

**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-0002375
Centre county:	Dublin 9
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	John Birthistle
Lead inspector:	Nuala Rafferty
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	2
Number of vacancies on the date of inspection:	5

About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
06 May 2015 10:30	06 May 2015 19:00
07 May 2015 07:30	07 May 2015 15:00

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

As part of the application for registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider for the purposes of application

to register were found to be satisfactory.

No residents' or relatives questionnaires were received by the Authority during or after the inspection.

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

At the time of this inspection staff and residents were going through a period of transition as the service changed from a time share and respite service to a full time residential service.

Overall, evidence was found that residents' healthcare needs were broadly met. Residents had access to general practitioner (GP) services and a full time medical officer as part of the overall services provided by St Michael's House Group. Access to allied health professionals such as physiotherapy speech and language therapists and to community health services were also available.

The inspector found there were aspects of the service that needed improvement such as premises, medication management and care planning.

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):

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

Findings:

It was found that resident's privacy and dignity was respected through personal care practices, maintaining private communications and contacts with relatives and friends and maximising independence. CCTV or other monitoring devices were not in use in the centre at this time.

Staff were observed to endeavour to facilitate residents' capacity to exercise personal autonomy and residents were enabled to exercise choice and control in their daily lives in accordance with their preferences. However, limitations to activities for residents were noted in relation to access to transport and this is further referenced under Outcome 16 in this report. Independence was promoted and encouraged in personal care and other activities of daily living relevant to assessed abilities.

Systems to safeguard finances were in place and supports to facilitate residents to safely manage their finances were reviewed and it was found that resident's belongings and finances were protected on this inspection by robust systems of recording, balancing and auditing each resident's bank account statements which were regularly audited by the person in charge.

There was a written operational policy and procedure relating to the making, handling and investigation of written complaints. The procedure identified the nominated person to investigate a complaint and the appeals process. There was a nominated person who held a monitoring role to ensure that all complaints were appropriately responded to and records were kept. A complaints record was in place and on review it was found that complaints made to date were investigated and measures implemented to address them. A review of the level of complainant's satisfaction was subsequently held.

Regular residents meetings to discuss and agree the daily or weekly activities programme, menu choices or other group life decisions were held. However, although the inspector was told that opportunities to formally meet with staff to discuss their loved ones care plan on an annual basis and that social occasions were held, a transparent formal consultation process to seek or action the views of residents or relatives on service delivery or development was not in place.

The inspector was provided with a copy of a draft Annual Report however this did not include or reference a formal consultation process for all residents and relatives on the development of services. This is further referenced under Outcome 14

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

Evidence that staff were aware of the different communication needs of residents and that systems were in place including external professionals input where necessary, to meet the diverse needs of all residents was found. All of the current resident profile were able to communicate verbally and had few identified needs in relation to communication aids.

The centre is part of the local community and residents visit local shops, restaurants and leisure facilities on a regular basis.

Residents had access to radio, television and information on local events. Newspapers and magazines were available and some residents also had their own personal mobile phone. Although access to the internet was available within the centre this was only a recent development and as yet there was no access to social media such as facebook or skype.

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:

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

However it was noted that due to the age profile of siblings' parents and other relatives for some residents contacts were primarily through regular phone calls. Visits were facilitated by staff at the choice of the resident and their family.

Arrangements were in place for each resident to receive visitors in private without restrictions unless requested by the resident.

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:

The inspector was told that the purpose and function of the centre relating to the model of service had been reviewed and decisions made to cease providing a time share service and to move to a full time residential service. Two full time and one part time vacancies were available at this time.

At the time of the inspection a number of people were being considered for admission to the service and the admissions process had commenced.

Assessments to determine suitability of prospective residents and consultation meetings with existing residents which included opportunities for both to meet were in progress but had not yet taken place.

However, some gaps in the process were found and included;
-evidence of family involvement in the admissions process was not found.
-a transition plan to support the transfer of one person from their existing service to this service was not in place
-a review process to determine the appropriateness of the placement subsequent to the admission, whether it fully meets the residents needs and whether there are any unforeseen impacts on the existing residents was not planned.
An action in relation to these findings can be found under Outcome 5

On a sample of those reviewed it was found that each resident had a written contract agreed within a month of admission. The contract set out the services to be provided and all fees were included in the contract. However where additional charges pertained these were not all included. Where additional specialised assistive equipment was required by an individual, these were on occasion being made by the resident. It was found that a transparent decision making process involving the provider nominee person in charge and finance director was in place and this occurred only when; efforts to access funding through the health service executive had failed and the resident had sufficient funds to pay for the equipment. However, charges relating to costs for equipment were not included in the contract.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Evidence that resident's well being and welfare was maintained by a good standard of evidence-based care and support was found although improvements were identified particularly in relation to meeting social needs and maintaining or developing life skills.

