<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>A designated centre for people with disabilities operated by St Michael's House</th>
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</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0002383</td>
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<tr>
<td><strong>Centre county:</strong></td>
<td>Dublin 9</td>
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<tr>
<td><strong>Type of centre:</strong></td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td><strong>Registered provider:</strong></td>
<td>St Michael's House</td>
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<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Maureen Hefferon</td>
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<tr>
<td><strong>Lead inspector:</strong></td>
<td>Anna Doyle</td>
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<tr>
<td><strong>Support inspector(s):</strong></td>
<td>Conan O'Hara</td>
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<tr>
<td><strong>Type of inspection</strong></td>
<td>Announced</td>
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<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>6</td>
</tr>
<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></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
From: To:
11 February 2016 10:00 11 February 2016 20:30
12 February 2016 09:30 12 February 2016 17:00

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

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<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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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. A second inspector was present on the second day of the inspection. 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, however some documents remain outstanding.

The designated centre is a bungalow situated in a campus based setting that is operated by St Michaels House (SMH) in north Dublin. Six residents reside in the centre and it accommodates both male and female residents. The inspector found that the centre was spacious, homely and for the most part decorated to a high standard.

Two residents had completed questionnaires with staff support. One resident spoke formally to inspectors. Four family questionnaires were received. One family member visited the centre to speak with inspectors. The feedback from this meeting and the family questionnaires found that family members were happy with the services provided at the centre.

The person in charge and a person participating in management (PPIM) were present throughout the inspection. The service manager who is also a PPIM for this centre attended the opening meeting. The provider nominee attended the feedback meeting at the end of the inspection.

Overall inspectors found that residents were well cared for in the centre, however there were improvements required in relation a number of outcomes including: residents' rights, health and safety, contracts of care, safeguarding and safety, workforce and records and documents. The action plan at the end of this report outlines the improvements required.
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 inspectors found that residents were treated with dignity and respect; however improvements were required in the management of complaints, consultation with residents and residents' rights.

Staff were observed to treat residents with dignity and respect and residents' rights were for the most part upheld. For example residents who had a strong religious faith were supported by staff to attend mass and other religious events. However language used in one residents plan was not upholding a resident’s right. This was discussed with the person in charge and at the feedback meeting. In addition inspectors were not satisfied that some residents' rights in relation to bed time routines upheld their right to choice and individual preferences. For example staff spoken to stated that one resident liked to go to bed early as it took a number of hours for them to settle to sleep. However when inspectors reviewed the residents’ personal plan it was found that this was not always the case. For example some nights the resident would fall asleep relatively quickly and other nights they were awake for a number of hours before they fell asleep. The inspector discussed this with the person in charge and the provider who stated that this was resident’s choice, however inspectors were not assured that if the resident wished to remain up later than normal, that there was adequate staff at night to support this choice.

Intimate care plans were in place so as to respect resident’s dignity. One resident had their right to have intimate care carried out by female staff only, highlighted in their personal plans.
There was a complaints policy in place and both the resident spoken to and family members stated that they would know who to speak to if they had a complaint. The policy was displayed in a user friendly format and there was a complaints officer in the centre. Advocacy services contact details were available and inspectors found that a representative from an advocacy service had visited the centre to speak to residents. There were no complaints on file on the day of the inspection. However the person in charge did inform inspectors of one concern that a family member had raised that had not been recorded on the complaints form.

Residents meetings had been documented on residents’ individual plans, however the discussion at these was only around meal choices. The person in charge showed inspectors a copy of a new resident’s meetings template that was to start at the next residents meetings. This included more detail on the consultation process for residents.

There was a finance policy in place and inspectors saw evidence of how finance plans had been developed for each resident into a user friendly format. Two financial records were viewed by inspectors and found to be effective in safeguarding residents’ finances. In addition a monthly audit was carried out by the person in charge on residents’ finances.

**Judgment:**
Non Compliant - Moderate

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**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 inspectors found that staff were aware of the communication needs of residents, however improvements were required in the development of individual communication plans that would guide staff practice.

