

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by St Michael's House
<b>Centre ID:</b>	OSV-0002338
<b>Centre county:</b>	Dublin 13
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St Michael's House
<b>Provider Nominee:</b>	John Birthistle
<b>Lead inspector:</b>	Anna Doyle
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	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 monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From:

02 March 2016 09:00

To:

02 March 2016 19:00

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

This was the first inspection of this centre by the Health Information and Quality Authority (the Authority). The inspection was unannounced and the purpose of the inspection was to assess the level of compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities 2013 and the standard of care delivered to residents in the facility.

This centre forms part of St Michael's House, a large service provider to persons with disabilities in Dublin and is considered to meet the criteria for registration as a designated service under the Health Act 2007. As part of the inspection process the inspector met with the person in charge, staff, and residents. Inspectors observed practices and reviewed documentation such as health care records, risk management and medication management systems.

The centre was a community based bungalow situated in North Dublin. It comprised of a six bedroom bungalow, located close to community links and public transport services. The person in charge was present on the day of the inspection. They attended the feedback meeting along with the service manager who is a person participating in management for this centre.

Overall the inspector found evidence of good practices in the centre. However major improvements were required in risk management and fire safety in the centre. Other areas of improvement are discussed throughout the body of this report and the action plan at the end of this report identifies the areas that need to be addressed.

**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 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:**

Overall the inspector found that each resident had opportunities to participate in meaningful activities that were appropriate to their wishes, interests and preferences.

The inspector reviewed a sample of personal plans and found that an assessment of need had been completed, however it had not been updated since 2014 and therefore did not reflect the changing needs of residents. The inspector was informed that the centre was in the process of implementing a new assessment of need for each resident. The new assessments were being completed on a computer generated form and from this support plans were being developed. The inspector saw evidence on one personal plan where some support plans had been developed and found that there were comprehensive. In addition an individual profile had been completed for residents that gave a detailed overview of the residents' needs.

An annual review had been completed for residents and family were invited to attend if residents were in agreement. The review was attended by the resident, key worker and day service staff, however there was no input in all residents annual reviews of allied health professionals involved in the care of the residents. The staff spoken to, informed the inspector that residents chose who they wanted to attend the reviews, however this was not documented in their plans. In addition the inspector saw where residents had an education plan developed that outlined their interests and goals for the future. They had been developed into a user friendly format. However there was no effective system in place to review the goals to ensure that it was improving outcomes for residents. The inspector acknowledges however that there were a number of systems in place within the centre to review residents needs, however they were not all reflected in the personal

plans. This was discussed at the feedback meeting.

All residents had the opportunity to attend day services and this was guided by their individual preferences on the day. For example some of the residents were semi retired and they chose when they attended day services. All of the residents were involved in activities on the day of the inspection. For example some had chosen to attend day services, others were going out for coffee and breakfast and some had gone grocery shopping with staff. One resident informed the inspector of a holiday they were taking with family later in the year. In addition some residents were increasing independent living skills. For example one resident who did not always want to go out on activities with other residents was being supported by staff to develop the skills necessary to remain in the centre alone.

**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:**

Overall the inspector found that there were policies and procedures in place for risk management in the centre. However improvements were required in a number of areas, including fire safety, individual risk assessments and the systems for recording and reviewing incidents in the centre.

The risk management policy made available to the inspector was not in date. However there were risk assessments in place to manage risks in the centre. The centre was in the process of developing a risk register and the inspector was informed that the service manager was attending a training session on this so as to provide further guidance in this area. Residents had individual risk management plans where appropriate, however one area of risk had not been addressed in relation to fire safety for a number of residents. This issue was discussed with the person in charge and the service manager at the feedback meeting.

There were fire procedures in place in the centre and staff were able to talk the inspector through how they would evacuate residents at night, however the written procedures were not detailed enough to guide practice. Regular fire drills had been completed in the centre, however the inspector was not satisfied with one personal evacuation plan given the staffing levels on at night in the centre. This was discussed with the service manager and person in charge. The inspector was assured that a fire

drill would be completed that night in the centre and a report would be furnished to the Authority the next day. This was submitted at the request of the inspector the next day and some issues had been identified at the fire drill. Additional control measures were put in place to mitigate risks.

