Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002372
Centre county:	Dublin 11
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):	Anna Doyle;
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

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:
29 September 2015 10:00	29 September 2015 19:30
30 September 2015 07:30	30 September 2015 17:30

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 an announced inspection and formed part of the assessment of the application for registration by the provider. The inspection took place over two days and as part of the inspection, practices were observed and relevant documentation reviewed such as care plans, clinical records, policies and procedures and staff files. The views of residents, relatives 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, although one piece of information remains outstanding.
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.

A small number of relatives' questionnaires were received by the Authority during the inspection. The opinions expressed through both the questionnaires and in conversations with the inspectors on site were broadly satisfactory with services and facilities provided. They were complementary of staff and appreciated the respectful and supportive manner they delivered care to residents.

The centre was established to provide long term care for a maximum of five adults with physical and/or intellectual disabilities who require a low to high level of support with all activities of daily living. The centre is located in a mature housing estate in an urban setting in north east Dublin.
Currently there is a gender mix within the house and all have been living there for between 6 to 13 years. There was a sense of easy familiarity with everyone aware of their housemate's individual routine and personality. This was evident in the way each person gave way to others within the kitchen and sitting room areas where people spent most of their time together or sat and chatted or quietly listened to others during breakfast or dinner.

Overall, evidence was found that all residents' social, personal and 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 community health services were also available.
The inspectors found there were aspects of the service that needed improvement including risk management, assessment and review of development needs and care planning.

Findings which required to be addressed immediately were brought to the attention of the senior person participating in management during the inspection who gave assurances and a commitment that actions required to address the most urgent findings had commenced and would continue to ensure the needs of all residents would be fully met.

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:
Daily routines respected individual choice and preferences such as times for rising or returning to bed. Overall it was found that resident's rights and dignity were respected. However, improvements were needed in consulting residents on the running of the centre and documentation regarding complaints. Inspectors also found that systems in place to safeguard residents' belongings were not fully inclusive of residents and were not always implemented. Significant improvements were needed in this area.

An easy familiarity of each persons' preferences and usual routine was evident and staff were observed to help residents exercise choice and control in their daily lives in accordance with their preferences. Interactions between staff and residents were warm, trusting and mutually respectful.
Care was delivered ensuring that the dignity and privacy of the resident was maintained. Each resident had their own bedroom and there was a sign on each door requesting people to knock before entering. Inspectors observed staff practicing this during the inspection. Residents could have a lock for their bedroom if they so wished, as detailed in the resident's guide.

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.
The complaints policy was displayed in an accessible format and staff spoken to were familiar with the procedure. Family members spoken to felt that they could make a

complaint to staff if they needed to.
The complaints log was viewed on the day of inspection and no complaints were recorded. But inspectors learned that a concern had been recently raised by a family member. This was not recorded on the complaints log as the matter was not regarded as a formal complaint and was dealt with to the family's satisfaction. The inspectors were satisfied that this had been followed up appropriately.
Inspectors were satisfied that residents had access to advocacy services should they wish to. There was information on an external advocacy service displayed with the complaints procedure.

CCTV systems were in place to monitor the outside area of the house at night. There was a policy in place on the use of this equipment within the centre.

Limited evidence that residents were consulted and participated in decisions on the running of the centre was found. Weekly house meetings were held where residents were supported to make decisions on areas such as menu planning and activities. But these weekly meetings were not always documented and the agenda was limited to choosing the menu and activities. The inspectors were told there were opportunities for families or representatives to formally meet with staff to discuss their loved ones care plan on an annual basis. Social occasions were also held, but a formal consultation process to seek or action the views of residents or relatives on service delivery or development was not yet established.

