Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002399
Centre county:	Dublin 14
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	Declan Ryan
Lead inspector:	Sheila McKevitt
Support inspector(s):	Conan O' Hara
Type of inspection	Announced
Number of residents on the date of inspection:	2
Number of vacancies on the date of inspection:	3

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 1 day(s).

The inspection took place over the following dates and times

From:	To:
08 October 2015 10:00	08 October 2015 19:00

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 06: Safe and suitable premises
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 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the first inspection of the centre by the Authority. It was announced and was carried out by two inspectors over one day. The purpose of the inspection was to inform a registration decision. As part of the inspection, the inspectors met with the respite manager (person in charge), staff members and service users. The inspectors observed staff interactions with residents and reviewed policies and procedures, resident files, staff files and other records in the centre. In addition, a number of questionnaires completed by residents and relatives were received by the Authority prior to the inspection. The opinions expressed through the questionnaires reflected a high level of satisfaction with services and facilities provided.

The person in charge was interviewed and assessed throughout the inspection process and she was found to have a satisfactory knowledge of her role and responsibilities under the legislation and sufficient experience and knowledge to provide safe and appropriate care to residents. The fitness of the nominated person on behalf of the provider was also considered as part of this process he had previously been interviewed and deemed fit to be provider nominee.

The centre offers a respite service to a maximum of five children and/or adults with a range of dependency needs. Children and adults are accommodated separately. Two residents were on a respite break during the inspection.

Evidence of good practice was found across all outcomes. 12 out of 18 outcomes inspected against were either compliant or substantially compliant with the Regulations. Six were in moderate non compliance, these related to areas of risk management including lack of availability of required policies, in accurate fire evacuation information on display and practice of risk management not reflecting policy and risks not being identified. The premises required review to ensure it was kept clean and tidy at all times, suitably decorated to ensure it met the needs of resident groups and adequately resourced to ensure repairs were completed promptly. A management vacancy remained unfilled for a prolonged period of time and this was negatively impacting on the effective management of the centre. Residents' social care plans were not detailed enough and your not available in a format accessible to residents. Records outlined in schedules three, four and five were not all available for review such as a completed directory of residents, polices and records of all accidents and incidents which occurred in the centre.

The Action Plan at the end of the report identifies all areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities.

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:
Residents' were consulted with and participated in decisions about their care. They were provided with information about their rights and each resident's privacy and dignity was respected. However, bedroom and bathroom doors did not have privacy locks.

Inspectors saw there was a house meeting held each week when new residents came into the house. At these meetings staff assisted residents to plan for the week ahead, each resident selected evening meals of their choice, discussed and planned evening activities, appointments and personal plans for the week.

Inspectors observed residents privacy and dignity being maintained by staff, however noted that bedroom and bathroom doors did not have privacy locks. All windows had blinds and curtains in place.

The rights of residents were respected. Inspectors saw they had choice and retained autonomy over their own lives when in on respite. Inspectors observed both residents freely moving around the house on their return from daycare, staff supported residents movement wiithin the house. The inspector saw information about the National Advocacy Committee on display in the dining room and notes of residents' meetings showed advocacy services had been discussed with residents. Those residents who wanted to vvote had been registered to vote, however just one resident exercised this right during the last election.

There was a policy and procedure for the management of residents' monies by staff and a procedure on sagfeguarding personal possessions. Safe and secure storage was

available. Inspectors reviewed both resident finances with the person in charge and saw there were clear, concise records to reflect the individuals outgoing and incoming cash. However, receipts were not available to reflect all expenditures made by staff on behalf of the residents'. The process did not reflect policy.

There was a complaints policy in place, a copy was displayed in the living room and a copy was included in the residents guide. However, a copy was not accessible to residents' in a pictorial format which was required to ensure non verbal residents and those with no literacy skills were made aware of the policy. There had been one complaint which the person in charge (the named complaints person) had dealt with promptly. Records reviewed reflected the investigation, outcome and level of satisfaction of the complainant.

Judgment:
Substantially 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):
This was the centre's first inspection by the Authority.

Findings:
The residents' communication needs were met. However, some improvements could be made to enable them to interpret information and access internet services.

