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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Michael's House</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002381</td>
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<tr>
<td>Centre county:</td>
<td>Dublin 9</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>St Michael's House</td>
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<tr>
<td>Provider Nominee:</td>
<td>Maureen Hefferon</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Anna Doyle</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>6</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

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

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
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<tr>
<td>26 January 2016 10:00</td>
<td>26 January 2016 20:30</td>
</tr>
<tr>
<td>27 January 2016 09:30</td>
<td>27 January 2016 16:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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

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 purpose of application to
register were found to be satisfactory.

The designated centre is a bungalow situated in a campus based setting that is operated by St Michaels House in north Dublin. Six residents reside in the centre and it accommodates both male and female residents. The inspector found that the centre was homely and for the most part decorated to a high standard, however there were aspects of the centre that required attention.

Six residents had completed questionnaires with staff support. One resident spoke formally to the inspector with the support of staff at the resident’s request. Three family questionnaires were received. A number of family members attended the centre to speak with the inspector. The feedback from these meetings was very positive and family members were very happy with the services provided at the centre. However concerns were raised about fees paid by residents to the service and insufficient staffing levels at night time. The inspector was informed that the family members had raised these concerns at senior management level in St Michael’s house and were not satisfied with the outcome.

The person in charge and the person participating in management (PPIM) were present throughout the inspection. The service manager who is also a PPIM for this centre attended both the opening meeting and the feedback meeting. The provider nominee attended the feedback meeting at the end of the inspection. In addition the inspector met with the provider nominee before the feedback meeting to discuss a number of concerns that the inspector had in relation to governance and management structures within the service in relation to the management of complaints and informing designated centre’s about the review of policies and procedures so as to ensure that staff were up to date.

Overall the inspector found that residents were well cared for and there was evidence of good practices that improved outcomes for the residents living there. However there were improvements required in the management of complaints, communication needs, the use of restrictive practices, health and safety, healthcare needs, safe and suitable premises, workforce and the documents stored in the centre. In addition the inspector was not satisfied that the nurse ‘float’ arrangement at night time was adequate to ensure the provision of supports for all residents at night time in the centre. This is discussed in Outcome 17 of the report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
Overall the inspector found that each resident's privacy and dignity was respected. However improvements were required in the management of complaints and residents finances.

Residents were consulted about how the centre was run. Weekly residents meetings were held, however only the minutes of the last three meetings were available to the inspector. The minutes showed evidence that residents were consulted about menu plans and activities for the week and there had been a discussion at the last meeting about the HIQA inspection. The inspector also saw how the person in charge had made the information accessible for the residents. For example the menu planner was in a pictorial format and residents could choose their meal preference from pictures.

There was a complaints policy in place in the centre and the process for making a complaint was displayed in a user friendly format. However the inspector found that this was not implemented in practice as not all complaints were being logged on the complaints form as per the centre's policy. Furthermore the inspector noted a complaint that a family member had made last year regarding finances. This had been escalated up to a senior manager in the service, however it had not been responded to. In addition family members spoken to had raised complaints in the past at senior level about residents’ finances and staffing levels at night and informed the inspector that they were not satisfied with the outcome. The provider nominee assured the inspector that complaints within the centre would be dealt with in line with the policies of SMH.
There was a finance policy in place, however this policy was not fully implemented into practice. For example the policy stated that each resident should have a comprehensive financial assessment and a support plan completed on the supports required around their finances. However, the inspector checked the finance records and found that the monitoring and auditing system were effective so as to safeguard residents’ finances.

CCTV was in place in the outer perimeters of the centre and there was a policy in place around the use of this.

**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:**
Overall the inspector found that staff were aware of the different communication needs of residents. However improvements were required in relation to communication plans and access to the internet for residents.

