

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

Findings:

This action was addressed.

Evidence that the transfer of residents since the registration inspection was managed and concluded in a timely responsive and supportive manner was available. Alternative services for other residents were still being explored with the involvement of the individuals concerned and their representatives. This was being considered in line with a review of the service provision within the centre to ensure the service currently being provided continued to meet the needs of the current resident profile.

The statement of purpose was reviewed to include transparent clear criteria to assure timely responsive and appropriate admissions, discharges and transfers and a copy forwarded to the Authority.

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):

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

Findings:

This action was partially addressed.

Aspects of the actions which were addressed included;

- the transfer of identified residents was safely and appropriately concluded
- the centre now meets the assessed needs of residents in terms of areas of diversion or quiet areas.

However, there were a number of aspects of the actions which were not addressed. For example residents assessed needs and care plans were to have been reviewed by the person in charge and relevant healthcare clinicians within February and March 2015. There was limited evidence that any progress had been made on this action.

The inspector was verbally informed that an individual co ordination meeting was held for all residents which included the relevant clinicians assigned to the individual

resident's care, but on review of a sample of resident's clinical documentation, written evidence of the completion of these meetings was not available for all residents.

Evidence that any follow up to these meetings including referral to clinicians or reviews of plans to determine effectiveness of interventions in place to take account of and manage changes in conditions, circumstances or health and social care needs was not available.

In addition it was also noted that;

- comprehensive assessments of social and personal needs were not reviewed within the time frames stated in the provider's response to the registration report
- individual personal plans to support resident's continued personal independence and life skills development were not in place for 2015
- plans in place for 2014 did not include identified supports to achieve the goals and limited progress was found to have occurred, for example plans to join an art class, or go for regular beauty treatments were in place but documented evidence that any of this had occurred could not be found during this inspection
- in some instances it was found that changes to health care needs were identified for some residents and were discussed by the assigned clinical teams at the individual coordination meetings with the individual and their representative or next of kin. But although these meetings had occurred up to two weeks previously evidence that any actions had been implemented to manage the changes in condition was not found.

The person in charge was not on duty during this inspection and although the service manager arrived on site to assist the inspection evidence of the progress which the inspector was told had been made could not be located.

The inspector was also told that some members of the assigned clinical team were due in the centre on the day after the inspection to review positive behaviour support plans and supporting guidance.

Evidence was subsequently forwarded to demonstrate that all positive behavioural plans were reviewed and evidence of one revised health care plan was also received.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

This action was addressed.

Appropriate mattresses and mattress covers were purchased and in place for a number of residents.

The ramp to enable access to the identified storage area had not been installed but assurances were given this would be addressed before the end of the week and photographic evidence was provided subsequently.

Following the completion of actions relating to discharges and transfers it was found that the design and layout of the centre with two communal sitting rooms was meeting the needs of residents in terms of areas of quiet and diversion.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Actions under this outcome from the registration inspection were deemed compliant in February on the basis of assurances given that the recommendations made in the report would be implemented by the provider however, all recommendations were not yet implemented on this visit.

Recommendations in relation to upgrades of the centre's fire systems within a six to twelve month period were made and included;

- intumescent smoke seals were fitted to all communal doors
- automatic door closures due to be fitted to all doors with the exception of bedroom doors were not yet fitted, the time frame to action this particular recommendation is due to expire in June 2015 .

The following recommendations were not yet implemented on this inspection but it was noted they remain within the time frame recommended for completion by the fire engineer which is due to expire on 21 January 2016.

- upgrade of the fire alarm and emergency lighting systems
- improvements to fire retardant materials of the attic to include increase insulation; enclose skylight shaft; replace attic hatch with 30 minute fire rated hatch; upgrade walls and first floor landing to 30 minutes fire rated membrane and remove all storage.

All of these actions were recommendations included in a report from a fire safety engineer commissioned by the provider and were risks rated in terms of priority and time frames.

Furthermore, written confirmation from a properly and suitably qualified person with experience in fire safety design and management that all statutory requirements relating to fire safety and building control have been complied with as required in the Registration Regulations had not been provided. An action in relation to this is included under Outcome 14

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

This action was addressed.

Aspects of the actions which were outstanding from the February inspection and were addressed included;

- training for staff in positive behaviour support strategies was arranged and evidence that staff had attended was viewed
- external counselling supports for identified residents remained in place and a training plan to include further training for staff on managing behaviour that challenges and safeguarding was in place
- ongoing monitoring of the incidences of behaviour that challenges was in place by the person in charge.