Staff had a very good knowledge of the communication needs of residents and inspectors saw evidence of how information for residents had been developed into a user friendly format. For example, pictorial menus and pictures of staff who were on duty were displayed in the centre, one resident had a pictorial activity schedule and all residents had a medication plan in a user friendly format. In addition one resident had an assistive device to promote their full capabilities. This was a switch device that enabled the resident to turn on a radio independently by tapping the switch.
Inspectors met with one resident who showed inspectors a communication passport that they were in the process of developing. This included a guide for staff to support the resident to complete it. However other residents did not have communication passports in place. Inspectors acknowledge that residents had been referred to a speech and language therapist (SALT) to assist with this process. In addition the person in charge had also identified additional training needs for staff on communication interventions and training was scheduled for two staff to attend this training.

Residents had access to radio television, however there was no internet access for residents. This was discussed at the feedback meeting and inspectors were informed by the provider nominee that the service was addressing this issue.

Judgment:
Non Compliant - Moderate

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

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

Findings:
Overall positive relationships between family members and residents were supported and families were actively encouraged to visit the centre and be involved in the residents’ lives.

There were no restrictions on visitors to the centre. Residents had their own bedrooms and had access to areas in the centre where they could meet visitors in private. Over the two days of the inspection, inspectors observed a number of family visits to the centre, families were very much welcomed to the centre and it was evident that they knew staff very well.

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 were invited to attend residents’ annual review meetings. One relative 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 and described the centre as a “home from home”.

Residents were supported to maintain links with their wider community. Inspectors saw evidence of where residents attended the local church, local shops, cinema, coffee shops, pub and football matches. One resident had recently been supported by staff to
hold a dinner party for friends in the centre.

**Judgment:**
Compliant

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

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

**Theme:**
Effective Services

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

**Findings:**
Overall inspectors found that there was an admission policy in place and contracts of care were in place for each resident. However improvements were required in both areas.

Inspectors saw a sample of contracts of care that were signed by a representative of the service and residents family; however one resident who had recently been admitted to the centre did not have a signed contract of care. In addition some of the information contained in the contracts of care was not correct. For example the contracts stated that residents had to contribute to that cost of taxis in the centre. The person in charge informed inspectors that fees for taxis were taken from a petty cash fund in the centre. The fees quoted were incorrect for two residents and additional fees did not include all services provided. Furthermore the contracts 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).

There was an admission policy in place, however it did not include the temporary absence of a resident. This was discussed at the feedback session and inspectors saw evidence that this was due for completion in the coming months. One resident had recently been admitted to the centre; however there was no documented evidence that residents had been consulted about this admission in line with the admission policy.

**Judgment:**
Non Compliant - Moderate
**Outcome 05: Social Care Needs**

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

**Theme:**  
Effective Services

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

**Findings:**  
Overall inspectors found that residents had opportunities to participate in meaningful activities appropriate to their preferences, however improvements were required in the assessment of need and the support plans to guide staff practice.

Each resident had a personal plan and inspectors reviewed a sample of these. The assessment of need was comprehensive however some of the information was inconsistently recorded and not all support needs were highlighted in the assessment. For example residents files stated that they had 'no scope to improve independence in road safety', yet it was found that residents were being supported to walk from the centre to a night class independently and was participating in bus training.

Inspectors reviewed a number of activity schedules for residents and found that for the most part residents were involved in varied activities. However not all activity schedule were completed in full. Inspectors reviewed two annual reviews for residents and found that there was no allied health professional representation at them. Families had attended the meetings and the reviews were comprehensive, however 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.

One resident had recently transferred from another designated centre within the service to this centre. Inspectors reviewed the transition process for this resident and were satisfied that the resident and their representative had been involved in the process. In addition an assessment of need had been completed prior to the transition date, however the transition plan was not clearly recorded. Inspectors acknowledge that there was evidence of the transition process contained in different areas of the resident’s personal plan however it was not consistently documented. This is actioned under Outcome 18.

**Judgment:**  
Substantially Compliant
Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

Findings:
Overall the design and layout of the centre were in line with the statement of purpose and met the needs of the residents.