Systems to safeguard finances were in place and were reviewed. But evidence that the system in place was appropriately implemented to fully protect resident's belongings and finances was not found.
There was a policy on residents' finances in the centre and systems were in place to record residents monies, but the level of input or control residents had over their finances was not clear. While residents had their own bank account, they did not participate in how their finances were managed.
It was found that each resident's bank account statements were regularly audited by the person in charge. But on review of a sample number of residents accounts, inspectors identified a number of discrepancies including:
-all account transactions in terms of lodgements and withdrawals did not balance.This was discussed with the person in charge and service manager who confirmed that they were aware that the accounts did not balance but had not completed a review to establish the reason for this. Inspectors were assured that missing monies would be refunded to the residents account by the provider.
-a practice had become established where residents were facilitated by staff to borrow monies from each other. Where this occurred staff recorded the transaction in both residents accounts. But a system to ensure that where monies were borrowed it was subsequently paid back was not clear and on the day of the inspection it was noted that one resident had not been repaid monies owed to them from another resident although this had been borrowed about a week earlier.
- the centre policy requires that two staff should check accounts daily but records indicated that this was not implemented in practice.
Actions in relation to financial records are included under outcome 18
It was also noted that inventory lists to identify the amount of property owned by each resident was not available.

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 was found although some improvements to systems in place to meet the communication needs of all residents were noted.

All of the current residents had some verbal communication skills and could interpret both verbal and body language signals.
But some persons' verbal communication skills were found to have recently declined and visual prompts were recommended for use to aid communication needs. Some visual aids were available and in use, particularly to aid understanding of menu choices, but additional pictorial prompts for activities, objects of reference or other technological aids or appliances to communicate expression of needs relating to activities of daily living were not currently used or available.

There was a written activities schedule for the week displayed in the kitchen area. But this was in word format only and the inspectors were not assured that given the communication needs of the residents that the choice of activities were clearly communicated.

The centre was part of the local community and residents were helped to visit local shops, restaurants and leisure facilities on a regular basis. Those who wished to had access to radio, television, magazines although information on local events was not found. Some residents also had their own personal phones and Ipods. Access to social media in the form of internet and Skype were not yet available. Inspectors were told one resident had been provided with a laptop but did not develop an interest or capacity to successfully use it. No other residents had yet been provided with a similar opportunity.

Judgment:
Substantially 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. Some relatives called in throughout the two day inspection to speak to the inspectors and/or to spend time with their loved ones. In conversations with them, all relatives spoken too said they were very much involved in the life of their family member within the centre. All said that staff made them feel very welcome and at home in the centre and they were encouraged and included in all aspects of their loved ones lives.

However it was noted that due to health issues or the age profile of siblings, parents and other relatives for some residents' contacts were irregular. 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. Residents involvement in activities in the community were supported but this was limited to group activities with other residents or with groups associated with intellectual disabilities and to date there was little involvement with other community based social groupings for individual residents.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

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

Findings:

It was found that residents' admissions were in line with the Statement of Purpose. The resident profile of the centre was found to be stable and there were no new or recent admissions.

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. Where additional charges pertained these were also included.

Judgment:
Compliant

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

Theme:
Effective Services

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

Findings:
Evidence that resident's well being and welfare was maintained by a good standard of evidence-based care and support was found. But some improvements were also found to be required particularly with meeting social needs through meaningful activities and maintaining and developing life skills.
Although personal well being assessments were completed for all residents, all parts of the assessments were not fully completed or not completed in detail. This is also referenced under outcome 10.
Annually reviewed individual personal plans were in place for each resident with goals identified to meet social care needs. Healthcare plans were also developed. The plans were person centred in that they included the preferences and interests of the residents and where applicable relatives were involved and consulted on an ongoing basis. But the personal plans developed to meet residents social needs were not always linked to assessments and were not outcome based.
These plans formed part of an overall process to help residents improve their quality of life by setting out to achieve aspirations linked to interests and capacity over a 12 month period. The plans would usually set out three goals by which aspirations/wishes were to be achieved. But it was found that for most of the residents, these goals were mostly linked to basic rights or enjoying activities. They were not development or outcome

based. Examples included plans to attend 4 concerts or music events within the year; having a healthy diet and access to community activities.
Many did not identify the interventions required by staff to assist the person develop. Examples included plans to develop communication or personal safety skills.
There was a lack of detailed phased processes to support the achievement of outcome based goals such as improving independence through increased participation in the community. This meant that these goals were not yet achieved. Although it was found that where plans were in place to support interest expressed to learn and be involved in cookery and baking, this was very well supported through personal planning with opportunities to develop skills provided weekly.