There was a communication policy in place in the centre. Most of the residents had significant communication needs and staff were knowledgeable about residents needs. There was some evidence of good communication interventions in place. For example pictures of staff that were on duty that day were displayed in the dining room. One resident had a communication passport in place that had been completed with the support of family and staff. In addition each resident had a Disability Distress Assessment tool (DisDat) completed. This assessment is used to identify distress cues for people who have limited communication skills and aims to assist staff in identifying cues that may indicate if a resident is in distress. However improvements were required in the implementation of communication plans for all residents so as to guide staff practice.

Residents had access to television and radio's however they did not have access to the internet. One staff member spoke to the inspector about a residents wish to purchase a tablet and the inspector saw evidence in another resident’s file where it stated that they liked to use a computer in the office.
### Judgment:
Non Compliant - Moderate

<table>
<thead>
<tr>
<th>Outcome 03: Family and personal relationships and links with the community</th>
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<tbody>
<tr>
<td>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.</td>
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<table>
<thead>
<tr>
<th>Theme:</th>
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<tbody>
<tr>
<td>Individualised Supports and Care</td>
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<table>
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<tr>
<th>Outstanding requirement(s) from previous inspection(s):</th>
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<tbody>
<tr>
<td>This was the centre's first inspection by the Authority.</td>
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<table>
<thead>
<tr>
<th>Findings:</th>
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<tbody>
<tr>
<td>Overall the inspector found that residents were supported to develop and maintain personal relationships and links with the wider community.</td>
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The questionnaires completed by residents and family members showed evidence that families were actively involved in the residents lives. Residents had regular visits home and family members attended residents’ annual review meetings. Relatives spoken to gave very positive feedback on the centre in terms of how welcoming the staff were and talked about different events that they attended in the centre including Christmas parties and birthday celebrations. One family member described the centre as a “home from home”.

There were no restrictions on visitors to the centre unless requested by residents. Residents had their own bedrooms and had access to a room where they could meet visitors in private.

Residents were supported to maintain links with their wider community. The inspector saw evidence of where residents attended various community facilities including a karate club, cinema, coffee shops, restaurants and drama classes.

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<th>Judgment:</th>
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<tr>
<td>Compliant</td>
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<tr>
<th>Outcome 04: Admissions and Contract for the Provision of Services</th>
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<tr>
<td>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.</td>
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<thead>
<tr>
<th>Theme:</th>
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<tr>
<td>Effective Services</td>
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### Findings:
Overall the inspector found that each resident had an agreed contract of care and that there was a policy in place around admissions to the centre. However improvements were required in both areas.

The contracts of care set out the services to be provided and all fees were included in the contract. However the contract stated that residents may have to contribute to staff costs for activities. The person in charge informed the inspector that this was not the practice, as staff costs were taken from a petty cash fund in the centre that the service provided. In addition the contract stated that the fees were regulated by the Health Service Executive (HSE). The inspector found that the fees charged were not in line with the HSE "national guidelines on charges for inpatient services" (2011).

The admission policy was reflected in the Statement of Purpose. There were no new admissions to the centre.

### Judgment:
Non Compliant - Moderate

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### 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

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

### Findings:
Overall the inspector found that resident's wellbeing and welfare was being maintained in the centre and that resident's had opportunities to participate in meaningful activities. However improvements were required in the review of social care goals.

The inspector reviewed a sample of personal plans and found that residents had an assessment of need in place. Records of two annual reviews were viewed by the inspector on the day of the inspection. The inspector found while the resident and family members had attended this, it was not clear whether allied health professionals who
supported residents attended these meetings. In addition some of the goals identified were not broken down and had no documented review; therefore it was difficult to assess the effectiveness of the goals in improving outcomes for the residents. For example one resident was learning how to put on their coat. This was not broken down and there was no review process in place. Another resident’s goal was to attend swimming; however this was not happening as the swimming pool had been closed.

The inspector did see evidence of residents achieving goals and having access to social activities. This included attending karate lessons, going to the cinema and going to drama classes.