The centre was a large six bedroom bungalow on a campus setting. Each resident had their own bedroom with adequate storage space. There was a large sitting room, with another seating area at the main entrance to the building. The kitchen had adequate cooking facilities with an adjoining pantry and large dining area. There were adequate toilets, bathrooms and shower areas to meet the residents’ needs and a changing area was available for staff. In addition there was a utility area with laundry and sluicing facilities. The garden was landscaped and had seating facilities outside, one resident was being supported by staff to maintain a herb garden.

The centre was found to be clean, suitably decorated and homely. It was well maintained apart from a number of minor issues. For example in the bathroom there was a reflective light sticking out from broken tiles on the wall and the garden area outside needed attention. These were promptly reported to the maintenance department on the first day of the inspection. In addition an alarm bell used to call for staff assistance was not working in the dining room.

The centre was equipped with assistive devices to meet the residents’ needs, for example there were shower trolleys, parker baths, hand rails and hoists. The records showed that they were found to be suitably maintained.

There were effective systems in place for the disposal of general and clinical waste.

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, inspectors found that there were systems in place to protect the health and safety of residents in the centre. However some areas of improvement were required in relation to fire safety and risk management.

There was a designated person in the centre who was responsible for fire safety. A fire evacuation plan was displayed in a prominent area in the centre. However the fire procedures in place were not detailed enough to guide staff practice and did not outline staffs' roles and responsibilities in the event of an evacuation during the day. Inspectors acknowledge however that this was in place for night time evacuations. In addition staff from this centre were required to assist with the evacuation of other centres in the campus during the day. Inspectors found that this system needed to be reviewed as this may not always be possible due to residents' needs. This was discussed with the provider at the feedback session.

Suitable fire fighting equipment was provided throughout the centre and there was evidence that they had been serviced appropriately. There were fire doors in the centre and the person in charge informed inspectors about plans to install a more robust system in order to compartmentalise sections of the centre. A visitor’s book was also maintained in the hall of the centre to show who was in the building in the event of an emergency, however this was not consistently recorded.

Inspectors reviewed a sample of the personal emergency egress plans (PEEPs) for residents and found them to be concise and informative. The PEEPs included information on mobility, awareness and supports needed. There was an emergency pack on site that was stored near the main exit of the building.

Fire drills were carried out regularly in the centre 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 that issues identified at the fire drills were managed.

There was a policy on infection control in place. However there were no guidelines in place in the centre on the use of sluicing facilities. Colour coded towels were used and there were adequate hand-washing facilities and sanitising hand gels available in key areas throughout the centre. Pictorial signage was also on display to promote good hand hygiene practices and personal protective equipment was available. Cleaning schedules were in place and there was a staff member employed in the centre to assist with this.

The centre had an organisational risk management policy. There was a risk register in place that included environmental risks and inspectors noted that the person in charge was responsive to risks as they occurred. For example on the first morning of the inspection, salt had been spread outside to minimise the risk of falls due to icy conditions. However some improvements were required in how risks were assessed. For example the likelihood of risks occurring was generally very high even though there was
evidence of a number of mitigating factors to minimise the likelihood and the impact was rating was very low.

Individual risk management plans were in place for residents where appropriate, however one residents risk management plan was not detailed enough to guide practice. In addition another resident’s risk management plan was not being implemented consistently. For example the risk assessment required the resident to be checked every 20 minutes while they were in bed. However the checks were only completed from 21.00hrs to 8.00hrs even though there was evidence that this resident may be in bed at other times during the day.

All incidents were recorded on a computer generated form and a copy was stored on residents’ plans as appropriate. The person in charge completed a health and safety checklist and inspectors found that actions had been identified from this and were in the process of being addressed.

The centre had no vehicle to transport residents.

Judgment:
Substantially Compliant

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

Theme:
Safe Services

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

Findings:
Overall inspectors found that there were measures in place to keep residents safe and protect them from abuse. However improvements were needed in restrictive practices, behaviour support plans and intimate care plans.

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. While the staff had not received formal training on this policy, inspectors acknowledge that the person in charge had highlighted the changes in this policy to staff and there was evidence that it was due for review at
the next staff meeting scheduled for February.