Although care plans were in place for every identified healthcare need, all were not found to be detailed enough to manage the specific problem, such as mobility, epilepsy or communication. All plans did not reference referrals to or recommendations of allied health professionals or were evaluated appropriately to determine their effectiveness.

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 semi detached single storey house located in a settled urban community. In general the centre contained all health and safety aspects and appropriate security. However findings in relation to lack of appropriate fire safety measures were identified and are detailed under Outcome 7 in this report. Appropriate equipment for use by residents or staff was available and maintained in good working order.

Adequate private and communal accommodation included entry hallway; five single bedrooms without ensuite; kitchen cum dining room; a sitting room; quiet room; one large assisted shower room with toilet, and laundry room; separate toilet and one staff sleepover bedroom cum office with shower and toilet ensuite.
Externally there was a small paved area front and to the rear and side of the building. The grounds were neat and tidy, with small storage areas for cleaning equipment and

domestic bins . The rear of the building was enclosed through locked gates on either side. There were shrubs and plants to the front of the centre and a small patio to the rear with level access for wheelchair users.

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 maintenance both internal and external was found to be of a good overall standard with suitable heating, lighting and ventilation. There was a good standard of hygiene and the centre was found to be visually clean and hygienic. The kitchen although fully operational with sufficient cooking facilities and equipment was small. The kitchen units and facilities were U shaped but there was little circulation space between the units and the dining table given the number of persons who would be in the room at busy periods. It was noted that at breakfast and evening meal times up to 6 or 7 adults would be in the room either moving around or seated at the table. On a number of occasions one resident who is a wheelchair user was asked to move to facilitate either staff or other residents reaching cupboards or accessing the dining room table.
It was further noted that although there was a small accessible shelf on one wall to facilitate access for this resident, no other part of the kitchen was wheelchair accessible. Service records were found to be up to date and maintenance contracts including domestic and clinical waste were in place. Adequate storage was found and corridors were uncluttered and safe for residents mobilising.

Appropriate assistive equipment was in place and available and included change tables and rollators. However it was noted that hand rails were not available in circulation areas such as the hallways to enable residents with mobility difficulties move safely around the house. Although no resident had fallen to date it was noted that some currently require rollator walking frames when in the community or walking long distances and declining mobility had been recently identified by staff.

Judgment:
Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:
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.
But improvements were required to the implementation of governance processes and safe practices to promote and protect the health and safety of residents and risks associated with effective fire safety arrangements were found.
There was a health and safety statement and risk management policy in the centre that met with the regulations. The centre's risk register was reviewed by inspectors but it was noted that all areas of risk were not identified in the register. These included;
- risks associated with lone working. Staff worked alone from 8.00pm until 8.00am on a sleep over. The lone workers risk assessment was not in place.
- inspectors' learned that staff used their own cars to facilitate residents on outings or to appointments on occasions when the centre bus was not available. A transport risk assessment referencing this use was not in place. Risks associated with resident's travelling in staff's cars were not identified. But some residents were noted to have a history of opening car doors and challenging behaviour. There were no control measures outlined to mitigate these or other risks except to make provisions to return to the centre.
It was further noted that documentation on site of staff insurance details or the roadworthiness of staff's cars was not retained in the centre but inspectors were told that these documents were stored in the Transport Department.

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 aware of these procedures. Some evidence of effective review of the systems in place to assess and manage risks associated with response to emergencies was found. A centre specific emergency plan to direct and guide staff in response to major emergencies such as power failure or flooding was available. The plan identified all resources available to ensure residents safety such as alternative accommodation.
But the plan did not fully guide practice. For example, part of this plan stated that staff should drive residents to nearby premises in the service transport. Inspectors noted that not all staff were drivers and therefore this was not a feasible plan. The emergency plan also outlined what to do in the event of two staff being present, but did not outline how one staff would deal with an emergency at night time.