The inspector met several residents when they returned from their day service and enjoying their evening meal. All appeared relaxed and comfortable with each other and with staff and none exhibited or verbalised any fears upsets or concerns.

However, on review of the complaints records and other documents the inspector noted that relationships between all residents were not always friendly and had resulted in several incidences of conflict.

All staff including the person in charge, service manager and assigned clinicians were fully aware of these issues which had on occasion resulted in incidences of behaviour that challenges. But it was noted that although these incidences were being monitored, plans which identified supports and measures in place to reduce, prevent and manage these incidences as part of an overall strategy which included reviews by clinicians such as social work or psychology had not been reviewed since the previous follow up inspection in February for all residents despite in one instance review dates due as far back as October 2014.

The inspector was told that these plans were scheduled for review on the day following the inspection and evidence was subsequently forwarded to demonstrate that all positive behavioural plans were reviewed and it was also noted that no further incidences had occurred in 2015 due to the increased level of staffing in the evening and at weekends.

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):

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

Findings:

Aspects of this action which were addressed include;

- review of positive behaviour support plans
- clinical supports including social work, advocacy physiotherapy and speech and language therapy inputs continued to be provided.

Aspects of this action which were not addressed include;

- full review of each residents assessed needs and care plans and determination of the requirement for and provision of clinical nursing inputs were still not in place. Although the inspector was informed that nursing inputs were being sourced through the day services attended by individual residents evidence of this was not available.

As previously stated under Outcome 5 changes to health care needs were identified for some residents but evidence that any actions had been implemented to manage the changes in condition was not found. For example, tinnitus and behaviours associated with physiological changes.

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):

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

Findings:

A revised statement of purpose was forwarded to the Authority in March 2015 which included transparent criteria for admissions and all nursing and allied health professional inputs available were identified.

The document was found to contain all of the information required by Schedule 1 of the Regulations and copies were available for residents in the centre and the service manager was aware of the requirement to keep the document under review and where necessary revise at intervals of not less than one year.

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):

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

Findings:

During the registration inspection, evidence that the governance and management system was responsive to the needs of residents and supported the delivery of safe quality care was not found. Improvements were found on the follow up inspection but the action was not fully addressed. On this inspection it was found that improvements found on the last visit had been sustained but the action was still not fully addressed.

Aspects of this action which were addressed include;

- an assigned clinical team comprising of social work; psychology; physiotherapy and occupational therapy is in place for the centre
- ongoing monitoring of incidences of behaviour that challenges was in place.

Aspects of this action which were not addressed include;

- the assigned clinical team does not include nursing inputs and a full assessment of all residents needs and determination of the requirement for and provision of clinical nursing inputs were still not in place
- there was little evidence of inputs by allied health clinicians into plans in place to effectively manage residents health personal and social care needs and evidence of reviews of all of these plans was not available
- 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.

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):

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

Findings:

There was limited evidence of progress on this action.

Although the inspector was verbally told that all individual co ordination meetings to facilitate a full re assessment of each resident's needs had occurred notes relating to these meetings were not available for all resident's.

A full review of each residents assessed needs and care plans which included inputs from assigned clinicians on foot of the individual co ordination meetings was not found.

A full review of funding and resources required to deliver a safe and effective service commenced in February and was due for completion by end of March 2015 was not concluded however, the service manager stated that several meetings had taken place in this regard. Minutes of discussions on the model of service currently being delivered and recommendations on developing the service were viewed and the inspector was told that this would be completed by 12 May 2015 this is also referenced under Outcome 17.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

Improvements to staffing found on the follow up inspection in February were found to be maintained on this inspection. Additional staff resources of up to 43 hours per week were still in place to facilitate the implementation of positive behavioural support plans and maintain a safe environment.

Other aspects of this action which were addressed include;

- training for staff in positive behaviour support was delivered and attendance sheets were viewed
- a training needs analysis and plan was devised by the person in charge in conjunction with the organisations training officer and included mandatory training requirements such as moving and handling; safeguarding; fire safety and food safety and also training specific to the resident profile such as; diabetes; bereavement and loss; lámh and epilepsy. Care planning and assessment was also included in the plan.

However, it was noted that only a small minority of the training had been arranged with definite dates and most were still being sourced.

Aspects of this action which were not addressed include;

- a full review of the staffing resource and skill mix required to deliver a safe and effective service in line with the statement of purpose was not completed although the time frame had expired
- a review of the full time clinical nursing inputs required by the current resident profile have not yet been assessed reviewed or determined

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

This action was addressed.