**Judgment:**
Substantially Compliant

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**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 inspector found that the design and layout of the centre were suitable for the stated purpose. However some improvements were required in the maintenance and upkeep of the centre and access to one area in the centre.

The centre was very homely and decorated to a high standard. Each resident had their own bedroom, with adequate storage space to store their personal belongings. Each resident’s bedroom was personalised and there were pictures of family members, friends and social events that residents had attended. Residents had locks on the bedroom doors if they wished.

There were two sitting rooms in the centre that allowed for residents to meet visitors in private. The dining area was large and had two tables that allowed for residents to eat on their own if they wished. The kitchen was adequate and had suitable cooking facilities.

There were adequate toilet and bathroom facilities, however some areas of the shower room needed attention. For example the shower rail was rusty and tiles around the shower and toilet area were unclean. In addition the utility room could only be accessed through the bathroom beside it and therefore was not accessible for everyone when the
bathroom was in use. The person in charge informed the inspector that a member of the technical team had already visited the centre to look at plans to address this issue.

There was a large garden at the side of the property that had a small pond, a sun room and a barbeque area. However the patio section was full of moss and weeds and required attention.

Hand sanitisers and gels were in place throughout the centre and colour coded towels were used. There was a policy on infection control in place.

**Judgment:**
Substantially Compliant

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

**Theme:**
Effective Services

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

**Findings:**
Overall the inspector found that in general the health and safety of residents, visitors and staff was promoted. However improvements were required in the identification of risks in the centre, the measures in place to mitigate these risks and fire safety.

There was a risk management policy in place and the inspector saw evidence of the environmental risks identified within the centre, however not all risks had been identified. For example there was no risk assessment on oxygen being stored in the centre. Residents had individual risk management plans in their personal plans.

Incidents were recorded on a computer generated form and a copy was maintained in the residents personal plans. However there was no evidence that incidents were being reviewed and learning from them implemented into practice.

There were effective fire safety precautions in place. One staff member was assigned to the role of fire officer in the centre. Suitable fire fighting equipment was provided throughout the centre and there was evidence that they had been serviced and checked appropriately. A fire evacuation plan was displayed in a prominent area of the centre. However the fire procedures did not outline the roles and responsibilities of staff and were not detailed enough to guide staff.

Each resident had a personal emergency egress plans (PEEPs) in place. A sample was reviewed and was found to include information on mobility, awareness and supports needed.
The centre held regular fire drills and reports showed that the fire drills occurred at different times. The drill records recorded the time taken to evacuate and issues identified, however, it did not record the names of staff and residents involved in the fire drill. There was evidence of learning from fire drills, however the learning did not mitigate all risks. For example the inspector saw one fire drill where a resident would not leave the centre. Learning from this had been addressed in that the person in charge had purchased an evacuation aid sheet and had provided objects of reference that might be an incentive for the resident to evacuate. However not all staff were trained in the use of evacuation sheets. In addition this resident responded well to certain staff in a fire drill. The inspector noted that successful fire drills carried out had all been done when these staff were on duty. Therefore it was difficult to assess if the resident would respond in a real evacuation when these staff were not present.

There were procedures in place for the prevention and control of infection. There were adequate hand-washing facilities and sanitising hand gels were available in key areas throughout the centre. Daily cleaning schedules were in place. A hygiene audit had been completed in December 2015 and all actions from this were being addressed by the person in charge.

The inspector found that the vehicles used by staff was appropriately taxed, insured and had a national car testing certificate.

**Judgment:**
Non Compliant - Moderate

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

**Theme:**
Safe Services

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

**Findings:**
Overall the inspector found that there were measures in place to keep residents safe and protect them from abuse.

All staff spoken to were knowledgeable about what constitutes abuse and what to do in the event of an allegation of abuse. However the policy on safeguarding in the centre
had only just been updated to reflect the revised Health Service Executive (HSE) safeguarding vulnerable adults in care policy and staff had not received training that reflected this policy.