Some additional equipment to effectively and safely respond to emergencies was available such as search torches, blankets and lists of emergency numbers.

But evidence for review of all risks was not available and included; records of health and safety meetings held in the centre or documentation on staff meeting records that health and safety issues were discussed. A record of every accident/incident was not retained in the centre and there was no evidence to support how incidents/accidents were reviewed in the centre.

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. Staff were provided with 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.
But procedures in place for the evacuation of residents were not adequate enough to ensure the safe evacuation and placement of all residents in the centre particularly at night.
Findings included;
-Inappropriate use of a patio door as a main fire exit.
- although staff were conducting regular fire drills these were always conducted with two staff yet only one staff person is rostered on sleepover unless there additional care needs are identified to be met. Evidence that one person could safely evacuate and bring all residents to a safe place was not available.
- although personal evacuation plans were in place they did not detail what supports residents required to safely evacuate such as level of supervision or assistance with mobility.
-gaps in fire safety measures; lack of adequate containment measures such as compartmentation on corridors; all doors were not fire retardant; intumescent strip seals or automatic door closures on any internal doors within the building;
These findings were discussed in full with the service manager and prior to the end of inspection the organisations technical services manager was reviewing the premises and making arrangements to address all of the fire safety measures. Assurances were given to the inspectors that all of the issues would be addressed as soon as possible.

Judgment:
Non Compliant - Major

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
The use of visual monitors was not in place on this visit. CCTV was in place on external aspects of the centre only. Although audio monitors were in place, their use was limited and appropriate.
Staff endeavoured to respect residents' dignity and privacy and could tell the inspectors what they should do in the event of an allegation, suspicion or disclosure of abuse, including report procedures.

The interactions between residents and staff were observed to be respectful. Residents who were verbal could tell the inspectors that they trusted staff and whether they had a favourite. They could also say who they would go to if they had any worries or problems. Where residents were non verbal the inspectors observed they appeared comfortable with staff.
Where some residents exhibited aspects of behaviour that challenges on occasions, staff were familiar with potential triggers and measures were in place to appropriately manage the behaviours. There was evidence that efforts were made to identify and alleviate underlying causes of behaviour that may challenge for each individual resident.

Each resident had an intimate care guideline in their care plan that guided staff in meeting resident's personal care needs.

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.

With the exception of bed rails, restrictive practices were not found to be in place within the centre. Although the use of bed rails were limited, on review of documentation it was found that there was little evidence to support the appropriate use of the rails in all cases.
The inspectors were told that the rails were used for some residents to maintain safety by reducing the risk of falls or enable self re positioning whilst in bed. However, there were contradictory assessments evidencing residents' inability to effectively re position or where there were risks associated with the use of the bed rails. In addition, evidence that alternatives to the use of bed rails were considered or trialled was not available

Judgment:
Non Compliant - Moderate

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):

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.
But it was noted that a record of all incidents occurring in the centre were not available .

These records were in electronic format and inspectors were told that if staff forgot to print the form prior to emailing then this could not be rectified. This was brought to the attention of the manager and person in charge who will review to ensure records are maintained for all incidents going forward.

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. But it was noted that all of the assessment was not fully completed. For some persons, aspects of the assessment was indicated as being 'not applicable', for instance, assessment of emotional and social well being. This meant that capacity or preference for development of personal relationships and expression of sexuality was not determined.
Based on the extent to which their capacities were assessed, the current profile of residents were not involved in education or employment programmes. However, it was noted that although residents were facilitated to participate in social experiences through visits to cinema, shopping trips and other outings, it was found that systems were not established to develop opportunities for residents to develop new skills or maintain life skills through continuous development or training programmes for those residents assessed as having capacity to engage in these pursuits. Although staff endeavoured to promote independence and encouraged and supported residents to maintain and develop life skills, these were primarily related to personal care and household chores.