There was a policy in place for the provision of behavioural support. A psychologist was available in the centre by referral. The inspector reviewed a sample of behaviour support plans and found that some 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 residents support plan stated the use of an incorrect dose of PRN medication prescribed. Another plan did not reference the use of restrictive practices.

There were a number of restrictive practices in the centre. The restrictive practice policy was reviewed by inspectors and found that areas of the policy were 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. For example one resident was documented as requiring an audio monitor at night due to epilepsy, however the resident also had an epilepsy bed monitor in place to alert staff in the event of a seizure. There was no evidence why both of these practices were required and whether these practices had ever been effectively reviewed.

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. In addition one residents intimate care details was discussed with the person in charge. This involved the use of assistive equipment to transfer a resident from their bedroom to the shower room on a trolley. This was not in line with a residents right to privacy as the resident had guidelines around the use of a hoist that could be used in the shower area. This was discussed with the person in charge who agreed to review this practice.

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 inspectors found that a record of all incidents occurring in the centre was maintained, however some incidents had not been notified to the Authority.
Inspectors found that the records of incidents in the centre were maintained. However some restrictive practices that were in place for residents were not notified to the Authority. For example taking bloods from residents or restrictive techniques used to manage behaviours that challenge.

**Judgment:**
Substantially Compliant

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**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 inspectors found that residents had opportunities for new experiences and social participation in their communities.

Residents were involved in activities internal and external to the organisation. Residents attended day services provided by SMH. One resident who had recently transferred to the centre was at retirement age and there were plans to look at them accessing local community retirement groups, however this was being delayed as the resident needed time to adjust to their new surroundings.

Residents were seen to be involved in community activities. For example one resident was in the city on the first day of the inspection to attend their own hairdresser. Other residents activity schedules viewed showed evidence of attending football matches, local coffee shops and the local church. In addition residents were learning new skills. For example one resident was walking to and from a night class independently.

**Judgment:**
Compliant

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**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 inspectors found that residents' healthcare needs were being met. However improvements were required in healthcare assessments, health action plans and timely access to allied health professionals.

Inspectors reviewed a sample of personal plans for residents and found that the assessment of need did not include all healthcare needs and some of the health action plans did not include all details of care to be given. For example one resident's epilepsy plan did not have the administration of oxygen included. However inspectors did see evidence of good practices. For example one resident who had significant changing needs had a detailed plans in place to guide staff.

Residents had access to allied health professionals, however in some instances this was not timely. For example one annual review for a resident stated that a referral was required for a sensory assessment. There was no evidence that this had been followed through.

Inspectors did not observe any mealtimes at the inspection. However there was evidence that a nutritional and varied diet was available for residents. A chef was employed on a part time basis in the centre. There were pictorial menus available for residents and residents meal preferences were highlighted in their personal plans for those who could not communicate their preferences. In addition a number of residents had specific nutritional needs and these were highlighted in their plans and guidelines were in place from the SALT.

**Judgment:**
Substantially Compliant

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**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 inspectors found that each resident is protected by the designated centres policies and procedures for medication management.

There were written operational policies and procedures relating to the ordering, prescribing, storing and administration of medicines to residents. A sample of residents medication prescription sheets were reviewed and were found to contain all the relevant information. They were reviewed regularly by a registered doctor. As required medications (PRN) stated the indications for use and the maximum dose to be prescribed in a twenty four hour period. There were guidelines on the use of PRN medications for each resident that had been signed by the person in charge. However on residents PRN guideline did not guide practice, but this was rectified promptly by the person in charge.

There was a process in place for the handling of medications including controlled drugs which were stored on the unit. Inspectors were satisfied that the procedures were in line with best practice. For example stock checks were completed in the morning and evening by two staff.

Medication was supplied by a local pharmacist, who delivered the medication to the centre. Inspectors saw evidence of where the pharmacist had reviewed and made recommendations on residents’ medications.

Medications were audited on a three monthly basis. Inspectors saw a recent audit that had been completed and found evidence that learning from this was implemented into practice. In addition inspectors saw evidence of learning from medication errors on file. For example an error had occurred with medication that was sent home for one resident. This had been reviewed and appropriate actions taken to minimise the risk of it happening again.