Some evidence that all residents, their next of kin or nominated advocates were consulted and involved in the development of personal or health-care plans was

available

Although personal well being assessments were carried out, which identified the requirements for supports related to aspects of daily living such as; integration into the community via activities or groups; communication; travel or transport; or technology. Individual personal plans were not developed to support all resident's continued personal independence and life skills development.

Although it was noted that staff endeavored to promote independence and encouraged and supported residents to maintain and develop life skills, primarily associated with maintaining the activities of daily living such as personal washing and dressing or encouraging independence at meal times. An improved variety of in house activities could be explored which would be compatible with residents' abilities such as being involved with house hold tasks or physical exercise routines to maintain mobility.

The plans in place for 2014 related primarily to basic life rights such as going for a walk, a drive or meeting with friends and family. These did not include identified supports to achieve the goals and limited progress was found to have occurred and had not been reviewed.

Reasons for this varied and some related to difficulties encountered in bringing all relevant stakeholders together to devise the plans. The inspector found that in the case of all resident's efforts had been by the current person in charge and staff to address this.

Care plans were found to be in place for every identified health-care need however they were not found to be detailed enough to manage the specific problem, did not reference the recommendations of allied health professionals or reviewed as needs changed in order to appropriately determine their effectiveness. Examples included; management of dehydration; nutrition; hiatus hernia and epilepsy.

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):

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

Findings:

Overall the design and layout of the centre was found to meet the needs of the current resident profile in line with the Statement of purpose. The centre is a dormer bungalow located in a settled urban community. In general the centre included required health and safety aspects and appropriate security. Appropriate equipment for use by residents or staff was available and maintained in good working order. However some improvements in relation to aspects of the fixtures, furnishings, maintenance and storage were required.

Adequate private and communal accommodation included; Downstairs; large entry hallway; four single bedrooms without ensuite; large fully fitted kitchen with adjoining dining room; a sitting room and a small room to the side of the dining room which is generally used as a visitors room; one large assisted shower room with w.c. and w.h.b.; laundry room which is accessed through the shower room; separate bathroom with w.c. w.h.b. and non assisted bath; staff office and medicines cupboard underneath the stairwell.

Upstairs; two residents bedrooms one with ensuite containing w.c. and w.h.b. only; one staff sleepover bedroom with shower w.c. w.h.b. ensuite.

Externally there was a small paved area front and to the rear and side of the building. A day service was also situated in the grounds to the rear of this centre. The grounds were neat and tidy, with small storage areas for cleaning equipment and domestic bins. The rear of the building was enclosed through a locked gate and railing. There were shrubs and plants to the front of the centre.

Efforts to reflect resident's individuality and preferences in relation to colour and furnishings in bedrooms were noted and photographs pictures and fixtures which reflected interests and hobbies were evident.

The centre was visually clean and mainly uncluttered. The kitchen was fully operational with sufficient cooking facilities and equipment. The sitting room was bright and contained couches, nest of tables and a TV unit with space for dvd and cd player.

However, although the centre was in general well maintained some aspects needed to be improved such as;

- furnishings, fixtures and fittings were dated and many were worn and mis- matched, including couches; dining room table and chairs; nest of tables and TV unit.
- aspects of wood work on some door frames and skirting's and paint work on walls were marked and scuffed, rust noted on some radiators and mould was found on the inner aspect of the window frame and blind in one bedroom.
- although in general the premises were clean some attention to detail was required where a build up of dirt and grime behind radiators in many bedrooms and around cupboards, sink washing machine and floor of the laundry
- the shower room needed particular attention where the altro flooring was torn and lifting in parts, rust noted on radiator; grab rails at w.c. and exposed pipes underneath w.h.b. The person in charge had already identified some of these and an assessment of the flooring was carried out during the inspection by an external company.
- the stairway was noted to be very narrow and turned sharply for the last three steps, it was found only one person would fit on the stairs at any one time. This renders it

unsuitable for use by persons with mobility difficulties and the upstairs bedrooms would be accessible only by fully mobile persons.
storage space was limited in bedrooms upstairs where wardrobes were very small and bedside lockers were broken or not available.
- the downstairs office space was also very small with no ventilation. The medication cupboard was also very limited and noted to be full although there were only 2 full time and one part time resident using the service at this time.
Although the current profile of residents did not require a high level of assistive equipment where it was required same was available.