As previously stated on review of documentation, it was noted that residents were not fully assessed to determine their capacity to re learn old skills or develop new skills. for example, capacity to develop communication skills, use of computers or develop independence skills in personal safety. Formal documented processes with identified interventions were not in place to enable development and maintenance of programmes to support life skills through social education and training.
Some residents no longer attended a day service on a full time basis, yet there was no

identified structure or process to engage them in retraining skills or developing new ones.

Judgment:
Non Compliant - Moderate

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. Staff tried to encourage and enable residents to make healthy living choices.
Residents were supported on an individual basis to enjoy the best possible health. Some residents had particular healthcare needs which required a high level of supervision and monitoring, this was provided in a non-intrusive manner.
Inputs from allied health professionals such as psychology, physiotherapy, speech and language therapy and occupational therapy services with written evidence of relevant reviews were available and informed care planning. However it was found that improvements to those care plans in place were required. An action relating to this finding is included under Outcome 5.
Although it was found that staff were aware of the signs of clinical deterioration and referral to relevant allied health care professionals were timely and appropriate, it was noted that clinical assessment of some healthcare needs were not in place such as for management of constipation or incontinence. This is further referenced under staffing where it was found that a review to determine the need for nursing inputs was identified.
It was also found that there were delays in accessing inputs from some allied health professionals and this is also referenced under outcome 16 Resources. Access to speech and language therapy for those with communication difficulties were not being prioritised and a six month delay was currently being experienced.
Records of clinical interventions to treat, manage and monitor ongoing healthcare needs were found to be up to date and reflected the residents' health care status.
Daily progress notes were maintained and referred to health care plans. These notes form part of a good communication system to inform staff on the parts of each plan implemented throughout the day. But it was noted that they did not always include residents emotional or mental health status such as mood or attitude so that a clear picture of residents' overall health could be formed.

Residents were provided with food and drink at times and in quantities adequate for their needs. All meals were prepared in the centre and although their participation was limited for safety reasons 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, where assistance was required it was offered in a discreet and sensitive manner.

Judgment:
Non Compliant - Moderate

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 inspectors saw records which showed that all medications brought into and out of the centre were checked and recorded.
However some improvements were noted to be required such as;
- the dates of opening was not documented on all topical ointments and creams to ensure they were discarded within the recommended timeframe or application was ceased as per the prescription
-an expiry date was not available on containers of all tablets dispensed from pharmacist
- improved guidance was found to be required for those as required (PRN) drugs where the prescription includes options on the amount to be administered and a decision is to

be made by non professional staff.

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 the document contained all of the information required by Schedule 1 of the Regulations. Copies were available for residents in the centre.

Judgment:
Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
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 was found.

The person in charge and the person who will replace the person in charge in the event of an absence 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 good leadership to staff, support to families and was resident focused.

An annual review of the quality and safety of care in the designated centre had not yet been conducted and a formal consultation process with residents and their relatives has not yet been established as identified under Outcome 1.
A report on a six month quality review by the service manager was carried out in conjunction with the person in charge. This incorporated aspects of service such as equipment maintenance, emergency procedures and planning, transport maintenance, restrictive practice review, nurse manager on call supports and safeguarding. Inspectors viewed a sample number of reviews including the two most recent six monthly review reports.It was noted that there was little detail contained in the reviews and they did not contain an analysis of the information used to determine whether improvements to the service were required. As such it was noted that the reviews did not inform the management team on the current standard of service delivery and how or where the service could be improved. The reviews did not include a plan to improve that standard of service delivery

Examples included; accidents and incidents occurring in the centre were not quantified, trends learning or actions taken to reduce or prevent recurrence were not referenced; improvements to fire procedures and measures were not identified as required; a summary with analysis of the amount or frequency of nursing supports requried from the nurse manager on call service was not included which could inform any future or ongoing staffing review linked to the centre profile.

All documents have not yet been submitted to the Authority for a recommendation for registration to be made in that evidence of compliance with building planning and development acts 2000-2006 remains outstanding.