There were no residents responsible for their own medication, however each resident had a pictorial medication management plan that informed residents about their medications and guided staff practices.

There was a locked fridge in place for the storage of certain medications and fridge temperatures were documented daily.

Judgment: Compliant

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 inspectors found that a written statement of purpose was available that broadly 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. A copy was made available for residents that had been developed into a user friendly format.

**Judgment:**
Compliant

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**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

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

**Findings:**
Overall inspectors found that effective management systems were in place to support and promote the delivery of a safe, quality care services.

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 relatively new to the centre and 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 every month.
The provider had nominated a person to complete unannounced safety and quality audits in the centre. A sample were reviewed by inspectors and found that the actions identified had been addressed or were in the process of being addressed.

An annual review had taken place in the centre and the report was available for inspectors, however this contained personal information about residents that was not in line with residents’ rights. The person in charge amended this on the first day of the inspection.

**Judgment:**
Compliant

**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:**
Inspectors were 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

**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 inspectors found that the centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Inspectors found that sufficient staff were available to meet the assessed needs of the residents. The provider had responded to changing needs of residents and increased staff supports in the centre during the day and at night.

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 inspectors felt that there was a skilled mix of staff to meet the residents' needs, however it was difficult to assess whether there was adequate staffing levels at night to meet residents’ needs.

Staff were observed to have a very good knowledge of the residents and their needs and responded to residents in a timely, respectful and dignified manner. Inspectors were informed that only regular relief staff who knew the residents were employed within the designated centre in order to ensure consistency for residents.

Staff spoken to felt that the centre was adequately resourced to meet the needs of the residents. Inspectors saw evidence of how the provider had increased staff supports on two occasions over the last three months due to the changing needs of residents. On the days of the inspection the staffing levels at night had been temporarily increased to two staff members. Ordinarily the staffing consisted of one staff member at night, with assistance provided by a float nurse as required. This float nurse was also responsible for providing support to all of the other centres on the campus at night. As discussed in Outcome 1 inspectors were not assured if sufficient supports were available to allow them to exercise choice around bed time routines. Inspectors asked for the records of the supports that the float nurse had been required to give to all of the centres in the campus at night. This was not available and the provider agreed to submit this to the Authority within a specified time frame. However the documents submitted did not
accurately reflect these supports and therefore inspectors were not able to make a judgement in this area.

Staff spoken to felt very supported in their role. The person in charge had recently started supervision meetings with staff. Inspectors 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 inspectors were satisfied that the provider had taken reasonable steps to try and address this issue. There was access to nursing staff as required at night time and staff had access to a 24hr on call service should they require additional advice.

There was a planned and actual roster maintained within the centre. Personnel files were reviewed and found to be in line with the regulations.

All staff had completed training in behaviour support, manual handling and safeguarding, however the safeguarding policy had been recently updated to reflect the HSE policy and staff had not received an update on this policy so as to guide staff practice. Inspectors acknowledge that this is scheduled to take place at the next staff meeting scheduled for February; in addition the person in charge had made staff aware of the need to review the read and review the new policy.

All required staff had completed training in the safe administration of medication, however non nursing staff in the centre were not trained in the administration of oxygen and although this was not an issue on the day of the inspection due to an increase in nursing supports, it would be a future training requirement.

There were no volunteers in place in the centre. However plans were in place in the recruitment of a volunteer in the centre and the person in charge was aware of their responsibilities in relation to this.

**Judgment:**
Substantially Compliant

**Outcome 18: Records and documentation**

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

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

Findings:
Overall inspectors found that most of the documentation required by the regulations was maintained in the centre, however some improvements were required to ensure that all of the policies and procedures as per Schedule 5 of the Regulations were in place and the retrieval of documentation in the centre.

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. For example one resident had four epilepsy management plans contained in their personal plan.

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 was maintained in the centre. Staff files were reviewed by the Authority on a separate date to the inspection and were found to be compliant with the regulations.