Staff were observed communicating with both residents in a kind, patient and sensitive manner. They appeared to know the mannerisms and means of communication of each resident well and had no difficultly in interpreting their needs although both were not verbal. Residents brought additional personal communication aids with them to meet their communication needs. For example, one resident who listened to music via headphones had brought these in and was seen wearing them during the inspection.

Residents' had access to communal televisions and radios. Residents had access to the portable house telephones. However, residents did not have access to internet services. All information relevant to residents such as the weekly menu and staff on duty were displayed on the fridge although it was difficult to interpret as displays were in small font and the amount of information displayed made the required information difficult to interpret.

Judgment:
Substantially 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):
This was the centre's first inspection by the Authority.

Findings:
Residents were supported to maintain relationships with family members and to have involvement in the wider community when in on respite.

The centre facilitated respite residents to have visits from their families and friends in the centre and access the community as appropriate. However, the person in charge informed inspectors that residents did not have regular visitors when in on respite. The centre had an open visitors policy and there was sufficient room in the centre to receive visitors in private.

The person in charge showed inspectors the process in place where residents next of kin completed a form with up-to-date information about the resident and gave to staff on admission of the resident for respite. Staff completed a similar form and give it to the residents next of kin when they were being discharged. It contained information about the resident during there stay in the centre.

Residents were involved in activities in the local community. On the day of inspection, residents were attending day services and had access to several shops, cafes and restaurants close to the centre.

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

Findings:
Admissions to the centre were in line with the Statement of Purpose. The admission

policy did not outline to policy for admitting respite residents. Contracts of care were in compliance with the legislation.

The centre had a copy of the organisational admission policy to residential services but it did not include the admission policy of residents to respite services. However, the person in charge outlined the procedures in place for the admission of respite residents. Applications were submitted by the social care worker on the residents behalf to use the service and following an assessment of need carried out by the person in charge with families, respite stays were then allocated. Admissions to the centre were planned by the person in charge and local social care worker six weeks in advance. At this stage they considered the mix of residents, their wishes, needs and safety. The centre also considered emergency admissions. Residents and families visited the centre prior to admission, and a range of supports were in place for residents before staying in the centre overnight such as visits for dinner and activities. Inspectors were satisfied that the procedure followed met the needs of residents' however to ensure transparency the criteria and procedures described required inclusion in the organisational admission policy.

There were written contracts of care in place for both residents which included the services and facilities provided when the resident was in on respite. They were signed by the person in charge and the residents next of kin. Fees were not included as the organisation did not charge for respite services.

Judgment:
Substantially Compliant

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:
Inspectors found that each residents wellbeing and welfare was maintained. However, personal plans were not comprehensive and were not updated to reflect progress. They were not accessible in a format to residents.

Inspectors reviewed both residents personal files and found that the resident, their key workers (one from the day care facility and one from the centre) were involved in the

completion of their comprehensive assessment. These assessments reflected the residents interests and preferences and outlined how staff could assist the resident to maximise their individual opportunities to participate in meaningful activities. All assessments had been reviewed within the past year. Health care issues had a corresponding health care plan.

Each resident had a corresponding outcome based personal plan which outlined 3 personal outcome based goals set for 2015. For example, one resident had wanted to meet a friend on a more frequent basis. However, records did not reflect if residents were on target to achieve their goals by the end of 2015 as staff were not keeping records of their progress. Inspectors observed that personal plans were not available in a format that was accessible to either of the residents', they were available in written format only and stored in the office.

Staff promoted residents independence. They assisted residents in purposing activities of their choice and of interest to them.

Judgment:
Non Compliant - Moderate

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:
The design and layout of the centre was in line with the statement of purpose and was suitable to meet its stated purpose. There was a lack of suitable storage for large items such as assistive equipment and communal bathroom and bed linen. Also the bedrooms were not decorated in a homely manner or age appropriate manner.

The centre was set on it's own grounds with a secure garden at the rear of the building. There was adequate parking facilities at the centre. The premises had suitable heating, lighting and ventilation. However the maintenance of the centre was found to be insufficient as inspectors identified that some areas of the centre were unclean with dust and dirt. Inspectors were advised that there was a contract in place with external cleaners. Inspectors also identified areas of the centre in need of repair - there was a hole in the plaster of one of the walls in one bedrooms.