Service records were found to be up to date and maintenance contracts including domestic and clinical waste were in place.

Judgment:

Substantially 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):

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

Findings:

The inspector found that in general good governance processes and safe practices implemented by the person in charge with staff promoted and protected the health and safety of residents. Safe and appropriate practices in relation to moving and handling, infection prevention and control and reasonable measures to prevent and reduce risk of accidents were found to be in place.

Overall, the health and safety of residents, visitors and staff was promoted and protected in that policies and procedures for risk management and health and safety were available and staff were aware of them.

Records relating to fire safety were readily available regarding the regular servicing of fire equipment and fire officer's visits. Fire escape routes were unobstructed. Fire equipment and alarms were tested and arrangements were in place for the maintenance of the system and equipment. Individual personal emergency evacuation plans for all residents were in place and were sufficiently specific to guide staff. Staff had received annual training in fire safety as required under the legislation and all staff spoken with demonstrated a good knowledge of the procedures to be followed in the event of a fire, and the contents of the emergency plan. Each resident had a detailed evacuation plan which had been risk assessed.

Arrangements were in place for responding to emergencies including procedures and

policies covering responses in the event of a resident being absent or missing without staff knowledge. In conversation with them it was found that staff were fully aware of these procedures.

Evidence of effective review of the systems in place to assess and manage all risks associated with response to emergencies was found. A centre specific emergency plan to direct and guide staff in response to any major emergency such as power failure, flooding or other form of emergency was available and had recently been reviewed. The plan identified all resources available to ensure residents safety such as alternative accommodation. Some additional equipment to effectively and safely respond to emergencies was available such as search torches, blankets and lists of emergency numbers.

However it was noted that automatic door closures or intumescent strip seals were not in place on any of the communal doors within the unit, although gaps between the door and door frames were noticed on some doors which raised concerns for the containment of smoke, fumes or flames in the event of a fire.

Judgment:

Substantially 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):

Findings:

The inspectors observed that the centre was a safe environment for the residents and that there were measures in place to protect residents from abuse. In conversation with staff it was found that they were knowledgeable on the different types of abuse, and were aware of the reporting mechanisms in place if abuse was reported or observed.

Where some residents exhibited aspects of behaviour that is challenging on occasions, staff were familiar with potential triggers and efforts were made to identify and alleviate the underlying causes for each individual resident.

In conversation with residents the inspector was told they felt safe in the centre. A warm, respectful and friendly relationship between the staff and residents was evident

and residents' privacy dignity and rights were being safeguarded through a positive supportive environment
Medications were prescribed for use in very specific circumstances to alleviate anxiety related to certain care interventions for some residents and as a last resort in response to extreme behaviours however, it was found these measures were not often used. The centre promoted a restraint free environment. Restraint was not observed to be in practice in the centre at the time of this inspection.

Judgment:
Compliant

Outcome 09: Notification of Incidents

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

Theme:
Safe Services

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

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

Findings:

A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. Quarterly notifications had been submitted to the Authority as required and within the appropriate time frame.

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:

Evidence that an assessment process to establish each residents educational, employment or training goals in accordance with their wishes and capacities was found,

and a personal well being assessment had been carried out. This is detailed under Outcome 5 of this report. It was found that due to their assessed capacities that with the exception of one person the current profile of residents were not involved in education or employment programmes. One resident did avail of a supported employment programme with an external company on a monthly basis.

However, it was noted that residents were facilitated to participate in social experiences through visits to cinema, shopping trips and other outings, it was found that although systems were not established to develop opportunities for residents to develop new skills or maintain life skills through continuous development or training programmes the current profile of residents were not assessed as having capacity to engage in this level of development.

Staff ensured that residents were facilitated to engage in activities normally associated with basic life rights such as going for a walk or drive, visits to the park and shopping for groceries or personal shopping.

All of the residents had access to a day care service.

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:

Evidence that residents' health care needs were met through timely access to GP services and other allied health care services and were provided with appropriate treatment and therapies was found.

Records of clinical interventions relevant to ongoing healthcare needs were found to be up to date and reflected the residents' health care status. Residents were supported on an individual basis to enjoy the best possible health, and in general it was noted that their particular healthcare needs were well managed by staff who were vigilant in attending to health promotion checks and follow ups including; flu vaccinations; blood monitoring; audio and oral checkups.

Inputs from allied health professionals such as; psychology, physiotherapy; speech and language and occupational therapy services with written evidence of relevant reviews

were available.