Judgment:
Non Compliant - Major

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
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 qualified social care worker with ten years experience was identified to replace the person in charge and was noted to be familiar with residents' social and healthcare needs and aware of the responsibilities of the role in relation to notifications and protection of residents.

Judgment:
Compliant

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

Theme:
Use of Resources

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

Findings:
Evidence that resources were available and directed towards supporting residents to achieve the goals set within their individual personal plans was available. Examples include the flexibility of staff rosters to support residents on a regular basis to enjoy social events such as concerts or trips to the cinema although these were primarily confined to the weekends. Staff resources were flexible and available to enable residents meet hospital appointments.
Transport was available to ensure all could attend special occasions together at Christmas or special celebrations and also to facilitate healthcare needs such as hospital appointments with staff resources made flexible and available.

Overall, the facilities and services in the centre reflect those outlined in the statement of purpose. However a considerable delay of six months was found to have occurred following the referral of one resident to speech and language therapy. Although referrals relating to dysphagia were seen within an appropriate timeframe, due to pressure of referrals access to a therapist for difficulties relating to communication needs were not prioritised and there was a lengthy delay for review. This is also referenced under Outcome 11

Judgment:

Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:
The 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.

The inspectors 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 (evidence of training arranged for the following day and week) safeguarding vulnerable persons and moving and handling was viewed and also additional training provided such as; basic food hygiene, emergency first aid and medication management.
It was noted that staff would also benefit from additional training in areas such as documentation and recording processes; positive behavioural support plans and outcome based personal planning.

Ongoing review of staffing to ensure sufficient skill mix particularly in relation to managing clinical needs such as constipation or incontinence from a nursing perspective was found to be required given the aging and complex need profile.

Judgment:
Compliant

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

Outstanding requirement(s) from previous inspection(s):
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. Although it was noted that full details in respect of two residents were not included on the directory they were available in the centre.
All of the policies required to be maintained under Regulation 4 and listed in Schedule 5 were available with the exception of the policy and procedure on access to educational training and development. The policy on safeguarding did not include a commencement date or a review date.
The inspectors read the residents' guide and found that it provided detail in relation to all of the required areas. This document described the terms and conditions in respect of the accommodation provided and provided a summary of the complaints procedure.
A sample of staff files reviewed were found to contain the required information as outlined in Schedule 2 of the Regulations

Judgment:
Substantially 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 report[1]

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002372
Date of Inspection:	29 September 2015
Date of response:	10 November 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:
A transparent formal consultation process to seek or action the views of residents or relatives on the daily running of the centre or on service delivery or development was not in place

1. Action Required:

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

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

Please state the actions you have taken or are planning to take:
1) In consultation with residents the PIC will develop a process that will support residents to contribute to the daily running of the house and to the ongoing service delivery and service development.

2) A meeting is scheduled with families for 18th of November to discuss how best to involve them in the running of the house and the future development of the house. From this meeting a plan will be agreed with families.

Proposed Timescale: 15/12/2015

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Evidence that residents had input or control over their finances was not available

2. Action Required:
Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

Please state the actions you have taken or are planning to take:
1) An inventory of residents valuables has been completed

2) All expenditures are currently discussed with and approved by residents as the occur. Procedures have been put in place where keyworkers will as part of their monthly review with residents discuss their finances including all expenditures and balances.

3) The PIC and Keyworkers will review with residents their goals in relation to having greater input and control over their finances. Following this an Individual Plan will be developed with residents with clear goals and a plan to translate these goals into daily living experiences.

Proposed Timescale: 1) 10/11/2015
2) 30/11/2015
3) 30/12/2015

Proposed Timescale: 30/12/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Records of all complaints or concerns raised were not available and evidence that the satisfaction of persons who raised issues was not documented.

3. Action Required:
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
The PIC has put in place procedures to ensure that all concerns / complaints are recorded in the Complaints Log including the nature of the complaint, actions taken and the complainants level of satisfaction.

Proposed Timescale: 10/11/2015

Outcome 02: Communication

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Additional pictorial prompts for activities, objects of reference or other technological aids or appliances to communicate expression of needs relating to activities of daily living as recommended by allied health professionals were not currently used or available.