There was a policy in place for the provision of behavioural support. A psychologist was available to support residents in the centre. The inspector reviewed a sample of behaviour support plans. They had been developed with the support of a psychologist and staff. All staff had received up to date training in positive behaviour support however not all staff were trained in the implementation of some restrictive practices. In addition some residents’ support plans were not detailed enough to guide staff practice and some of the information had not been updated to reflect changing needs. For example one resident's support plan stated the use of an 'angel clip' while on the bus, however this was no longer in use. Another plan did not reference the use of PRN medications or the use of restrictive practices. The person in charge informed the inspector that the key worker for each resident reviewed their behaviour support plan every year with the psychologist; however there was no evidence of this within the personal plans.

There were a number of restrictive practices in the centre that had been notified to the Authority as required, however some restrictive practices had not been notified to the Authority. This is actioned under Outcome 9.

In addition the restrictive practice policy was reviewed by the inspector and found that areas of the policy are not implemented into practice. For example the restrictive policy states that each resident should have a comprehensive assessment completed in conjunction with family representatives and allied health professionals. This was not evident in the personal plans viewed. In addition there was no evidence that restrictive practices had been reviewed so as to ensure the least restrictive method was being used and an accurate record of when restrictive practices were used. For example the doors were locked in the kitchen areas at certain times during the day, however the times of this were not documented.

Staff were observed to treat residents with dignity and respect throughout the inspection and each resident had an intimate care plan in place, however they were not detailed enough to guide staff practice. This was discussed with the person in charge.

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

Findings:
Overall the inspector found that a record of all incidents occurring in the centre was maintained, however some incidents had not been notified to the Authority.

The inspector found that the records of incidents in the centre were maintained in the centre. However some restrictive practices that were in place for residents were not notified to the Authority. For example taking bloods from residents or restrictive interventions used to manage behaviour that challenge.

Judgment:
Substantially 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:
Overall the inspector found that residents were supported to access new experiences and opportunities while respecting residents' needs and wishes.

Residents were engaged in social activities and the inspector saw evidence of teaching new skills to promote independence. For example one resident was learning about meal preparation and another was learning to put on their coat. The inspector saw evidence of residents attending karate lessons, going to the cinema and going to drama classes. While there was limited evidence of formal educational opportunities for residents outside of the centre, the inspector acknowledges that this is based on the residents' complex needs and individual choices.

Judgment:
Compliant
## Outcome 11. Healthcare Needs

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

### Theme:

Health and Development

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

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

### Findings:

Overall the inspector found that residents’ healthcare needs were being met. However improvements were required in healthcare assessments and health action plans to guide staff practice.

The inspector reviewed a sample of residents’ files and found that healthcare needs were being met. For example residents had an annual medical completed by a general practitioner and residents’ needs were discussed at staff meetings. However the assessment of need did not include all health care needs and there were no health action plans in place for some of the needs. For example residents did not have health action plans for mental health issues. In addition the inspector noted that while residents had access to allied health professionals it was not always timely. For example one referral for a sensory assessment in 2014 had no follow up. Another resident who was under the care of a dietician had not been seen since 2014. However the inspector did see evidence of good practices. For example detailed epilepsy management plans.

All meals were prepared in the designated centre and the inspector observed the end of one meal that residents were having. A review of menu plans showed that the food was varied, nutritious and in line with residents’ personal preferences.

### 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 there were systems in place on medication management in the centre, however improvements were required in a number of areas.

There was a written operational policy in place which outlined the procedures for ordering, prescribing, storing and administration of medication, however there were aspects of this policy that was not implemented into practice. The inspector reviewed prescription and administration records which contained most of the information required however, one PRN medication prescription did not outline the indications for use, and one medication prescribed did not have a maximum dose stated.

Medications that were sent home with residents were being dispensed into a separate pill box. This was not in line with best practice and the person in charge had discussed it with the pharmacist and found a solution to this issue by the end of the inspection.

