

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	B Bettystown Avenue
<b>Centre ID:</b>	OSV-0002364
<b>Centre county:</b>	Dublin 5
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St Michael's House
<b>Provider Nominee:</b>	Michael Farrell
<b>Lead inspector:</b>	Anna Doyle
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	3
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 30 March 2017 15:00 To: 30 March 2017 20:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

Background to the inspection:

This was the third inspection of the designated centre. The purpose of this unannounced inspection was to follow up on actions from a registration inspection carried out in the centre in September 2015, to monitor on-going compliance with the regulations, and to review notifications that had been submitted to HIQA.

Description of the Service:

The centre is operated by St. Michaels House (SMH) and is situated in North Dublin. It comprises of a three bedroom two storey house located close to local shops and transport links. The centre provides care to male residents. Care is provided by social care workers and there is access to nursing personnel from a 24 hour on call support service provided by SMH. The model of care is based on supported independent living.

How we gathered evidence:

The inspector met with two of the residents to discuss whether they were happy with the services provided in the centre and went through their personal plans with them with their consent. One resident was staying with family on the day of the inspection. The inspector met with the staff, observed interactions with staff and residents, reviewed records such as: care plans, risk assessments, policies and procedures and fire records. The person in charge was present for the inspection. Feedback was attended by the service manager for the centre and the person in charge.

Overall findings:

Overall the inspector found that since the last inspection significant improvements had occurred in the centre in order to comply with the regulations. A new person in charge had been appointed and the centre was now a standalone centre. At the last inspection services were provided to residents in tandem with another designated centre next door to this centre.

Residents said that they were happy living in the centre. Independent living skills and community participation were promoted and residents lived active lives in the centre. The centre was clean and maintained to a good standard. The inspector reviewed notifications that had been submitted to HIQA and found that the person in charge had responded appropriately, however improvements were required as discussed in the body of this report.

All of the actions from the last inspection had been implemented with the exception of one. On this inspection, two outcomes were found to be in moderate compliance with the regulations under safeguarding and admissions to the centre. One outcome under documentation was found to be substantially complaint. All of the other outcomes inspected were found to be compliant. 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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found that residents participated in the decisions around the care being provided in the centre and regular meetings were held to discuss issues.

Complaints were being dealt with effectively. A sample of complaints viewed found that complaints were being responded to. There were two complaints in progress on the day of the inspection.

Residents had control over their own finances and support was provided where required by staff. The inspector reviewed financial records relating to two residents and found that the person in charge had implemented supports for two residents in line with their needs. This had been done in consultation with the residents, their representatives and allied health professionals.

**Judgment:**

Compliant

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found that residents were treated in a respectful manner by staff throughout the inspection. This had been an action from the last inspection. No other aspects of this outcome were inspected against.

**Judgment:**

Compliant

**Outcome 03: Family and personal relationships and links with the community**

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

**Theme:**

Individualised Supports and Care

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found that residents were supported to maintain links in their local community. Family members were involved in the residents' lives in line with the residents' wishes and preferences. There was visitor's policy in place in the centre, the details of which had been agreed with the residents.

**Judgment:**

Compliant

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

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

**Theme:**

Effective Services

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The inspector found that residents had service agreements in place that outlined the services provided and the fees to be charged. However, improvements were required in the contracts of care and admissions to the centre.

Residents had a contract of care in place that had been developed into a user friendly format. They were signed by the resident. Residents spoken with were aware of the fees they were charged. However, the inspector found that one resident was being charged for a service that was not outlined in the contract of care. This had been implemented in response to an assessed need of the resident and therefore should have been part of the fees charged. This was discussed at the feedback meeting and the service manager agreed to refund this money to the resident.

In addition, the contracts of care outlined that access to clinicians was part of the services provided in the centre, however it did not specify what clinicians were included in this.

One resident had transitioned to the centre since the last inspection. The inspector found that the details contained in the personal plans were inconsistent with the admission criteria to the centre. For example, it stated in the plan that the resident had stayed in the centre for a trial period which was to be reviewed after this time. However, other records stated that the resident was offered a place in the centre prior to the end of the trial period.

The inspector found that other residents had been consulted with prior to the resident being admitted. They informed the inspector that they had been happy with the decision. However, there were no records to demonstrate how other residents safety had been assessed prior to the resident's admission to the centre. This was discussed at the feedback meeting.

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found that residents had opportunities to participate in meaningful activities that were appropriate to their interests and preferences.

Each resident had an assessment of need contained in their personal plan. Supports plans were in place for assessed needs, all of which had been reviewed in January 2017.

An annual review had taken place for residents from which goals were identified for the year. The inspector met with two residents and discussed their personal plans with them. Both residents were familiar with the goals set and talked about how the goals were being implemented.

The inspector found that goals were improving outcomes for residents, some of which included attending new community groups and learning to cook. Residents representatives were included in personal planning meetings in line with residents own wishes.