The centre had fire fighting equipment and emergency lighting in place that had been serviced appropriately, however there were no fire doors in the centre. Daily fire safety checks were completed by staff. A staff member, who was appointed as fire officer in the centre, also completed monthly fire safety checks. In addition the person in charge was responsible for completing a new three monthly fire safety checklist. This checklist was not completed at the inspection as it had only been recently implemented in the centre.

There was an emergency evacuation pack in place along with an emergency evacuation procedure. However the emergency evacuation procedure did not include details of how residents were to be transferred to another location in an emergency situation.

Incidents in the centre were recorded on a computer generated form. A copy of the report was then printed to be maintained on residents' personal plans. However not all the details were printed off and it was difficult in some instances to read the circumstances of the incident. In addition forms were not completed in a timely manner. For example two incidents reviewed had not been completed until seven days after the incident had occurred. There was no formal process to review incidents in the centre and therefore it was difficult to assess whether any learning from incidents had taken place.

A health and safety audit had been completed in the centre in 2015, however there was no action plan attached that identified who was responsible for these actions and whether they had been completed to date.

While there was no transport provided in the centre for residents, staff were permitted to use their own cars to transport residents. The person in charge informed the inspector that staff who did this were required to submit a copy of their insurance cert only. There was no other supporting documentation required for example, a copy of drivers licence or a certificate to ensure the road worthiness of staffs' cars.

There was an infection control policy in place and the centre had a risk assessment completed on infection control in the centre. There were adequate hand washing facilities and hand sanitising gels available. There was a schedule in place for the disposal of general and clinical waste in the centre.

**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:**

Overall the inspector found that there were measures in place to protect residents being harmed or suffering abuse.

The inspector found that staff spoken to were aware of the appropriate actions to be taken in response to an allegation of abuse. The service policy had recently been updated and the person in charge had put measures in place to ensure that all staff were aware of the changes to the policy that reflected practice. In addition the person in charge had put up a flow chart for reporting structures in place if an allegation of abuse was made. One resident informed the inspector that they felt safe in the centre and stated that they were very happy living there.

There was a policy in place for the provision of behaviour support. Residents had a positive support plan in place as required. This was reviewed annually by the psychologist. The person in charge had also made provisions to review these plans more frequently within the staff team. For example support plans were reviewed at staff meetings; however personal plans were not always updated to reflect this review.

Each resident had intimate care plans in place where appropriate. The inspector found that they were very detailed in some areas, but required improvements in other areas. This was discussed with the person in charge.

The person in charge informed the inspector that there were no restrictive practices used in the centre.

**Judgment:**

Substantially 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:**

The inspector found a record of all incidents occurring in the designated centre was maintained, however some instances had not been notified to the Authority on a quarterly basis as required under the regulations.

**Judgment:**

Substantially Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

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

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

**Findings:**

Overall the inspector found that residents' healthcare needs were being met in the centre and residents had access to allied healthcare professionals as required.

The inspector found that although there was no formal assessment in place that residents were supported to achieve best possible health. The inspector found that residents had timely access to allied health professionals. The changing needs of one resident had been reflected in their individual profile and the health action plans were comprehensive to guide staff practice. However this was not in place for all residents on the day of the inspection.

Residents had an annual review with their GP and appropriate action was taken if there was a change in health needs. The inspector saw evidence of where residents were supported to make healthy life choices. For example one resident was being supported to increase exercise activities to improve health outcomes.

The inspector did not observe meals within the centre, however the food available to residents appeared to be varied and nutritious. Guidelines in place from a dietician were available regarding specific dietary requirements. Residents were involved in shopping for and choosing meals in the centre.

**Judgment:**  
Substantially 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:**

Overall the inspector found that staff follow appropriate medication management practices and that medication practices were reviewed in the centre.

There was an up to date medication policy available in the centre. In addition the centre had developed a local policy relating to the receipt of medications into the centre. There were no controlled medications stored in the centre.

Medications were supplied by a local pharmacy in blister packs. The person in charge informed the inspector that the residents knew the pharmacist and would regularly go to the local pharmacy themselves or with staff support. The inspector reviewed a sample of medication administration sheets (MAS) and found them for the most part to be in line with best practice. However there was no section on the MAS to write in the residents GP details and one medication was not clear on the time that it was to be administered. This was discussed with the person in charge and the service manager at feedback.

There were systems in place to monitor the medications stored in the centre and a policy was in place around the disposal of unused or discontinued medications.

All staff were trained in the administration of medication prescribed in the centre. Some residents were responsible for the administration of their own medication. These residents had risk assessments in place around this and had attended medication training themselves.