Medications were securely and appropriately stored in a locked press in the staff room. Out of date or unused medications were stored separate from regular medications in a secure medication disposal bin.

There were no controlled medications in use in the centre on the day of inspection.

There were arrangements in place for audit of medication management practices. Medication stock takes were completed weekly. A new medication audit process had been completed in December 2015. The inspector saw evidence of learning from this.

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:
Overall the inspector found that a written statement of purpose was available that reflected the services provided in the centre. On review it was found that the document contained all of the information required in Schedule 1 of the Regulations.
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 effective management systems were in place to support and promote the delivery of a safe, quality care service.

There were clearly defined management structures in place that identified the lines of authority and accountability in the centre. 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 second day of the inspection. They were found to be suitably qualified and had the necessary skills to carry out their role. They had a very good knowledge of the residents needs in the centre and were very responsive to any issues that were raised over the course of the inspection.

Regular staff meetings were held in the centre and the person in charge met with the service manager. However the minutes of these meetings did not have clear action plans and did not highlight the persons responsible to carry out the agreed actions. This is actioned under Outcome 18.

A nurse manager on call was also available to staff to call for additional advice and support.

The provider had nominated a person to complete unannounced safety and quality audits in the centre. The last one was scheduled in July 2015 and a further one was due this month. The inspector found that all of the actions identified had been addressed or were in the process of being addressed. The person in charge informed the inspector that the provider nominee visits the centre regularly.

The annual review of the centre was in draft format; however this contained personal information about residents that was not in line with residents’ rights.
**Outcome 15: Absence of the person in charge**
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The inspector was satisfied that the person in charge had not been absent from the designated centre for more than 28 days. There were satisfactory arrangements in place to cover any absences of the person in charge. The provider was aware of the requirements to notify the Authority in the event of the person in charge being absent.

**Judgment:**
Compliant

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**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:**
Overall the inspector found that the centre was resourced during the day to ensure the effective delivery of care and support in accordance with the statement of purpose. However improvements were required at night time to ensure the residents’ needs were responded to. This is discussed under Outcome 17.

**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:
Overall the inspector found that there was an adequate skill mix in place to meet the needs of the residents, however improvements were required in the review of staffing levels at night and training needs of staff.

The inspector found that there were appropriate numbers of staff during the day. However concerns had been raised by two family members about staffing levels at night. These concerns were raised with the inspector and also highlighted in the draft annual review for the centre. In addition staff told the inspector that the float nurse at night was not always available to offer support due to other responsibilities at night time. The inspector reviewed a number of residents’ reports in relation to night time routines and found that while no major incidences had occurred in the centre at night, there were concerns over staff having access to assistance from the float nurse as outlined in one resident’s personal plan. For example this resident’s plan contained a risk assessment that included ‘restricted supervision at night’. One of the control measures to mitigate any risks was to contact the nurse float at night for support. The inspector reviewed sleeping patterns for this resident and found that on a number of occasions this risk assessment was not followed. This was discussed at the feedback session and the person in charge was to review the staffing resources at night so as to ensure safe services and to consult with family members around their concerns.

Most staff employed in the centre had completed mandatory training, however two staff had not completed fire safety training and one staff had not completed safeguarding training. In addition agency staff who had been employed in the centre had not completed all mandatory training. This had been an action from previous inspections carried out in this service. All non nursing staff were required to have medication training completed in the centre. However two staff had not completed this training.

Staff were also required to administer oxygen in the centre. The system in place to mitigate this risk was to call the nurse float. However the inspector timed how long it would take for the float nurse to respond to residents who required oxygen and was not satisfied that this could be done in a safe and timely manner for residents. This was discussed at the feedback meeting and the provider agreed to review this system.
The person in charge had recently started supervision meetings with staff. The inspector reviewed a number of these and staff had discussed future training needs. There was no formal appraisal in place for staff. This was discussed at the feedback meeting and the inspector was satisfied that the provider had taken reasonable steps to try and address this issue.