However, improvements to care planning were identified in order to fully meet healthcare needs and an action relating to this finding is included under Outcome 5

Residents were provided with food and drink at times and in quantities adequate for their needs. A good variety of nutritious food was also available to meet their dietary needs.

The kitchen was well equipped and staff had received training in basic food hygiene. All meals were prepared in the centre and residents were involved in the preparation of evening meals as appropriate to their ability and preference. Food was properly served and was hot and well presented. Meals were relaxed and sociable, Residents were facilitated to enjoy their meal independently, privately and at their own pace.

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:

Evidence that the processes in place for the handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation were found and there were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

The administration of medication to residents was observed, and it was noted that staff were familiar with each resident's medication and facilitated residents to take their medication at the prescribed time as part of their daily routine. Details of all medicines administered were correctly recorded

It was found that each of the residents had their prescribed medications recently reviewed by a Medical Officer. Observation of medication administration practice was satisfactory and a record of staff signatures and initials were maintained in line with best practice

There was a safe system in place for the ordering and disposal of medications and the inspector saw records which showed that all medications brought into and out of the centre were checked and recorded. There were two secure disposal containers for medications although these were stored in the same cupboard as all other medication

stock and needs to be stored separately.

Although it was noted that residents had their prescribed medications recently reviewed by a Medical Officer it was found that all oral nutritional supplements which were being administered by the nursing team under the recommendation of the dietician were not prescribed by the medical officer.

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):

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

Findings:

A written statement of purpose was available which broadly reflected the service provided in the centre. On review it was found that some improvements were required to ensure the document contained all of the information required by Schedule 1 of the Regulations. As the service being delivered in the centre has changed aspects of the information included in the statement of purpose also requires to be changed including;

- the specific criteria used for admission including policy and procedures for respite time share and emergency admissions;
- range of needs and the facilities and services available to meet those needs;
- the size and primary function of all rooms including any limitations to the environment which may pertain for residents with limited mobility

It was also noted that aspects of personal information was included in the document which may identify residents or staff and may represent a potential breach of their privacy, dignity and rights to protection of confidentiality under the Data Protection Act 1988 & 2003.

Copies of the document were available in the centre.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There was some evidence that management systems within the centre were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

The person in charge and the service manager both engaged with the process to determine fitness as part of the inspection and demonstrated sufficient knowledge of the legislation and statutory responsibilities associated with their roles. It was found that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis, provided leadership to staff, support to families and was clearly resident focused.

However the inspector found that the level of responsibility, accountability or authority afforded to the role of the person in charge or other managerial roles was not fully clear. The lack of clarity was evident in relation to the change of purpose and function of the centre; transition and admission processes and emergency support procedures. In addition it was noted that the person in charge and all staff in the centre required support and development to assist them in their roles at a time of change. It was found that additional supports had not been identified or put in place to assist the person in charge and staff in providing a safe and effective service during the change process and to ensure appropriate decisions were made on behalf of existing and prospective residents and their families or representatives

As previously referenced under outcomes 4 and 13 a review of the purpose and function of the centre had taken place and decisions made to move from a primarily time share and respite service to a full time service.

At the time of the inspection there were three residents living in the centre, two on a full time basis and one part time at week ends only. Another person was being considered as a prospective resident and the admissions process was being followed. This person was living in another centre at the time of the inspection. The inspector was told two other people had been identified as prospective residents but the admissions process was not yet commenced in either case.

It was also found that this centre had been nominated as an emergency support for another local centre in the vicinity in relation to safeguarding.

It was found that improvements to communications within and between the centres were required as none of the staff spoken to had visited the centre where they were to provide support and some did not know where it was. Also, although staff had read the guidelines of the emergency support plan a discussion between the persons in charge or service manager on the procedure had not taken place at any point prior to the formulation of the support plan.

Governance arrangements need to improve particularly in the identification of the responsibilities of each manager involved in admission, transfer and discharge processes. This should ensure a safe planned transition process with review period, so that all residents experience a timely measured consistent approach to change which meets their needs for inclusion information reflection and adjustment and ultimately result in a successful transition to a new home environment.

For example; there was no identified person leading the transition process for the prospective resident. The person in charge was not clear who should be leading the process, whether it was the clinical head of the new referrals committee, either of the persons in charge or the service managers. This resulted in gaps in the process as previously referenced under outcome 4

An annual review of the quality and safety of care in the designated centre had taken place and a draft report was provided to the inspector. This review referenced the change of service provision which commenced in 2015 and stated that it was the intention to cease respite provision at the end of April 2015. It included aspects of the six month quality reports by the service manager and the person in charge such as; number of notifications submitted to the Authority; updated policies and procedures; number of compliments and complaints received and resolved. It also identified that a staff training analysis had been carried out and the number of staff vacancies due to be filled. Residents' views on their life experiences in the centre and relatives views on their experience of service delivery were sought and included and all views expressed were positive.

