

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	ORG-0008504
Centre county:	Dublin 5
Email address:	deirdre.bolton@smh.ie
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	Maureen Hefferon
Person in charge:	Fidelma McManus - Smith
Lead inspector:	Nuala Rafferty
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	2

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 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: 07 May 2014 10:00 To: 07 May 2014 17:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 17: Workforce

Summary of findings from this inspection

This was the first inspection of this ten bed centre for persons with disabilities and a diagnosis of dementia or Alzheimer disease. The centre forms part of a diverse number of services nationally delivered by the provider St Michaels House Group. The inspection was announced and took place over one day. As part of the process the inspector met with the nominated provider, person in charge, the senior services manager, clinical nurse manager staff, and residents. The purpose of the inspection was to assess the level of compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities 2013 and the standard of care delivered to residents in the facility.

Throughout the inspection it was noted that there was an emphasis on delivering safe suitable and appropriate care in a relaxed and unhurried manner. Daily routines for each resident reflected their general status following assessment by staff and the pace of care delivery was tailored accordingly. There was a deliberate lack of routine which allowed care to be provided within a low key atmosphere of domesticity and socialization. Staff were found to deliver effective care in a low key, unobtrusive and respectful manner.

The findings from this inspection are detailed under each outcome in this report, in general evidence of good standards of practice were found although improvements were noted to be required in some aspects of service delivery such as; care

planning, risk management and policies and procedures. Where non compliances are identified an action plan is included under each outcome and identifies areas where improvements are required to comply with the regulations and Authority's standards.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Theme:
Effective Services

Judgement:
Non Compliant - Moderate

Findings:
Evidence that each resident's well being and welfare was maintained by a good standard of care and support was found. Opportunities were available for resident's to participate in meaningful activities according to their physical and mental capacity. The centre provides care to a profile of residents who have life limiting conditions and in general, activities were tailored to reflect the transient nature of energy levels, mood and interest or capacity to enjoy and participate in any activities. The majority of activities were provided in house, both individual and group and duration was dependent on residents attention span or interest level and included music, exercise, colouring or bingo sessions. The wishes of those residents who did not wish to participate in activities were respected and alternative diversional activities were in place such as; picture books or chatting with staff and other residents in the sitting rooms or dining room which was noted to be the place everyone tended to gravitate towards and provided a very sociable hub.

Some evidence that resident's well being and welfare were maintained by a good standard of evidence-based care and support was found. Staff were observed providing assistance with personal care and meals in a manner which respected individual's right to privacy and dignity. However, on review of a small sample of clinical documentation it was found that improvements were required to ensure that arrangements to meet each resident's assessed needs were set out in a personal plan (or care plan) that reflected needs, interests and capacities. The person in charge and clinical nurse manager were aware of the need for improvements to the personal planning and/or care planning process within the centre but both were keen to ensure that any process would reflect

the needs of the specific residents profile. Although a full individualised personal plan which outlines the supports available to assist residents achieve goals, such as promotion of independence and life skills maintenance and reflects their wishes and preferences were not in place, an overview of each person that was person centred and provided staff with an insight into personalities, interests and coping strategies in place was available. Although the inspector was told that these plans were drawn up with the participation of the resident, where possible, next of kin or advocate, this was not always evidenced in the documentation.

The arrangements to meet residents' assessed needs were set out in individual care plans and each resident had a care plan completed. Risk assessment tools to evaluate levels of risk for deterioration were also completed.