The personnel files for staff were not reviewed at the centre on the inspection days. However they were subsequently reviewed at a later date by the Authority and found to be in compliance with the regulations. There were no volunteers in the centre.

**Judgment:**
Non Compliant - Moderate

### Outcome 18: Records and documentation

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

**Theme:**
Use of Information

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

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

**Findings:**
Overall the inspector found that most of the documentation required by the regulations was maintained in the centre, however improvements were required to ensure that all of the policies and procedures as per Schedule 5 of the regulations were in place and in ensuring that the records maintained are complete and up to date.

Residents’ records were safely stored in the centre and were available to inspectors. However gaps were evident in some of the personal plans and in residents' daily records. In addition information was not easy to retrieve and there was a lot of information duplicated.

The policies and procedures outlined in Schedule 5 of the regulations were not all available in the centre for example the policy on the temporary absence of a resident.

An up to date insurance policy was in place for the centre which included cover for resident’s personal property and accident and injury to residents in compliance with all the requirements.
The information required under regulation 21 and listed in Schedule 4 were maintained in the centre, with the exception of a record of all complaints as discussed in Outcome 1. Staff files were not reviewed on the day of the inspection as they were stored at a different location. A review of these files took place since the inspection and were found to be in line with the regulations.

A resident’s guide and directory of residents were maintained in the centre, which included all the required information.

**Judgment:**
Non Compliant - Moderate

**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
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Michael's House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002381</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>26 January 2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>21 March 2016</td>
</tr>
</tbody>
</table>

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The finance policy was not fully implemented into practice as there was no comprehensive financial assessment completed for residents and a financial support plan to guide practice.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. **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:**
The PIC will ensure that the current financial plans are developed to be more comprehensive and in a user friendly format which will guide practise.

**Proposed Timescale:** 21/04/2016  
**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
A complaint made by a family member last year had not been responded to.

2. **Action Required:**
Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

**Please state the actions you have taken or are planning to take:**
1. Complaint logged on complaint form. 18/03/2016  
2. Response to the complaint by the senior manager. 16/03/2016

**Proposed Timescale:** 18/03/2016  
**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
Two family members were not satisfied with the outcome of two complaints they had made.

3. **Action Required:**
Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

**Please state the actions you have taken or are planning to take:**
The PIC and PPIM will meet with residents family members to ascertain their level of satisfaction with the issues raised in the report. The authority will be informed by the 31st of May.

**Proposed Timescale:** 31/05/2016
### Outcome 02: Communication

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Not all residents had a communication support plan in place to inform staff practice.

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:**
1. Develop communication passports for the three residents who currently do not have one. 31/05/2016
2. Review and update the communication passport for the three residents who have communication passports. 30/04/2016

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

### Proposed Timescale: 31/05/2016

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Residents did not have access to the internet.

5. **Action Required:**
Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.

**Please state the actions you have taken or are planning to take:**
The PIC will research the options of broadband or the use of laptop with dongle. The PIC will have internet available to the residents by the 31st of April 2016.

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

### Outcome 04: Admissions and Contract for the Provision of Services

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The contracts of care were not correct as they stated that residents were required to contribute to staff costs for activities.
6. **Action Required:**
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

**Please state the actions you have taken or are planning to take:**
The contract of care stated that residents may have to contribute to staff costs for activities. The designated centre does not ask residents to contribute. The PIC will update the contract of care to remove any reference to residents being asked to contribute to staff costs.

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

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The fees charged were not based on guidelines from the HSE as stated in the contracts of care.

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

**Please state the actions you have taken or are planning to take:**
The PIC will update the contract of care.

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

**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:
The goals agreed at the annual review did not have a review process in place to assess their effectiveness.

8. **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:
1. Tracking forms for the Goals will be implemented clearly identifying the work completed to support the goal.