However, these views appeared to have been sought specifically for the purpose of this annual review. A transparent formal consultation process to seek or action the views of residents or relatives on service delivery or development on an ongoing basis was not identified as being in place. Outcomes resulting from such a process were not included.

Generally the review considered some aspects of the safety of the care and support delivered in the centre however a critical analysis of the quality of the care delivered was not included. This was discussed with the person in charge and service manager who acknowledged that this was a learning curve and they hoped to develop the review going forward.

Judgment:

Non Compliant - Moderate

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:

There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge.

A formal interview process was not conducted with the staff person identified to deputise in the absence of the person in charge. Alternatively, suitability was determined throughout the inspection process in terms of their understanding and knowledge of their role under the Health Act 2007. Whilst the nominated person demonstrated familiarity with residents' needs, and had the required experience it was noted that they would benefit from a training and development programme to include supervision and leadership skills as this was their first management role and they appeared to lack confidence.

An action relating to the development of staff is included under outcome 17.

Judgment:

Substantially 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:

Some evidence that there were sufficient resources to fully meet residents needs was found. However additional resources particularly in relation to supporting residents to achieve the goals set within their individual personal plans and meet social care needs was found to be required.

As previously referenced under outcome 11, residents had access to GP services and

other allied health care services. The person in charge ensured that residents with underlying medical issues were regularly reviewed and following clinical re assessments were referred to the multi disciplinary team or community health-care services for additional supports

However, it was found that the centre routines and activities were resource led and not person centred. Activities were dependent on on a qualified driver being rostered on duty. Currently only four of the regular or permanent 11 staff were licensed to drive the centre's bus. In addition the centre shared their mini bus transport with the day service on the same site. An agreement was reached that the day service have use of the bus three days midweek every week. This negatively impacts on the flexibility of staff to facilitate social activities for residents but also places a heavy financial burden on residents who have to attend health-care appointments and it was found that in one example this resulted in a cost of over €100 a month. This cost was in addition to any other transport costs associated with social activities when there are no staff who can drive the bus rostered on duty.

Usually at least one trip to the local shops or café could be arranged between Monday and Friday. But it's primarily the weekend before any quality social outing could be organised. These outings generally include trips to the cinema; bowling; shops; coffee and to meet up with family. But again these outings are limited to the local area if there is a lack of driver availability on the roster due to the financial costs associated with residents paying for accessible taxis.

It was also noted that the bus can only accommodate one wheelchair user at a time and 4 other persons in addition to the driver and will not be sufficient to meet the needs of six full time residents at the same time going forward.

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):

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

Findings:

The levels and skill mix of staff were sufficient to meet the direct care needs of the

current resident profile on this inspection and staff were supervised appropriate to their role. The person in charge worked alongside staff on a regular basis and regular team meetings to discuss improvements and ongoing developments were held.

However as previously referenced under outcomes 4 and 14 there is a change to the purpose and function of the centre, therefore staffing levels and skill mix will require close monitoring and review to ensure the needs of residents are fully met going forward.

The inspector observed staff and residents interactions and found that staff were respectful patient and attentive to residents needs. It was noted that staff provided reassurance to residents by delivering care to them in a quiet confident manner.

Recruitment processes were reviewed on this inspection and on review of a sample of staff files these were found to meet the requirements of Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) Regulations 2013.

Evidence that all staff received up-to-date mandatory fire training and moving and handling was viewed and also additional training provided such as; basic food hygiene, emergency first aid and medication management.

Although updated training in safeguarding vulnerable persons had not been delivered in 2014 to all staff. It was noted that staff would also benefit from additional training in clinical areas such as management of drug toxicity; epilepsy; renal failure and infection prevention and control.

An ongoing staff development plan which includes management and leadership skills for senior staff to support the change process was also required.

Judgment:

Substantially Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

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

Records were maintained in respect of accident and incidents, clinical records and documentation of reviews and recommendations by clinicians were retained in the centre.

A directory of residents was established which included all the required information and was being maintained.

All of the policies required to be maintained under Regulation 4 and listed in Schedule 5 were available although some clinical policies were in need of review.

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-0002375
Date of Inspection:	06 May 2015
Date of response:	21 July 2015

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

There was no formal, transparent consultation process to seek or action the views of residents or relatives on service delivery or development.