A directory of residents which meets all of the requirements of the care and welfare regulations was in place and maintained. All policies and procedures required under Schedule 5 were available in the centre.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Nuala Rafferty
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002389
Date of Inspection:	28 April 2015
Date of response:	25 June 2015

Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

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

Comprehensive assessments of health, personal or social care needs were not reviewed annually or as needs changed.

Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and

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

social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

- All personal wellbeing support plans have been reviewed and updated where required to reflect changes in need.
- All Comprehensive assessments of needs have been reviewed and updated as required by Senior Psychologist, Clinic Nurse Manager, Service manager and Person in Charge.
- (A) A system has been put in place for each key worker to audit care plans on their monthly check list to ensure they are up to date reflecting any changes in need.
- A system has been put in place by the Person in Charge to review assessments and care plans annually or as needs change.
- During the 6 monthly unannounced audit the Service manager will review that care plans and positive behavioural support plans are in date and reflect any changing needs of the residents.
- The Service Manager will update the provider nominee at regular meetings.

Proposed Timescale: 28/5/2015 (A) 30/6/15

Proposed Timescale: 30/06/2015

Theme: Effective Services

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

Personal and social plans which were in place did not fully reflect the residents assessed needs, had not been reviewed as needs changed and were not adequate or appropriate to support resident's continued personal independence and life skills development.

Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

- The person in charge is reviewing all personal plans
- The review will highlight where additional plans are required. The PIC will ensure that new personal plans will be implemented as required.
- Personal plan tracking form has been devised to support and monitor progress. The person in charge has discussed and implemented this system with the staff team .
- Progress on personal plans is fixed item on all support meetings between staff team and PIC.

Proposed Timescale: 04/06/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Recommendations made and contained within the report of a fire safety engineer were not yet implemented in relation to;

-improvements to fire retardant materials of the attic to include increase insulation;enclose skylight shaft; replace attic hatch with 30 minute fire rated hatch;upgrade walls and first floor landing to 30 minutes fire rated membrane and remove all storage.

- installation of automatic door closures on all doors with the exception of bedroom doors.

Action Required:

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

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

- Insulation to attic space, upgrade of walls between the attic space and landing, and upgrade of attic door to 30 min to be completed by 30/06/15
- Self closers to be fitted to doors other than Bedroom doors by 30/06/15

Proposed Timescale: 30/06/2015

Theme: Effective Services

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

Recommendations made and contained within the report of a fire safety engineer were not yet implemented in relation to;

-upgrade of the emergency lighting system.

Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

- The emergency lighting was serviced on the 26/3/2015
- New fittings were installed on the 10/4/15

Proposed Timescale: 10/04/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

Recommendations made and contained within the report of a fire safety engineer were not yet implemented in relation to;
-upgrade of the fire alarm system.

Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

- The Fire Alarm system is L1 standard.

Proposed Timescale: 25/06/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

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

Action Required:

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

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

- The person in charge scheduled a full review of all care plans on 26/5/15 with allied health professionals including clinical nurse manager, senior psychologist, service manager and the person in charge.
- (A). RNID nurse being redeployed to assess and support all resident's medical needs and will liaise with day service nurses and Clinical Nurse Manager as required.
- The PIC has designed a checklist for key workers to ensure all assessments on need and care plans are effective and in date, these will be reviewed monthly.
- The Clinical Nurse Manager will advise and support the staff nurse and PIC regarding best practices .
- At present all staff can avail of the out of hours Nurse Manager on Call for advice support and guidance regarding any concerns regarding the health of residents
- All residents are encouraged to access their own GPs and out of hours surgery service.
- (B)The Person in Charge has designed a system to ensure all needs are reviewed annually or as required.The system consists of a comprehensive checklist for each key worker to audit care plans. This checklist is completed alongside each residents' monthly reports .The checklist provides a framework to monitor the needs of residents

,ensure if the clinical guidelines are effective and up to date. And to highlight when additional support and guidance is required from allied healthcare professionals.

•Residents' key workers will ensure that the checklist information is completed and presented to the PIC by the 14th of each month. . A copy of the checklist has been forwarded to the Authority.

Proposed Timescale:(A) 15/8/15 (B) 20/6/2015

Proposed Timescale: 15/08/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

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

Action Required:

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

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

The Registered provider has sought clarification regarding this . As pre email received from the HIQA registration office to John Birthistle on 20/5/15, The authority has advised that " currently not seeking submission of fire and planning compliance as discussion is on going around possible changes to regulation "

Proposed Timescale:

Theme: Leadership, Governance and Management

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

Responsive appropriate systems which includes the provision of nursing inputs to ensure the implementation of personal plans to meet residents' health and social care needs were not in place.