**Judgment:**

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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found that there were effective risk management and fire safety measures in place in the centre.

There was a risk management policy in the centre. The inspector was satisfied that where a risk was being identified it had being adequately addressed and actions put in place to mitigate the risks. A risk register was maintained in the centre and was updated on a regular basis by the person in charge. There had been one incident in the centre since January 2016.

Effective fire management procedures were in place in the centre. Regular fire drills had taken place and each resident had an individual personal emergency evacuation plan in place. Fire safety was discussed at residents meetings. While a fire drill had not been completed to demonstrate that residents would evacuate the centre when no staff were in the centre, the inspector was assured from talking to residents that they would



evacuate the centre and were very clear about getting assistance in this event.

Fire equipment such as fire blankets, fire extinguishers and fire alarms had been serviced. From a review of documents, the inspector found that staff completed daily fire safety checks on the alarm panel and checked that escape routes were clear. Health and safety audits were carried out on a three monthly basis. On review the inspector found that the actions from this had been implemented.

The inspector observed that the centre was clean and there was adequate sanitizing gels and soaps available throughout the centre. Staff also had undergone training in hand hygiene.

There was no service vehicles used in the centre.

**Judgment:**

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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that there were adequate systems in place to protect residents from abuse in the centre. However, improvements were required in this area.

There was a policy on, and procedures in place in relation to safeguarding vulnerable adults, which provided guidance to staff on how to manage any incident of concern arising in the centre. Staff spoken with were knowledgeable about this procedure and staff had completed safeguarding training. The inspector found that incidents had been responded to by the person in charge and responsive actions taken.

For example, safeguarding plans and measures had been put in place to support residents. Residents spoken with were clear about the plans in place. However, one resident said that they did not always feel safe in the centre even with the measures put in place. The inspector found that while this was not an issue on the day of the inspection, it may be an issue in the future and further planning and supports were

required to ensure that all residents felt safe in the centre. The inspector acknowledges that this issue was also being followed up through the complaints process for this resident.

In addition, the inspector found that one safeguarding measure put in place did not respect the resident's right to confidentiality. The details of this were discussed with the person in charge and the service manager at the feedback meeting and are not included in this report to protect anonymity.

There was a policy in place for the provision of behavioural supports. Staff had completed, or were in the process of completing, training in this area. Behaviour support plans were in place for residents where appropriate. However, some of the interventions outlined in one plan in response to behaviours of concern could not be implemented in the centre at all times. This was discussed at the feedback meeting.

There were no restrictive practices used in the centre.

The inspector was informed that residents did not require supports with intimate care.

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found that there were arrangements in place to ensure a record of all incidents occurring in the designated centre were maintained and, where required, were notified to HIQA.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**

Health and Development

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found that opportunities for new experiences and social participation for residents formed a key part of their health and social care plans. Residents also engaged in a variety of social activities facilitated by both day and residential services.

During the course of this inspection it was found that residents were supported to engage in a range of both learning and social activities of their choosing.

For example, one resident had gained open employment in the last number of months and other residents attended day services. Residents were supported to attain independent living skills. For example one resident spoken to said that they had learned to text family members on their mobile phone.

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found that arrangements were in place to ensure that residents' health care needs were regularly reviewed with appropriate input from allied health care professionals when required.

On viewing personal plans, residents had access to the local GP and a range of other allied health care services provided by SMH.

Healthcare plans were in place that detailed the supports in place to meet residents assessed needs. Residents spoken with were aware of these supports.

The inspector found that residents were involved in menu planning and cooking some of

the meals in the centre. The residents spoken with said that they were happy with the food provided in the centre.

Mealtimes were observed to be relaxed. Staff were also observed interacting and chatting with residents while preparing the dinner.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found that medication management policies were in place in the centre and that residents were supported to self administer their own medication.

There was a policy in place in the centre on medication management which included procedures on the administration, storage and disposal of medicines. Residents in the centre self administered their own medications. Medicines were dispensed in blister packs from a local pharmacy. Medications received into the centre were checked by staff. Medications were stored in residents own bedrooms.

The inspector met two residents who went through the processes in place to support them with their medications. Residents said in the event of them requiring as required medication they contacted the nurse manager on call themselves for advice, prior to taking the medication.

There was a system in place to record drug errors. The inspector observed that four errors had occurred in the centre in the last year. From a review of the report forms completed, all incidents had been followed up appropriately.

There were no controlled medications in the centre and there was no requirement for medications to be stored in a fridge.

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector was satisfied that the statement of purpose met the requirements of the regulations and an easy read version was available for residents in the centre.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Overall the inspector found that there was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the provision and quality of the service delivered.

Since the last inspection a new person in charge had been appointed. They were suitably qualified and from speaking with the person in charge over the course of the inspection it was evident that they had very good knowledge of the individual needs and support requirements of each resident.