A record of medication errors was maintained in the centre and there was evidence of learning from errors. For example on the day of the inspection a staff meeting was scheduled. The inspector noted that the agenda contained discussions around a recent medication error that had occurred in the centre.

**Judgment:**  
Substantially Compliant

**Outcome 14: Governance and Management**

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

**Theme:**  
Leadership, Governance and Management

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

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

**Findings:**

Overall the inspector found that there was a clearly defined management structure in the centre that identified the lines of authority and accountability.

There were clearly defined management structures in place. The person in charge reported to the service manager, who is a person participating in management (PPIM). This PPIM reported to the provider nominee. The person in charge was also supported by another PPIM in the centre. The person in charge was interviewed on the day of the inspection. They were found to be suitably experienced and had the necessary skills to carry out their role. They had a very good knowledge of the residents needs in the centre and demonstrated good leadership skills. The person in charge also informed the inspector that they intended to take on further education opportunities in the coming year.

The person in charge met with the service manager, both at regional managers meetings and individually in the centre. The person in charge also informed the inspector that the service manager was available for over the phone support at any time. All staff had supervision meetings with the person in charge and stated that they felt could raise issues or concerns with the person in charge.

The provider had nominated a person to complete unannounced safety and quality audits in the centre, however only one had been completed for 2015. In addition there was no annual review completed in the centre. The inspector acknowledges that the person in charge and the service manager had planned to meet on the day of the inspection to formulate the annual review.

**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:**

Overall the inspector found that the residents received assistance with interventions and care in a respectful manner; however improvements were required in the appropriate staff numbers due to the changing needs of residents.

The inspector found that the provider had taken steps to address staff numbers in the centre to meet the changing needs of residents in that a full review of staffing levels was scheduled to take place next week in the centre. However the inspector noted on minutes of a meeting that one resident's needs could not be safely met at certain times of the week in the centre. This was discussed with the service manager and person in charge who agreed to increase staffing levels to meet the residents' needs until such time as the staff review had been completed.

The staff spoken to were very knowledgeable of the residents needs and a staff training needs analysis was been completed on the day of the inspection. All staff had completed mandatory training, and a schedule was in place for staff to attend refresher training in the coming months.

All staff felt very supported in their roles and the person in charge completed supervision with staff every six weeks. However there was no formal appraisal system in place for staff. This was discussed at the feedback meeting and the inspector was assured that the provider is in the process of addressing this matter.

Staff had access to nursing support as required and a nurse manager was on call 24hrs to offer additional support and advice to staff if needed.

There was a planned and actual roster in the centre. Agency and relief staff were employed in the centre on a regular basis. However the person in charge stated that these staff are regular in order to promote consistency for the residents. In addition staffing levels were due to be reviewed in the centre. A letter was available at inspection from the agency providers stating that all staff employed in the agency had completed all mandatory training.

The requirements set out in Schedule 2 of the regulations in relation to staff files had been inspected by the Authority at a previous date. They were found to be in compliance with the regulations.

There were no volunteers in the centre.

**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:*

Anna Doyle  
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<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by St Michael's House
<b>Centre ID:</b>	OSV-0002338
<b>Date of Inspection:</b>	02 March 2016
<b>Date of response:</b>	29 March 2016

### Requirements

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

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

### Outcome 05: Social Care Needs

**Theme:** Effective Services

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

A comprehensive assessment of need had not been completed for all residents that reflected the changing needs of residents.

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

**1. Action Required:**

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

Each key worker will ensure that an assessment of need is completed and that it reflects the changing needs of the residents. The PIC will also ensure that the assessment of need is updated annually.

**Proposed Timescale:** 30/06/2016

**Theme:** Effective Services

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

The goals identified in residents plans were not effectively reviewed.

**2. 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:**

As part of each residents personal plans the PIC will ensure that all of the residents goals are reviewed monthly by each key worker, documented and filed in each residents green folder. The key worker will discuss each personal plan at the monthly staff meeting in order to ensure their effectiveness thus improving outcomes for residents.

**Proposed Timescale:** 11/05/2016

**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:**

Some residents' individual risk management plans did not include all risks and the control measures needed to mitigate the risks were not outlined.

**3. 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:**

All residents individual risk management plans will be reviewed by the PIC and the Service Manager to ensure that appropriate control measures are in place. All identified risks in the designated centre will be reviewed quarterly.