Action Required:

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

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

- 0.5 WTE RNID nurse will be redeployed to the designated centre to assess and support all resident's medical needs.
- (A) 6 monthly meetings have been scheduled to monitor and review the service to ensure it is appropriate to residents needs. The Clinic nurse manager will attend this meeting to ensure that this service is appropriate to the residents needs.
- A system has been devised by the PIC where the key workers will review and monitor the assessment of need for each resident monthly, report findings to the PIC who liaise with the staff Nurse and CMN3 to ensure the effectiveness of needs.
- Clinic nurse manager will support the person in charge & nurse in relation to changing needs and personal plans. The Clinic Nurse manager will meet monthly or more frequently if needs change.
- (B) regular management meeting between the person in charge and service manager will include a review the following:
health and safety, review quality and effectiveness of personal plans and progress of plans and incidents of behaviour that challenge on a monthly basis. The Service Manager will update the Provider Nominee at their regular management meetings.
- The Senior psychologist who supports the residents will review the effectiveness of all positive behaviour support plans and safeguarding plans on 27/5/15.

- (C) The person in charge has introduced a checklist to support the monitoring of all care plans and that guidelines are effective and responsive to residents needs This checklist is designed to support the current reports that operate within the centre. Each residents' key worker will ensure these are completed by the 14th of the month . The person in charge will ensure all of the guidelines and care plans are effective and all outstanding information has been received from relevant health care professionals.
- All staff have been informed of the new system at the staff meeting on the 4th June 2015.
- The PIC has also devised a new format to review and track all actions arising from each residents Individual co ordination meeting.
 - 1.The PIC will ensure all draft minutes are filed in the residents files while awaiting typed minutes.
 - 2.The PIC will ensure all care plans are updated following an ICM and all staff are informed of outcomes of meetings.
 - 3.The PIC will track actions until they are completed

- (D)The PIC has identified training required and has requested training for staff team in the following areas emotional literacy training ,pain management and bone care to support the care plans of residents

Proposed Timescale: (A) first meeting on 26/5/15, second meeting scheduled on 23/11/15 (B) scheduled 9/5/15, (C) 4/6/15, (D) 30/9/15

Proposed Timescale: 23/11/2015

Outcome 16: Use of Resources

Theme: Use of Resources

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

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

Action Required:

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

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

- (A)The person in charge scheduled a full review of all care plans on 26/5/15 with allied health professionals including clinical nurse manager, senior psychologist, service manager and the person in charge.
- The service manager and PIC have reviewed all resources available in the centre. The review concluded that staff resources and allocation of appropriate staffing levels and skill mix were currently appropriate to meet the assessed needs of residents. However a recommendation that a staff Nurse be allocated to the staff team to support the future changing needs of the residents profile will be implemented .
- Following on from the review the roster will support the needs of the residents i.e. allocating staff and skill mix depending on the needs of the residents in timeshare at any one time to ensure effective delivery of care.
- As recommended in the recent service review a staff Nurse will be recruited to the team to assess and support all resident's medical current and future needs .

Proposed Timescale: (A) completed (B) 15/8/15

Proposed Timescale: 15/08/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

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

Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

- The Service Manager and PIC have reviewed all resources available in the centre. The review included a review of staff resources and allocation of appropriate qualified

staffing levels and skill mix to meet the assessed of residents.

- Following on from the review a Nurse will be recruited to support residents' future medical needs.

- The person in charge and service manager have agreed actions and will implement same to ensure effective delivery of care. These include planning rosters to ensure the correct allocation/ skill mix of staff is rostered on depending on who is availing of timeshare.

- All staff will receive appropriate training to meet the needs of the residents including emotional literacy training ,pain management and bone care to support the care plans of residents

- Training has been scheduled:

Safeguarding training completed

Positive behaviour Support training, 5 receiving training and 3 staff on wait list.

Safe administration of Medication refresher on 3/6/15

Manual handling refresher on 16/6/15

risk assessment training 27/5/15

Hand Hygiene for 5 staff completed on 8/4/15, 1 staff booked in on 17/6/15 1 staff booked in on 15/9/15

Diabetes, report writing, food safety refresher and Epilepsy refresher will be completed by 31/8/15

Training matrix will be completed

Proposed Timescale: 30/06/2015

Theme: Responsive Workforce

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

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

Action Required:

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

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

- The recommendations of the Clinical Nurse Manager following from the nursing inputs review is that the inclusion of a staff nurse within the designated centre would be beneficial in supporting the future changing needs of the residents.

Proposed Timescale: 20/08/2015