1. Action Required:

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

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

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

The person in charge and person participating in management will establish a system for consulting with residents and their families regarding the running of the designated centre. The system will include the person in charge and person participating in management discussing with residents their views and experiences of living in the centre. The person in charge and person participating in management will organise and attend a family meeting to seek the views of families. If families are unable to attend, the person participating in management will make contact by phone/ e mail/ or questionnaire. This process will be held annually or sooner if required, and records of the consultation will be maintained. The information gathered as part of the consultation process and day to day interactions with residents and family members will inform the development of the Annual Report for the Centre.

Proposed Timescale: 31/07/2015

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The contract of care did not include all additional charges where these pertained.

2. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

The person in charge and person participating in management reviewed the existing Contract of Care, and amended it as necessary. The Contract of Care now includes all additional charges. The revised Contracts of Care were issued to residents and/or their representatives and are available to view in the centre

Proposed Timescale: 11/05/2015

Theme: Effective Services

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

A review process to determine the appropriateness of the placement in line with the statement of purpose subsequent to the admission, whether it fully meets the residents needs and whether there are any unforeseen impacts on the existing residents was not planned.

3. Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

For every admission the Person in Charge with the support of their Service Manager & Lead Clinician will organise a formal review of the placement no later than 3 months after the individual moves in. This review will take into account: the effectiveness of the transition plan, feedback from the new resident and from existing residents, and any additional support requirements. A record of this review will be kept in the centre.

Proposed Timescale: 19/08/2015**Theme:** Effective Services**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Evidence of family involvement in the admissions process was not found.

4. Action Required:

Under Regulation 24 (2) you are required to: Provide each prospective resident and his or her family or representative with an opportunity to visit the designated centre, insofar as is reasonably practicable, before admission of the prospective resident to the designated centre.

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

For all future admissions the person in charge will ensure that each prospective resident and his/her representatives will have an opportunity to visit the designated centre as often as they wish.

The person in charge has updated all the necessary paper work outlining the involvement of the resident and their family members in the admission process. In summary the person in charge supported the perspective new resident to visit the centre prior to admission. Copy of details of visits are available for inspection.

The person in charge made contact with the prospective residents family to invite them to visit the centre, Evidence of the contact is documented in the resident personal records.

The person in charge will liaise with the Social Worker and family member following the planned visit to identify if further visits are necessary to support the resident and their family to make decisions about admission to the designated centre.

Proposed Timescale: 14/06/2015

Outcome 05: Social Care Needs

Theme: Effective Services

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

Some individual personal plans were not detailed enough to adequately support resident's continued personal independence and life skills development.

5. Action Required:

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

The PIC will ensure that a review of the Personal Plans for each resident is carried out. The focus of the review will ensure that personal goals, independence goals and life skills development are included in each plan. Key workers will record actions to achieve the personal plans. The person in charge will discuss these Personal Plans at supervision and support meetings to ensure they are appropriate and to offer guidance and support on their implementation.

Proposed Timescale: 31/07/2015

Theme: Effective Services

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

Reviews of health care plans in place were not sufficiently robust to determine their effectiveness

6. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

The person in charge will allocate a nurse to review the health care plans for each resident. The review will include a review of the effectiveness of each health care plan. The person in charge will meet the allocated nurses on 18/06/2015, 19/06/2015, 24/06/2015, Evidence of these meetings will be available in the centre. Each resident's health care plans will be available in their personal assessment and support plans.

The person in charge will carry out a care plan audit for each resident on a monthly basis to ensure that all health care needs are being met. This review will be documented in each resident's personal support plan.

Proposed Timescale: 14/08/2015

Theme: Effective Services

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

All plans did not include the recommendations arising from a review by allied health professionals.

7. Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

The person in charge will ensure that the review of health care plans will include all recommendations from allied health professionals. Updated health care plans will be developed when necessary.

Proposed Timescale: 14/08/2015

Theme: Effective Services

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

A transition plan to support the transfer of one person from their existing service to this service was not in place

8. Action Required:

Under Regulation 25 (3) (a) you are required to: Provide support for residents as they transition between residential services or leave residential services through the provision of information on the services and supports available.