**Proposed Timescale:** 11/04/2016

**Theme:** Effective Services

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

The emergency evacuation procedure did not include how residents were to be transported to a different location.

**4. 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:**

In the event of an emergency all residents will be transported to another designated centre by taxi or by walking if deemed safe to do so, as the centre is close by.

**Proposed Timescale:** 03/03/2016

**Theme:** Effective Services

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

The risk management policy maintained in the centre was not in date.

**5. Action Required:**

Under Regulation 26(1) you are required to: Ensure that the risk management policy set out in Schedule 5 includes all requirements of Regulation 26(1)

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

The Organizations risk management policy will be updated by the end of April 2016.

**Proposed Timescale:** 30/04/2016

**Theme:** Effective Services

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

There was no system in place to review incidents in the centre.

**6. 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:**

The PIC will keep on file a copy of all incidents that take place in the designated centre and review these incidents on a quarterly basis.

**Proposed Timescale:** 30/04/2016

**Theme:** Effective Services

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

There was no effective system in place for staff using their own cars to transport residents.

**7. 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 will request a copy of each drivers insurance certificate to ensure that they are indemnified to carry residents. The PIC will also request a copy of the NCT to ensure that the car is road worthy.

**Proposed Timescale:** 03/03/2016

**Theme:** Effective Services

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

There were no fire doors in the centre.

**8. 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:**

The PIC will contact the Manager of the Technical Services Department requesting that fire doors be installed throughout the centre.

**Proposed Timescale:** 24/03/2016

**Theme:** Effective Services

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

The fire evacuation procedures in the centre were not detailed enough to guide practice and they had not been updated to reflect the changing needs of residents.

**9. 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:**

A). A fire door linked to the designated centres fire alarm will be installed for one of the residents with changing needs. 31st March 2016.

B). The residents fire evacuation procedures have been reviewed and updated by the PIC in consultation with the Fire Safety Officer to include the changing needs of the residents. 10th March 2016.

**Proposed Timescale:** 31/03/2016

**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:**

Some areas of intimate care that residents required supports with were not detailed enough to guide staff practice.

**10. Action Required:**

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

All of the residents that require intimate care support will have their guidelines reviewed in consultation with their key worker to ensure that they are detailed enough and in line with their personal plan.

**Proposed Timescale:** 30/04/2016

### Outcome 09: Notification of Incidents

Theme: Safe Services

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

Not all incidents that had occurred in the centre had been notified to the Authority.

**11. Action Required:**

Under Regulation 31 (3) (f) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any other adverse incident the chief inspector may prescribe.

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

All Notifiable Events will be reported to the Authority by the PIC within the designated time frame.

**Proposed Timescale:** 27/03/2016

### Outcome 11. Healthcare Needs

Theme: Health and Development

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

Some residents did not have health action plans for all of their health care needs to guide staff practice.

**12. Action Required:**

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

The PIC will ensure that each residents healthcare needs are assessed and included in each residents assessment of needs / health care action plan thus guiding staff practice.

**Proposed Timescale:** 30/06/2016

### 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:**

The time for one residents medication was no clearly outlined on the MAS.

**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:**

An updated MAS was requested and received stating the time and dosage of medication that has to be administered.

**Proposed Timescale:** 29/03/2016

**Theme:** Health and Development

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

Residents GP details were not written on the MAS.

**14. 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 names of the residents GP are written on the MAS.

**Proposed Timescale:** 03/03/2016

**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:**

Only one unannounced quality and safety review was completed in 2015 in the centre.

**15. 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:**

An unannounced inspection was carried out on the 19th February 2016 and a second one will be completed in August 2016.

**Proposed Timescale:** 19/08/2016

**Theme:** Leadership, Governance and Management

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

There was no annual review completed for the centre.

**16. Action Required:**

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

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

The Service Manager will ensure that there is an annual review completed for the designated centre.

**Proposed Timescale:** 31/05/2016

### **Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The staff numbers were not adequate at certain times during the week to ensure that a residents needs could be safely met.

**17. Action Required:**

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

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

The PIC has made changes to the roster to ensure that a resident needs is safely met.

**Proposed Timescale:** 05/03/2016

**Theme:** Responsive Workforce

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

There was no formal appraisal system in place for staff.

**18. Action Required:**

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

The Registered Provider is finalising a performance appraisal system to support, develop and manage staff. Until this system is rolled out the PIC will continue to support / supervise staff at the monthly support meetings.

**Proposed Timescale:** 30/06/2016