2. Review the trackers and assess the effectiveness of the work and the goals in line with monthly reports.

3. Assessment of need training sessions for staff to attend are as follows, 5th, 6th, 7th, 8th, 13th, 15th and 19th of April. The PIC will facilitate the roster so that staff can attend these sessions.

Proposed Timescale: 30/04/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The utility are was not accessible if the shower room was in use.

9. Action Required:
Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

Please state the actions you have taken or are planning to take:
Scope of works to be developed by Technical Services and submission of costs to the Provider Nominee.

Proposed Timescale: 30/04/2016

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The garden area required attention.

10. Action Required:
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:
Arrangements made for the garden to be tidied and removal of moss from patio area.

Proposed Timescale: 01/04/2016
<table>
<thead>
<tr>
<th><strong>Outcome 07: Health and Safety and Risk Management</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>Not all environmental risks were identified in the centre.</td>
</tr>
<tr>
<td><strong>11. Action Required:</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>Review of environmental risk with PIC and health and safety officer.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 14/04/2016</td>
</tr>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>There was no evidence that incidents in the centre were being reviewed.</td>
</tr>
<tr>
<td><strong>12. Action Required:</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>Incident reports were reviewed on the 02/02/2016 as part of the 6 monthly review of Quality of Care and Support completed by service manager. Review found no common themes. 1 new risk assessment implemented. 2 risk assessments for 2 individuals updated. The PIC and PPIM continue to review as was identified in the audit.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 02/02/2016</td>
</tr>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>Not all staff were trained in the use of emergency fire evacuation equipment and the learning from one fire drill had not been adequately addressed to mitigate all risks identified.</td>
</tr>
<tr>
<td><strong>13. Action Required:</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>
Please state the actions you have taken or are planning to take:
1. Evacu aid training for the two members of the team that were outstanding is scheduled for the 24th of May 2016.

2. PIC will arrange for a night time fire drill to be conducted using the objects of reference as an incentive and review the effectiveness of this and develop further strategies in order to mitigate all risks identified. 30/04/2016

Proposed Timescale: 30/04/2016
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The fire evacuation procedures were not detailed enough to guide staff practice and did not include the roles and responsibilities of staff.

14. Action Required:
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
The fire evacuation procedures will be reviewed and will clearly state the roles and responsibilities of staff.

Proposed Timescale: 30/04/2016

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:
The restrictive practice policy was not fully implemented into practice and restrictive practices were not reviewed so as to ensure the least restrictive practice is being used. A record of when kitchen doors were locked was not maintained in the centre.

15. 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:
1. The PIC will develop a local policy that clearly states the time that the kitchen will be open. 13/04/2016

2. Recording system to capture the times when the kitchen doors were locked will be implemented. 13/04/2016

3. These recordings will be reviewed by the PIC and service manager three monthly to identify how we can reduce the times that the kitchen doors are locked. 30/06/2016

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

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Positive behaviour support plans were not updated to reflect the changing needs of residents and there was no evidence that behaviour support plans were being reviewed with the key workers.

16. **Action Required:**
Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

Please state the actions you have taken or are planning to take:
The PIC will ensure that positive behaviour support plans are updated and reflect the changing needs of the individuals.

The review of the plans by the key workers will be clearly documented.

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

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff had not received training or guidance on the new safe guarding policy in the centre.

17. **Action Required:**
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.
Please state the actions you have taken or are planning to take:
1. The PIC has arranged a staff meeting on the 13/04/2016 to discuss the new safe guarding policy. 13/04/2016

2. A memo was sent outlining the key changes to the policy. 01/02/2016

3. Online refresher training is currently being developed and will be ready for roll out in July 2016. 31/07/2016

**Proposed Timescale:** 31/07/2016

**Theme:** Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Intimate care plans in place for residents were not detailed enough to guide staff practice.

18. **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:
The PIC will oversee that each key worker will review and update the intimate care plan to ensure comprehensive, detailed information which will guide staff practise.