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

The person in charge from the resident's former centre developed the transition plan in consultation with the resident. This plan and actions to implement it were agreed with the person in charge from this designated centre. The plan includes, a visit of person in charge to meet resident, planned visits for resident to visit centre and meet residents in centre, supporting resident to choose own bedroom in centre. A Transition Passport was set up for resident, a copy of Statement of Purpose and Residents Guide given to resident. A Copy of this Plan is available in resident's personal assessment and support plan. Throughout the consultation process all reports and care plans from allied health professionals were made available to the person in charge. A full review of the placement will take place on 05/08/2015. This will involve the person in charge, family and allied health professionals. Each resident will be consulted individually and their views on the new resident will be considered.

Proposed Timescale: 05/08/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

A programme of maintenance to ensure that all aspects of the environment, fixtures and fittings was not in place.

9. Action Required:

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

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

The person in charge met with the technical services manager on 14/05/2015 to assess the maintenance requirements of the centre. Evidence of this meeting is available in the centre. A maintenance programme is currently under way. The person in charge will review the programme in conjunction with the current residents and on admission of new residents. The person in charge will give the service manager a progress report every 4 weeks. Records of this report will available in the centre.

The flooring in the shower room was replaced on 11-15/05/2015.

The person in charge requested handrails in main bathroom on 09/06/2015 and the occupational therapist is arranging replacement items.

Proposed Timescale: 31/12/2015

Theme: Effective Services

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

Some aspects of the centre required to be thoroughly cleaned where a build up of dirt and grime was found.

Furnishings and fittings including appropriate and adequate storage space for residents personal possessions; medication and required documentation; comfortable and suitable seating, dining furniture and other domestic style furnishings such as wardrobes; lockers and nests of tables or coffee tables were not available to meet the needs of all residents when there are no vacancies.

10. Action Required:

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

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

The person in charge arranged a thorough cleaning of the identified areas throughout the week commencing 11/05/2015.

The person in charge carried out a full review of the weekly cleaning schedule to prevent a build up of dirt and grime. This will be discussed at the staff meeting on 20/06/2015.

The altro flooring in the shower area was replaced 11-14/05/2015.

Residents have been supported to identify personal requirements regarding storage and furniture in their bedrooms. Further support will be given to procure these items. The person in charge and the service manager will have regular discussions regarding the availability of appropriate furnishings and fitting as required.

Full analysis of furniture and fittings will be carried out when all the prospective residents have been identified and their needs and preferences known.

The person in charge will ensure that the upstairs bedroom will only be used by residents who are mobile.

The person in charge has requested the removal of the rust noticed on the radiators and the mould on the window frame. A new blind will be fitted when this work is completed.

The person in charge will ensure that the furniture and fittings will be updated as required,

The downstairs office area is primarily used for storage of personal files and medication. Office space is available upstairs for all staff to use as necessary.

Proposed Timescale: 31/12/2015

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:

Containment measures such as automatic door closures or intumescent strip seals were not in place in communal areas.

11. 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 person in charge reviewed the requirements for automatic door closure and intumescent strips with the Technical Services Department on 19/06/2015. A further meeting was held on the 25/06/2015 with the person in charge and the technical service manager. The organisation's fire safety officer carried out a site visit with the person in charge on the 29/06/2015. These meetings identified the need for automatic door closures and intumescent strips. These meetings have identified a scope of works document. Funding has been approved for this work and the contractor will be commissioned with immediate effect.

Proposed Timescale: 31/07/2015

Outcome 12. Medication Management

Theme: Health and Development

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

All out of date medications or those to be returned were not segregated from other medicines.

12. Action Required:

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

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

The person in charge has identified a segregated area for the storage of out of date and unused medication. In accordance with the organisation's policy an appropriate system for managing out of date medication is in place. The organisation has a contract with an external healthcare waste management company who supply yellow/purple bins for this purpose.

Proposed Timescale: 14/05/2015

Theme: Health and Development

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

All medications being administered were not prescribed for the resident to whom they were being administered.

13. Action Required:

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

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

The person in charge will ensure that all nutritional supplements will be included on the medication administration sheet for each resident as required.

The resident's medication administration sheet was amended to include all the prescribed medication including nutritional supplements.

On 11/05/2015 the safe administration of medication was discussed at the staff meeting. The safe administration of medication was reviewed and staff informed that all

nutritional supplements must be documented on personal medication administration sheets as per the organisation's safe administration of medication policy.

Three staff will have safe administration of medication refresher training on 23/09/2015. All nursing staff will be supported to complete the HSE Land Medication Management Course as part of their continuous professional development.