The person in charge was aware of their statutory obligations and responsibilities with regard to the role of person in charge and the management of the centre.

They were supported in their role by a service manager and there were records to demonstrate that they had regular meetings to discuss the quality of care provided in the centre.

Two unannounced quality and safety reviews had been conducted in the centre in the last year and the inspector found that actions identified from these had been followed up.

An annual review had also been completed in the centre for 2016 and had involved consultation with residents and their representatives.

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found that there were sufficient staff numbers with the right skill mix, qualifications and experience to meet the assessed needs of the residents.

Since the last inspection the centre had been reconfigured and the centre was now a standalone centre. There was one half time social care worker and the person in charge employed in the centre. Advice was available from a nurse on call service provided by SMH for staff and residents.

There was a planned and actual staff rota available in the centre. Regular relief were employed in the centre to cover staff absences.

Staff had completed mandatory and relevant training in line with regulations. The staff member met at the inspection said that they felt supported in their role and had regular supervision with the person in charge. Regular staff meetings were held in the centre.

The inspector observed that residents received assistance in a dignified, timely and respectful manner. From observing staff in action it was evident that they were competent to deliver the care and support required by the residents.

There were no volunteers employed in the centre and personnel files were not reviewed as part of this inspection.

**Judgment:**

Compliant

**Outcome 18: Records and documentation**

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

**Theme:**

Use of Information

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The inspector found that all of the policies and procedures required under Schedule 5 of the regulations were in place with the exception of one, which was still only in draft format. This was the policy on the provision of information to residents. No other aspects of this outcome were inspected against.

**Judgment:**

Substantially Compliant

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Anna Doyle  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority



## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by St Michael's House
<b>Centre ID:</b>	OSV-0002364
<b>Date of Inspection:</b>	30 March 2017
<b>Date of response:</b>	03 May 2017

### 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 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 were no records to demonstrate how other residents safety had been assessed prior to a residents admission to the centre

**1. Action Required:**

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

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

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

1. PIC has located copies of minutes to consultation meetings that were held prior to resident's admission, these are now kept in the centre.
2. All relevant information regarding the referral, consultation process, assessments will be completed in accordance with organisational admissions policy and appropriate records will be kept and be available for inspection.
3. Relevant information from this process will be transferred/documentated into each residents care plans.

**Proposed Timescale:** 04/05/2017

**Theme:** Effective Services

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

The details contained in the transition plan for one resident were inconsistent with the admission criteria to the centre.

**2. 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:**

1. The designated centre will ensure that all future admissions to the centre will be facilitated through the organisational admissions policy and appropriate records will be kept and be available for inspection.
2. All relevant documentation for each application for admission to the centre will be completed and available for future inspections.

**Proposed Timescale:** 04/05/2017

**Theme:** Effective Services

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

One resident was being charged for a service that was not outlined in the contract of care and had been implemented in response to an assessed need of the resident and should have been covered under the fees charged.

The contracts of care outlined that access to clinicians was part of the services provided in the centre, however it did not specify what clinicians were included in this.

**3. 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:**

1. The designated centres review of contracts of care has being completed.
2. The resident was reimbursed for monies paid
3. The payment for service will now come out of the designated centres budget. Payments organised by PIC on the 10/04/2017.
4. PIC developed an easy read appendix to the current contract of care, outlining the individual clinicians available to residents living in designated centre. This was discussed with residents at house meeting on 10/04/2017.

**Proposed Timescale:** 04/05/2017

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Some of the interventions outlined in a behaviour support plan in response to behaviours of concern could not be implemented in the centre at all times.

**4. 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:**

1. Positive Behaviour Support (PBS) plan has been reviewed and amended by Psychologist and PIC to reflect the current support needs of the resident.
2. The PBS Plan will be reviewed monthly.
3. The PIC will ensure that all staff supporting the residents in the centre are familiar with the identified supports.

**Proposed Timescale:** 04/06/2017

**Theme:** Safe Services

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

One resident said that they did not feel safe in the centre at all times.

**5. Action Required:**

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

- 1 St Michael's House Policy on Safeguarding- Policy and Procedure for the Protection of adults from abuse and neglect is available in the centre.
2. All staff are familiar with the process of safeguarding vulnerable adults
3. Safeguarding referrals were made to the designated officer in keeping with policy.
4. Safeguarding plans are in place for the residents in the centre.
5. Organisational policy on complaints is available in the designated centre and also accessible version available for residents.
- 6.The assessed needs of all residents in the centre are being reviewed
7. Social Work support is available for all residents in the centre.

**Proposed Timescale:** 03/07/2017

**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 policy on the provision of information to residents was only in draft format.

**6. 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:**

1. Policy launched and in effect as of 24th April 2017.
2. All staff will read and sign the policy.

**Proposed Timescale:** 19/05/2017