A resident’s guide was maintained which included all the required information and was displayed in an easy read version for residents that was individual to each resident.

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>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002383</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>11 February 2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>22 March 2016</td>
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Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
It was not evident if residents bedtime routines were in line with their wishes and preferences.

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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 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

**Please state the actions you have taken or are planning to take:**
Residents will continue to be afforded the choice of the time they wish to go to bed. Detailed chart completed around each resident’s bed time. These charts will incorporate how a resident is responding to being in bed at each supervision check. Sample of chart attached.

**Proposed Timescale:** 15/03/2016

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Residents meetings only documented consultation around meal preferences.

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

**Please state the actions you have taken or are planning to take:**
Weekly residents meetings in place incorporating inspection findings. Meetings commenced on the 12/03/16 as some changes where made from original plan as discussed on day one of inspection. Guidelines and interview template attached. The topics for discussion at the meetings will be expanded to include social activities, and house activities.

**Proposed Timescale:** 12/03/2016

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Language used in one residents file did not promote their right to make informed choices.

3. **Action Required:**
Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

**Please state the actions you have taken or are planning to take:**
This piece of documentation was removed from residents support plan on day two of the inspection and archived. This was discussed at team meeting on the 15/02/16

**Proposed Timescale:** 12/02/2016
**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
One concern from a family member was not recorded on the complaints form for SMH.

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

**Please state the actions you have taken or are planning to take:**
All steps were taken to manage and resolve this concern however the concern was not logged in accordance with Policy and procedure. Families concern has since been documented as per St Michael’s House policy and procedure. Family member when informed of the outcome of their concern has stated that this was not a formal complaint but just wanted their concern to be addressed and they expressed their satisfaction of the outcome. The family member did not want to fill out the complaint form. Complaints procedure discussed at staff meeting 15/02/16.

**Proposed Timescale:** 12/02/2016

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**Outcome 02: Communication**

**Theme:** Individualised Supports and Care

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Communication plans were not in place for all residents so as to guide staff practice.

5. **Action Required:**
Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

**Please state the actions you have taken or are planning to take:**
Communication plans are ongoing for three residents that require such plans. One plan is fully completed and in place since inspection date. Remaining two are ongoing, for final review with SLT on the 18/04/16 and the 28/04/16

**Proposed Timescale:** 28/04/2016
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.

6. 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:
Residents will have access to the internet.

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:
There was no evidence to state that residents had been consulted about a new residents admission to the centre.

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

Please state the actions you have taken or are planning to take:
Transparent criteria in line with St. Michael's House policy and procedure and under regulation 24 (1) (a) to be implemented for any further admissions.

Proposed Timescale: 08/03/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no signed contract of care in place for one resident.

8. Action Required:
Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.
<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take:</th>
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<tbody>
<tr>
<td>The PIC has sent contract of care to family and awaiting return of signed document.</td>
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<th><strong>Proposed Timescale:</strong> 30/04/2016</th>
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<td><strong>Theme:</strong> Effective Services</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The fees set out in two residents' contracts of care were not correct.

**9. 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.

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<th><strong>Proposed Timescale:</strong> 30/04/2016</th>
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<td><strong>Theme:</strong> Effective Services</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Additional fees set out in the contract of care were not correct. Residents were not charged for taxi's and all additional fees for services were not included.

**10. 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 costs for transport. The designated centre does not ask residents to contribute. The PIC will update the contract of care.

| **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.

11. 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:
Review to identify the appropriate level of nursing supports required. Once completed contracts of care will be amended accordingly.

Proposed Timescale: 31/07/2016

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 assessment of need was not amended to reflect the changing needs of one resident.

12. 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:
Update to assessment of need of one resident to include and reference scope for improvement in road safety in relation to accessing night time activity.

Proposed Timescale: 30/04/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The goals identified at the annual review were not reviewed effectively.
13. **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:**
St. Michael's House is currently rolling out a newly devised assessment of need tool including health action and support plan. All residents in Glencorry are having this assessment carried out by staff to guide practice. Goals for each resident will be effectively reviewed within this process

**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:
There was no multi-disciplinary input at the annual review for residents.