4. Action Required:
Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

Please state the actions you have taken or are planning to take:
The PIC together with key workers will review each residents communication needs with the view to developing a plan with clear goals and actions to support these. Where appropriate pictorial aids and technological aids will be introduced.

Proposed Timescale: 10/01/2016

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:

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

5. Action Required:
Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

Please state the actions you have taken or are planning to take:
The PIC together with Keyworkers will review Personal Plans with residents to ensure that they incorporate goals and detailed plans in relation to residents maintaining and developing their daily living skills and independence.

Proposed Timescale: 15/01/2016

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 were not sufficiently robust to determine their effectiveness or take account of changes in the resident's circumstances or new developments.

Some care plans did not include advice from allied health professionals

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 PIC and Keyworkers will review all health care plans to ensure that they are detailed enough to manage the specific area and that they incorporate all recommendations by allied health professionals.

Proposed Timescale: 30/12/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Aspects of the centre such as the size and layout of the kitchen/dining area did not meet the full needs of all residents to enable free and safe movement of persons with limited mobility and wheelchair users.
Hand rails were not available in the hallways to enable safe mobility of all residents.

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

Please state the actions you have taken or are planning to take:
1) The PIC and qualified professional will review the need to fit hand rails. All necessary work will be completed by December 30th 2015.

2) St. Michael's House architect has been commissioned to explore how best to utilise the available space in the kitchen/ diner and sitting room area and based on their advise plans will drawn up to make the area more accessible.

Proposed Timescale: 1) 30/12/2015
2) 30/01/2016

Proposed Timescale: 30/01/2016

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:
The risk register did not identify or assess all risks or hazards associated with the centre such as but not limited to; transport and lone working

8. Action Required:
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
The PIC will undertake a comprehensive review of all risks to staff and residents and will ensure that all appropriate control measures are recorded and put in place. Following this assessment the risk register will be updated.

Proposed Timescale: 30/11/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Evidence that effective systems were in place to review and analyse risks was not found. Systems to review aspects of risks such as; accident and incidents, personal

evacuation plans and emergency evacuation plans involving one staff were required.

9. Action Required:
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:
1)The PIC will undertake a review of all recent accidents and incidents and ensure that control measure are put in place to minimise any reoccurrence.

2)The PIC will review all personal evacuation plans to ensure that they are sufficiently detailed to ensure the safe evacuation of all residents.

3)Three night time fire drills involving one staff have been successfully completed. Procedure have been put in place to ensure that 2 night time fire drills are carried out annually.

Proposed Timescale: 1) 15/12/2015
2) 15/12/2015
3) 10/11/2015

Proposed Timescale:

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Evidence that all vehicles used to transport residents were roadworthy and insured was not maintained in the centre.

10. Action Required:
Under Regulation 26 (3) you are required to: Ensure that all vehicles used to transport residents, where these are provided by the registered provider, are roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.

Please state the actions you have taken or are planning to take:
The PIC in charge has put in place procedures where a record of the insurance and roadworthiness of all vehicles used to transport residence is held in the centre.

Proposed Timescale: 20/11/2015

Theme: Effective Services

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

the following respect:
Effective fire safety management systems were not in place.
Reviews of fire procedures in place did not reflect staffing levels during sleepover to ensure the safe evacuation of residents and bringing them to safe locations

11. Action Required:
Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

Please state the actions you have taken or are planning to take:
1) Fire evacuation plans have been updated to ensure one staff member can during sleepovers safely evacuate all residents in a timely manner.

2) Three successful night time fire drills involving one staff have taken place. All residents were safely evacuated in under 3 minutes.

3) Arrangements have been made whereby residents and staff can (if required) temporarily shelter with two immediate neighbours while waiting for additional support to transport residents to the houses designated alternative location.