Although in general care plans reflected the care delivered, further improvements were found to be required. A care plan was not in place for every identified need, examples included, resident's receiving treatment for dementia, dysphasia, incontinence, limited mobility and risk of falls. Care plans which were in place were noted to be generalised and not sufficiently specific to appropriately manage the residents identified need, for example a plan to manage needs relating to care of an indwelling urinary catheter did not reference the planned frequency for changing the catheter or the bag, indications for unplanned change nor did it reference risk of infection associated with use of the catheter. In some instances where interventions of allied health professions were referenced in the plans recommendations or guidelines for care were not included. Use of evidenced based risk assessment tools were not in place for every need. Examples included pain assessments. Where risk assessments were in place it was noted that they were not linked to care plans, for example mobility assessments which identified a high risk of falls was not referenced in a care plan. Additionally all care plans reviewed were not found to have been revised to determine their effectiveness, nor linked to nursing notes to ensure their implementation. The inspector was informed that a review of the care planning system was under consideration and improvements to ensure a more person centred focus were planned.

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Judgement:

Non Compliant - Moderate

Findings:

Although all aspects of the lines of enquiry for this outcome were not reviewed on this inspection it was found that in general the health and safety of residents, visitors and staff was promoted and protected in that policies and procedures for risk management and health and safety were available and staff were aware of them.

Records were maintained regarding the regular servicing of fire equipment and fire officer's visits. Fire escape routes were unobstructed. Fire procedures were displayed and fire equipment and alarms were tested and arrangements were in place for the maintenance of the fire alarm system and equipment within this centre and that personal emergency evacuation plans for all residents were in place. Staff spoken with demonstrated knowledge of the procedures to be followed in the event of a fire and had received annual training in fire safety as required under the legislation.

A health and safety statement was in place however, the statement was not specific to the centre but related to the corporate organisation of St Michael's House Group, an extensive organisation which provides a myriad of services nationally to persons with disabilities, this statement had not been revised since 2009.

Arrangements were also in place for responding to emergencies including procedures and policies covering responses in the event of a resident being absent or missing without staff knowledge. Although these policies were not reviewed in depth it was noted that the policies in place were not sufficiently specific to guide staff in all aspects of an emergency, for example, although a fire evacuation policy was in place an emergency plan to direct and guide staff in response to any major emergency such as power failure, flooding or other form of emergency was not available. The plan in place did not identify all resources available to ensure residents safety for example, alternative accommodation or back up staff resources. Additional equipment to effectively and safely respond to emergencies was not available such as; hi visibility jackets; space blankets, waterproof jackets or sufficient search torches. Clarification on the roles and responsibilities of other staff such as on site security personnel or on call clinical nurse manager were required. Evidence of effective review of the systems in place to assess and manage all risks associated with response to emergencies was not found.

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

Judgement:

Non Compliant - Moderate

Findings:

Measures were in place to protect residents from being harmed or suffering abuse. There was a policy which provided guidance for staff to manage incidents of elder abuse. In conversation with some staff members, the inspector found they were competent in their knowledge regarding reporting mechanisms within the centre and

what to do in the event of a disclosure about actual, alleged or suspected abuse. In conversations with them some residents expressed feeling safe and could tell inspectors the names of staff they were familiar with. Although all residents spoken too were unable to express feeling safe, the inspector observed they appeared comfortable with staff and did not exhibit behaviours associated with distress or anxiety.

Although a restraint-free environment was observed to be promoted within the centre, and behavioural supports to manage behaviour that challenges was not observed during this inspection. It was found that restrictive measures such as use of bed rails and lap belts were noted to be in use for some residents, specifically those persons with balance or sitting difficulties who had limited mobility. In conversation with the person in charge, it was found that alternative, less restrictive measures were considered or trialled prior to the use of these methods and on observation it was noted that alternatives such as cushioned wedges and floor mats were in use for some. However, these were used in conjunction with bed rails for several residents. It was also found that the use of 'all in one' body suits were used to restrict residents behaviours but documentation referencing the need for these restraints did not always identify whether the restraint used was suitable for the residents needs without restricting the resident unnecessarily and was used for the shortest duration possible.

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

Judgement:

Compliant

Findings:

Residents had good access to medical services A medical officer from the group's multi disciplinary team and psychiatrist visited the centre during the inspection to review residents. There was evidence of regular access to specialist and allied health care services to meet the diverse care needs of residents such as opticians, dentists and chiropody services. Residents also had access to other specialist services, such as palliative care, speech and language, physiotherapy and dietician services. Documentation viewed showed evidence of regular review by the St Michael's group clinical support and allied health professional team and timely referral and review was observed on this inspection.