**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 restrictive practices in the centre were notified to the Authority.

19. **Action Required:**
Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

Please state the actions you have taken or are planning to take:
All restrictive practises in the centre were notified to the Authority in the Quarterly forms submitted on the 31/01/2016.
**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:
Access to some allied healthcare professionals was not timely.

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

Please state the actions you have taken or are planning to take:
The PIC and service manager raised this with the clinic manager and provider nominee. Resident was reviewed by dietician in 2015 at his day service but this was not documented in his file in the designated centre. A review is arranged for the 31/03/2015.

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

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**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:
Staff were re dispensing medications into a pill box for residents who go home for periods of time.

21. **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:
PPIM liaised with the pharmacy and the medication that is required to be sent home is now dispensed in a blister pack for the period of there stay at home.

**Proposed Timescale:** 11/03/2016
Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
One PRN medication prescription did not outline the indications for use, and one medication prescribed did not have a maximum dose stated.

22. Action Required:
Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

Please state the actions you have taken or are planning to take:
Review of medication prescriptions to incorporate the indication for the PRN use and the maximum dose.

Proposed Timescale: 25/03/2016

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:
The annual review was in draft format on the day of the inspection.

23. 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 annual report has been approved and agreed by the Provider Nominee

Proposed Timescale: 08/02/2016

Outcome 17: Workforce
Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspector was not satisfied that residents needs could be met at night time.
### 24. 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:**
1. The PIC and service manager will review residents needs at night which will include a review of the night time routines and the risk assessments for night time. 31/04/2015

2. The PIC and service manager will review night time activity and the documentation. The outcome of this review will available to the inspector. 31/05/2014

The PIC will continue to implement the current practise of responding to any changing needs of the residents and night time and amend rosters to reflect these changes.

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

**Theme:** Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The night float nurse could not respond to residents who required oxygen in a safe time frame.

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

**Please state the actions you have taken or are planning to take:**
1. The PIC with the service manager has identified two centres on campus where a nurse will be available in either centre in the event that the Float cannot attend in a timely manner to administer O2. The risk around this is low as no administration of O2 at night was needed in 2015. 01/02/2016

2. Five non-nursing staff scheduled for training in the administration of O2 on the 09/05/2016.

**Proposed Timescale:** 09/05/2016

**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no staff appraisal system in place within the centre.
26. **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:**
Supervision policy to be implemented in pilot form prior to roll out of performance management. The PIC currently meets with the staff individually for support meeting where they discuss issues or concerns, performance, training needs and development. These meeting are every two months.

**Proposed Timescale:** To continue on 8 week basis.

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not all staff had completed mandatory training in the centre including agency staff.

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

**Please state the actions you have taken or are planning to take:**
1. Fire Safety training arranged for 31/05/2016.

2. Agency staff - list of staff who cannot be used in the centre until they completed all their mandatory training as of the 03/03/2016.

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

**Outcome 18: Records and documentation**

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The policies not available under Schedule 5 of the regulations included; the temporary absence of residents, access to education training and development, the restrictive practice policy was in draft format and the provision of information to residents.

28. **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.
<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Temporary absence of residents will be covered under the Admissions Policy which is currently being updated and due to be completed on the 31/03/2016.</td>
</tr>
<tr>
<td>2. Education and learning policy was issued and the PIC discussed at staff meeting on the 10th of February 2016.</td>
</tr>
<tr>
<td>3. Restrictive practice policy was issued and discussed at staff meeting on the 10th of February 2016</td>
</tr>
</tbody>
</table>

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

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There were gaps evident in residents' records maintained in the centre.

**29. Action Required:**
Under Regulation 21 (1) (a) you are required to: Maintain, and make available for inspection by the chief inspector, records of the information and documents in relation to staff specified in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
The PIC and PPIM to review current systems in use and implement a more efficient file system in which information is compiled in an accessible and attainable format.

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