Proposed Timescale: 15/05/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

As the service being delivered in the centre has changed aspects of the information included in the statement of purpose also requires to be changed including

- the specific criteria used for admission including policy and procedures for respite time share and emergency admissions;
- range of needs and the facilities and services available to meet those needs;
- the size and primary function of all rooms including any limitations to the environment which may pertain for residents with limited mobility

It was also noted that aspects of personal information was included in the document and represents a potential breach of privacy, dignity and rights to protection of confidentiality under the Data Protection Act 1988 & 2003

14. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The person in charge and the service manager made the recommended amendments to the statement of purpose. This document is available to view in the centre.

Proposed Timescale: 07/05/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The level of responsibility, accountability or authority to be afforded to the role of the person in charge or other managerial roles was not clear.

15. Action Required:

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

The person in charge has been coached on their role in the admission process as per organisations policy on admissions to residential services. The person in charge has a clear understanding on their role in this.

The person in charge has a clear understanding of their abilities and responsibilities in order to make decisions in their availability to support other designated centres in an emergency situations.

The person in charge has briefed the staff team on actions required in supporting other designated centres in emergency situations. This was discussed at a team meeting on 11/05/2015 a record of this meeting is available in the centre.

The person in charge and the service manager met on 11/6/2015 to discuss roles and responsibilities. The person in charge and the service manager will meet every four weeks. Dates are scheduled for the 4 months (June – September). An agenda item will include the roles and responsibilities of the person in charge in a residential centre, persons participating in management, senior staff nurses and shift leaders. Records of these meeting will be held in the centre.

Proposed Timescale: 11/06/2015

Theme: Leadership, Governance and Management

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

Additional supports were not in place to assist the person in charge and staff to operate a safe and effective service during the change process.

16. Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

The purpose of the centre is currently undergoing a change of service provision. An experienced person in charge from a similar structured centre will provide peer support to the person in charge. The person in charge will be supported by the service manager to identify their learning needs. The person in charge will continue to attend monthly person in charge meetings within the cluster whereby issues relating to HIQA Regulations and the implementation of the Health Act 2007 are discussed. Documentation in relation to these meeting is available in the centre.

The person in charge will carry out a review of the role, competencies and responsibilities with each staff member working in a residential centre. The person in charge and staff will agree objectives and key responsibilities. The person in charge and each member will identify supports and training requirements for each individual. Quarterly meetings will be scheduled to review progress on performance against agreed objectives.

The lead clinician and service manager will facilitate a team development session on 05/08/2015 to reflect on the change of purpose in the centre. Opportunities will be given to staff to reflect on their transferable skills, identify the challenges in working in a changing environment and support them to identify a plan to manage these challenges.

Proposed Timescale: 08/05/2015

Outcome 16: Use of Resources

Theme: Use of Resources

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

There was insufficient resources to support residents to achieve the goals set within their individual personal plans and meet social care needs was found.

17. Action Required:

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

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

The person in charge on a weekly basis will review planned activities, service user's requests and medical appointments and will allocate resources required in order for these activities to be carried out. An activity planner is available to view in the centre. Evidence of this will be documented in the records of the residents meetings in the centre, daily records and the staff roster.

The person in charge has met with the co-ordinator of the local day centre on 13/05/2015 regarding the use of the bus. The person in charge has arranged that the bus is available on all days it is required for use by the residents.

The person in charge has reviewed the roster arrangements to provide the resources to support the needs of the residents. Changes to the shift patterns were made and effective from 31/05/2015.

With effect from roster commencing on 25/06/2015 the person in charge has allocated a staff for driving duties on weekend days and at other times for planned activities.

Proposed Timescale: 25/06/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staff were not provided with up dated training in safeguarding or aspects of clinical care specific to the resident profile in order to fully meet the residents' needs. An ongoing staff development plan which includes management and leadership skills for senior staff to support the change process was also required.

18. Action Required:

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

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

The person in charge has reviewed the safeguarding training needs and has been provided with the training records for all staff to show that have received this training. The organisation are currently reviewing refresher requirements and plan to pilot refresher training in Autumn 2015.

The person in charge will review and amend the training needs analysis by 31/07/2015
The person in charge will request to the training department for appropriate training by 07/08/2015. The person in charge will include training needs and continuous professional development issues as agenda items for individual support meetings with all staff.

The person in change has supported all staff to register with HSELandD and complete relevant online courses. Completion certificates will be available in the centre to view. The Health and Medical Trainer will deliver team training in Epilepsy Care and Management of Drug Toxicity Levels on 30/07/2015.

Infection Prevention and Control Refresher training will be provided on 09/09/2015

Hand Hygiene team training took place on 29/06/2015.

The person in charge will be supported to attend a course in Supervisory Skills through ISME on 20/10 2015 (1 Day Course).

Proposed Timescale: 07/08/2015