Residents were provided with food and drink at times and in quantities adequate for their needs. All meals were prepared in the centre and food was properly served and was hot and well presented. Lunch was found to be a relaxed and sociable affair. Residents were facilitated to enjoy their meal independently, privately and at their own pace, where assistance was required it was offered in a discreet and sensitive manner. Serviettes and condiments were on the table. Menus were displayed in word and

pictorial format and were compiled with consideration of the preferences and nutritional needs of each resident. Drinks such as juices, milk, tea and coffee were freely available and there were ample stocks of fresh food and larder stores to facilitate snacks or meal alternatives as required.

Outcome 12. Medication Management

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

Theme:

Health and Development

Judgement:

Compliant

Findings:

Evidence that the processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation were found and systems were in place for reviewing and monitoring safe medication practices. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and appropriate procedures for the ordering, storing and returning medication including unused and out-of-date medicines.

Overall, the inspector found evidence of safe medication management practices. Nursing staff were knowledgeable about medication and administration practices and from the sample of medication prescriptions and administration records reviewed it was noted that these were in line with best practice.

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

Judgement:

Non Compliant - Minor

Findings:

A written statement of purpose was available which broadly reflected the service provided in the centre. On review it was found that some improvements were required to ensure the document contained all of the information required by Schedule 1 of the Regulations.

Information which requires to be included in the statement of purpose includes;

- criteria used for admission including policy and procedures for emergency admissions
- size of all rooms
- arrangements for dealing with reviews of resident's individualised plans
- arrangements for access to education, training or employment

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

Judgement:

Non Compliant - Minor

Findings:

The inspector formed the view that within the centre there was evidence of effective management systems to support and promote the delivery of safe, quality care services however, this centre formed part of a larger service provider with a complex management structure and associated levels and lines of authority and accountability. The management structure in place did not clearly define all lines of accountability and the person in charge and clinical nurse manager referred to many people with responsibility for general governance that they report to or relied upon for support.

The centre was managed by a full time skilled and experienced person in charge who demonstrated good leadership skills and sufficient knowledge to ensure suitable and safe care was delivered to residents. The person in charge was supported by a clinical nurse manager who deputised in her absence. All staff and in particular the person in charge and clinical nurse manager displayed an in depth knowledge and interest in all of the residents. They were familiar with each resident's personal social medical and clinical interests, background, history and current status. All residents' were familiar with all staff including the person in charge on sight, those who could communicate verbally called her by name and many instances of fun and banter were observed with several residents throughout the day. Where residents were non verbal, communication through sign and body language displayed warm and mutually respectful and caring interpersonal relationships.

The inspector was told that regular staff meetings were held usually on a bi-monthly basis. These provided staff with an opportunity to discuss areas of interest or concern in relation to the daily working and management of the centre. Dates of meetings were notified in advance and staff were invited to contribute items to the agenda for discussion.

Throughout the inspection the person in charge was observed to give appropriate guidance and direction to staff in relation to the care needs of residents. Although the services manager and person in charge had a comprehensive knowledge about the centre and were involved in decisions such as agreeing suitability for admission, they were not involved in all aspects of other key decision making. For example, decisions regarding significant expenditures or additional staffing resources were made by other members of the management team other than the person in charge. It was also noted that clinical guidance and supports for the nursing team in relation to training needs analysis and evidence based practice issues was not available and constitutes a considerable gap and potential risk for safe clinical care in this nurse led service. The inspector discussed the roles and responsibilities of the provider and person in charge under the Health Act during the introductory meeting at the commencement of the inspection process as they did not have a complete understanding of their roles and legal responsibilities in relation to the overall governance and management of the centre under the Care and Welfare Regulations.