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

**Please state the actions you have taken or are planning to take:**
Annual wellbeing reviews will be completed for residents with input from the relevant members of Multi Disciplinary Teams.

**Proposed Timescale:** 01/06/2016

<table>
<thead>
<tr>
<th>Outcome 06: Safe and suitable premises</th>
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<td><strong>Theme:</strong> Effective Services</td>
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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The patio area in the garden required attention.

15. **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 gardener to complete necessary work on patio area.

**Proposed Timescale:** 22/03/2016
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The call bell in the dining room was not working.

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

**Please state the actions you have taken or are planning to take:**
Call bell in the dining room was repaired by the maintenance department on the second day of the inspection and is now in full working order.

**Proposed Timescale:** 12/02/2016

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**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:**
One residents risk management plan was not recorded in line with the plan.

17. **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:**
Risk assessment and support plan updated to reflect appropriate risk management for resident. Same completed on day two of the inspection. Support plan includes supervision check over a 24 hour period.

**Proposed Timescale:** 15/03/2016

---

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The fire evacuation procedure for a day time evacuation was not detailed enough.

18. **Action Required:**
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape
routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

**Please state the actions you have taken or are planning to take:**
Fire procedure for day time evacuation was updated on day two of the inspection. Procedure sent to health and safety department for review. Implemented on the 15/02/16 and circulated to responding departments in the event of a fire. Copy of day time evacuation plan attached.

**Proposed Timescale:** 15/02/2016

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**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 was being used.

**19. 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:**
OT referral has been sent for assessment of sensor mat to remove the need for audio monitor. Referral sent 14/03/16

**Proposed Timescale:** 01/05/2016

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Positive behaviour support plans were not reviewed to reflect the changing needs of residents and some were not detailed to guide staff practice.

**20. 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:
Review of residents behaviour support plan commencing by newly appointed
Psychologist on the 21/03/16

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:
Intimate care plans were not detailed enough to guide staff practice and one residents plan would not uphold a residents right to privacy.

21. 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:
Plan regarding residents right to privacy was updated and put into effect on second day of the inspection. All intimate care plans are being updated to include detail required to effectively guide staff within their practice. The PIC will oversee that each key worker will review and up date 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:
Some restrictive practices being used in the centre had not been notified to the Authority.

22. 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:
Restrictive practices implemented when bloods are being taken from residents will be reported in line with regulation 31 (3) (a) each quarter.
**Proposed Timescale:** 01/04/2016

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some health action plans did not guide practice.

23. **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:
St. Michael's House is currently rolling out a newly devised assessment of need tool including health action and support plan. All residents in Glencorry are having this assessment carried out by staff to guide practice. PIC will guide each key worker with the development of health action plans.

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

**Theme:** Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Access to allied health professionals was not timely.

24. **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. A plan will be developed by the Clinic Manager and lead clinicians to ensure that a more timely response to referrals will be implemented.

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

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors were not assured that residents needs could be supported when only one member of staff was on duty at night.
25. **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.
2. The PIC and service manager will review night time activity and the documentation. The outcome of this review will be made available to the inspector.

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

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

**Theme:** Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors were not able to review the supports required for the float nurse to all centres in the campus at night.

26. **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. Currently two night staff working night duty in the unit one of which is a staff nurse at all times same in place since 09/02/16 to meet changing needs of resident
2. 2 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 formal appraisal system in place for staff.

27. **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 absence of a formal appraisal system for staff is a national issue and is being addressed by the Federation of Voluntary bodies and the unions.
A supervision policy will 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 happen every two months.

Proposed Timescale: 07/06/2016

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all of the policies and procedures as set out in Schedule 5 of the regulations were available to inspectors.

28. Action Required:
Under Regulation 04 (2) you are required to: Make the written policies and procedures as 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 available to staff.

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

Proposed Timescale: 30/04/2016

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were gaps evident and information was duplicated in residents personal plans.

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.
<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take:</th>
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<tbody>
<tr>
<td>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.</td>
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<th>Proposed Timescale:</th>
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<tr>
<td>30/06/2016</td>
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