Proposed Timescale: 1) 01/11/2015
2) 01/11/2015
3) 10/11/2015

Proposed Timescale: 10/11/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Lack of adequate containment measures such as compartmentalisation; fire retardant doors; intumescent strip seals;automatic door closures

12. 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:
1) St. Michaels House Technical Services will review all doors and where necessary fit intumescent strip seals and automatic door closures.

2) A new external fire exit and internal fire compartment door has been fitted in the main corridor. The internal fire compartment door is directly linked to the fire alarm and closes automatically on the activation of the fire alarm. The new door creates a separation between four of the five residents bedrooms and the kitchen /diner and

living room.

Proposed Timescale: 1) 15/01/2015
2) 1/11/2015

Proposed Timescale: 15/01/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Evidence of the appropriate use of restraints or that alternatives to the use of bed rails were considered or trialled was not available.

13. Action Required:
Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

Please state the actions you have taken or are planning to take:
The PIC is undertaking a review of the use of the bedrail and will if appropriate introduce alternative measures.

Proposed Timescale: 30/11/2015

Outcome 10. General Welfare and Development

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Formal documented processes with identified interventions were not in place to enable development and maintenance of programmes to support life skills through social education and training

14. Action Required:
Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

Please state the actions you have taken or are planning to take:
St. Michael's House is developing a Policy on access to education, training and development. This Policy is in line with New Directions.

Proposed Timescale: 30/12/2015

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:
Considerable delays to accessing some allied health professionals were being experienced.

15. 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:
Additional Speech and Language Therapy Services have been assigned to St. Michael's House adult services. The PIC in charge has arranged for the outstanding review to take place.

Proposed Timescale: 30/12/2015

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:
Practices in place did not ensure that all medications would be safely administered to the resident for whom it was prescribed in that;
-the dates of opening was not documented on all topical ointments and creams to ensure they were discarded within the recommended timeframe or application was ceased as per the prescription
-an expiry date was not available on containers of all tablets dispensed from pharmacist - improved guidance was found to be required for those prn drugs where the prescription includes options on the amount to be administered and a decision is to be made by non professional staff.

16. 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:
1) Procedures have been put in place to ensure that topical ointments and cream will be

used or discarded within the appropriate time scale.

2)The PIC has liaised with the houses pharmacy and in future all PRN drug containers will be dated.

3) Where options are listed procedures have been put in place to ensure that staff discuss the amount of PRN drug to be given with the prescribing doctor or Nurse Manager on Call prior to administration.

Proposed Timescale: 1 01/11/2015
2) 01/11/2015
3) 10/11/2015

Proposed Timescale: 10/11/2015

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:
All documents have not yet been submitted to the Authority for a recommendation for registration to be made. Evidence of planning compliance remains outstanding.

17. 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:
Evidence of planning compliance has been forwarded to the authority.

Proposed Timescale: 01/11/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The reviews did not inform the management team on the current standard of service delivery and how or where the service could be improved. The reviews did not include a plan to improve that standard of service delivery

18. Action Required:
Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the

designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

Please state the actions you have taken or are planning to take:
The PIC together with the Service Manager will review previous Quality and Safety Reviews and ensure that future reviews identify all areas for improvement. The Service Manager will discuss and develop an action with the Nominated Provider.

Proposed Timescale: 10/12/2015

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All policies required by Schedule 5 of the Regulations were not available or did not include a commencement date or a review date.

19. Action Required:
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
1) St. Michael's House is in the process of developing a policy in relation to access to educational training and development.

2) The Safe Guarding Policy has been amended to include the following dates - commencement Oct 2011 and Review date 2016.

Proposed Timescale: 1) December 30th 2015, 2) November 1st 2015

Proposed Timescale: 30/12/2015

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Evidence that the system in place to safeguard finances was appropriately implemented to fully protect resident's belongings and finances was not found.
Complete and accurate records on all residents finances and possessions were not maintained.

20. Action Required:
Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

Please state the actions you have taken or are planning to take:
1) The PIC has reviewed procedures in relation to the management of residents money and has implemented changes as appropriate. All staff have been notified of the changed practices.

2) A register of residents valuables has been completed

Proposed Timescale: 10/11/2015