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

Judgement:

Compliant

Findings:

All lines of enquiry in relation to this outcome were not reviewed on this inspection however, evidence that suitable arrangements were in place for the management of the designated centre in the absence of the person in charge was found. An experienced clinical nurse manager was identified as the person who would deputise in the event of her absence. During the course of the inspection the clinical nurse manager demonstrated a clear understanding of his role.

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

Judgement:

Non Compliant - Minor

Findings:

It was found that at the time of this inspection, the levels and skill mix of staff were sufficient to meet the needs of residents and staff were supervised appropriate to their role. The inspector observed staff and residents interactions and found that staff were respectful, patient and attentive to residents needs. It was noted that staff provided reassurance to residents by delivering care to them in a quiet confident manner.

Evidence that all staff received up-to-date mandatory fire training, moving and handling and vulnerable adult protection was available. However, it was found that a training needs analysis would be of benefit to ensure all staff were provided with up to date evidenced based training in order to meet the assessed needs of the current resident profile. Aspects of training found to be required include; positive behaviour strategies, risk assessment and care planning processes.

A sample of staff files were reviewed and were found to meet the requirements of Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) Regulations 2013. Records reviewed demonstrated that there were effective recruitment procedures in place, appropriate vetting procedures were in place and relevant members of staff had up-to-date registration with the relevant professional body as required for their role.

Inspectors checked the staff rota and found that some improvements were required. Although all staff that work in the centre were included on the roster the grade of staff were not identified, also shift times were not clear as the 24 hour clock was not being used to identify the specific time of day, evening or night and could lead to confusion where future reference to determine specific working time of any staff member may be required. It was also noted that although a planned roster was available, an identifiable 'actual' or 'working' roster which captured changes made to the planned roster was not maintained. It was found that as changes were made, a new roster was printed and at times up to 2- 3 versions of a roster may be printed off on any one day thus leading to confusion and inaccuracy for record keeping purposes.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Nuala Rafferty
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	ORG-0008504
Date of Inspection:	7 May 2014
Date of response:	24 June 2014

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs

Theme: Effective Services

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

A personal plan which outlined supports required to maximise residents personal development in accordance with their capacities and wishes were not in place.

Action Required:

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

The person in charge and the clinical nurse manager are reviewing the current template for assessing, planning, implementing and evaluating resident's care in the designated

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

centre which reflects a more person centred focus on residents personal development in accordance with their capacities and wishes.

The person in Charge and the clinical nurse manager have outlined a plan for the implementation of reviewed care plan for residents of the designated centre, consultations with residents, families and training for staff:

Review of care plan template and design 29/08/2014

Consultations with Residents and families on reviewed care plan 03/09/2014

Training for staff on care planning process and implementation of reviewed care planning system 06/10/2014

Reviewed care plan system fully implemented 30/10/2014

Proposed Timescale: 30/10/2014

Theme: Effective Services

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

Plans in place were not sufficiently specific to appropriately manage residents identified need and risk assessments and care plans were not always linked.

Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

The person in charge and the clinical nurse manager are reviewing the current template for assessing, planning, implementing and evaluating resident's care in the designated centre.

The person in Charge and clinical nurse manager will ensure that evidence based risk assessments tools form part of the care plan to ensure the identified needs are more person centred focus.

Proposed Timescale: 30/10/2014

Theme: Effective Services

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

A personal care plan was not in place for every identified need.

Action Required:

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

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

The person in charge will ensure that there is a comprehensive care plan for each resident's identified need

Proposed Timescale: 23/07/2014

Theme: Effective Services

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

Although reviews of plans were in place, they did not in all instances determine their effectiveness.

Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

The person in Charge will ensure that there is a review date each time a nurse reviews the effectiveness of the care plan for an identified health care need

Proposed Timescale: 27/07/2014

Theme: Effective Services

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

Consultation with resident's themselves, family, advocates or other representatives were not always documented or otherwise evident.

Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

The person in charge and the clinical nurse manager are planning to change the current template for assessing, planning, implementing and evaluating resident's care in the designated centre. The new template will include the resident, their families and or significant others.

Proposed Timescale: 30/10/2014

Theme: Effective Services

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

Although the interventions of allied health professions were referenced in some plans recommendations or guidelines for care were not included.

Action Required:

Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

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

The person in Charge will ensure that allied health professions recommendations or guidelines will be linked to the person care plan. This link will be included in the new template for the designated centre's care plan

Proposed Timescale: 30/07/2014

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The risk management policies in place were not sufficiently specific to guide staff in all aspects of an emergency and the emergency plan in place did not identify all resources available to ensure residents safety for example, alternative accommodation or back up staff resources.

Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

The person in charge has reviewed response to emergencies and will implement new system to guide staff in all aspects of an emergency and the emergency plan in the event of having to evacuate the building; alternative accommodation and back up staff resources has been identified.

Implementation in place after the staff meeting (23/07/2014)

Proposed Timescale: 24/07/2014

Theme: Effective Services

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

Evidence of effective review of the systems in place to assess and manage all risks associated with response to emergencies was not found. Additional equipment to effectively and safely respond to emergencies was not available.

Action Required:

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

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

The person in charge has reviewed risks associated with response to emergencies and will implement new system with staff at the next staff meeting 23/07/2014

The person in Charge has sourced additional equipment to effectively and safely respond to emergencies.

Proposed Timescale: 24/07/2014

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:

Restrictive measures such as use of bed rails body suits and lap belts were noted to be in use for some residents,

Action Required:

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

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

The person in charge will ensure 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.

The person in charge shall ensure that any restrictive practices are approved by positive approach committee

The person in charge shall ensure restrictive measures are reviewed monthly at multi disciplinary team meetings to ensure shortest duration possible

Proposed Timescale: 25/06/2014

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

A written statement of purpose was available which broadly reflected the service provided in the centre. On review it was found that some improvements were required to ensure the document contained all of the information required by Schedule 1 of the Regulations as identified in the body of the report.

Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The Registered provider is currently reviewing information required by Schedule 1 of regulations as identified in the report. The statement of purpose will be amended to include:

Criteria used for admission including policy and procedures for emergency admissions
Size of all rooms
Arrangements for dealing with reviews of residents individualised plans

Proposed Timescale: 30/07/2014

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The management structure in place did not clearly define all lines of accountability and the person in charge and clinical nurse manager referred to many people with responsibility for general governance that they report to or relied upon for support.

Action Required:

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

The organisation are currently reviewing the management structure in relation strengthening the Person in Charge authority, accountability and responsibilities:
Currently Person In Charge receive budget sheets monthly and these are reviewed
advice and support given by service manager
Regular meetings re HR issues, advice and support by service manager

Health and safety: Person In Charge liaise with health and safety for advice and support

Proposed Timescale: 30/10/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

An identifiable 'actual' or 'working' roster which captured changes made to the planned roster was not maintained. A review of the rostering template to include grade of staff and the 24 hour clock would improve recording accuracy.

Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

The person in charge has identify on the roster the working roster which captures changes made to the planned roster

The person in charge has reviewed the roster template and included the grade of staff and rostered shifts are using 24 hour clock

Proposed Timescale: 01/06/2014

Theme: Responsive Workforce

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

A training needs analysis was found to be required in order to meet the assessed needs of the current resident profile. Aspects of training found to be required include; positive behaviour strategies, risk assessment and care planning processes.

Action Required:

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

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

The person in Charge will request that: The Staff Training and Development Department will conduct a Training Needs Analysis for all staff within the unit to determine current training and future training requirements to meet the needs of the residents and to form part of each staff member's continuous professional development.
Proposed Timescale:

- Request sent to Staff Training and Development Department by June 27th.
- All staff in the unit to have completed a Training Needs Analysis by August 1st 2014.

•Targeted plan for staff training to be formulated by October 2014".

Proposed Timescale: 30/10/2014