There were five bedrooms of suitable size for the use of service users and one bedroom had a hoist system in place. There was adequate storage in the rooms however the

storage was used to store both the service users personal possessions and some communal goods (sheets and towels). Inspectors identified a non-water proof mattress which was used by residents' who were incontinent. This did not reflect good infection prevention and control practices.

There was a kitchen, utility room, two sitting rooms, dining room, three bathrooms, one toilet, two offices and one staff bedroom. The two sitting rooms were furnished but inspectors identified that the coaches in one sitting room were worn with spots of paint on them and assistive chairs, which were not in use, were stored the second sitting room. The kitchen was well equipped with cooking facilities and equipment. Residents could launder their own clothes if they so wished in the utility room.

The centre had a secure garden at the rear of the building which was well maintained. The garden consisted of a patio area with seating and a small lawn area with two garden sheds at the end which were used for storage.

There was appropriate assistive equipment available for use and documents reviewed showed that servicing was up to date. The centre had arrangements for dealing with domestic and clinical waste in place.

Judgment:
Non Compliant - Moderate

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:
Health and safety systems were in place and were effective overall. There was adequate fire safety precautions in place. However, risk management procedures were not robust and procedures around infection control were insufficient.

The centre had systems in place to address a number of aspects of health and safety. The centre had a health and safety statement dated June 2014 which outlined the responsibilities of the Chief Executive Officer and various other post holders within the organisation. The statement referenced a wide range of policies and procedures that supported the statement and guided staff in their work practices.

The centre had a risk management policy in place however, it did not comply with regulation 26 as it did not adequately detail or cross reference the measures and actions in place to control accidental injury to residents, visitors or staff. The policy did not provide sufficient guidance to staff on the arrangements of hazard identification and assessment of risk throughout the designated centre, and how to put measures in place

to control identified risks. The risk management policy did not describe the arrangements in place for the investigation of and leaning from serious incidents. The person in charge told inspectors that staff completed incident report forms through an electronic system following accidents, incidents or near misses, The system would then alert the person in charge, the area services manager and the relevant manager of the event. The relevant manager is responsible for reviewing these reports for trends and feeding back to the centers.

The management of risk in the centre was in development and needed to be further embedded. The centre had completed risk assessments which were up-to-date but did not reflect where risks had increased or been reduced and if they were reviewed. The risk assessments included specific risks in relation to medication, slips, trip & falls, fire, staffing deficits and equipment. A tool was used to score risks and determine if they were low, moderate or high, and this scoring was reflected in the assessments. The centers risk register contained two risks which were assessed as low risks and related to maintenance requests. This is inconsistent with the policy which states that the register should be populated with only medium-high risks until the controls were put in place to reduce the risk to low risk. In addition, not all hazards were identified in the centre, inspectors found the temperature of the water was found to be very hot (47 Degrees Celsius) and posed a risk to the service users and staff to the centre.

Procedures and equipment were in place to ensure there were effective fire safety systems in the centre. Fire extinguishers were available throughout the centre and these had been serviced in September 2015. The centre also had a fire blanket in the kitchen. Fire escapes and exits were marked clearly and were not obstructed. There was certification and documentation to show that, emergency lighting were serviced by an external company but documentation was not available to show the regular service of the fire alarm. Staff also completed daily and weekly checks of the fire alarm, fire alarm panel, equipment and escape routes. Regular fire drills had taken place and reports showed that the fire drills occurred at different times both residents and staff participated in these fire drills. The centre had personal emergency evacuation plans (PEEPs) in place for each resident. The procedure to follow in the event of a fire was displayed in a prominent area of the centre however a was not accurate and required revision.

There were procedures in place for the prevention and control of infection however inspectors found that not all areas were clean. There were adequate hand-washing facilities and sanitising hand gel was available in key areas throughout the centre however pictorial signage was not on display in these areas to promote good hand hygiene practices. Personal protective equipment was available for staff. A colour coded system was in place for the handling of various foods. The centre had a contract in place with a cleaning company however, inspectors found unclean areas and equipment in the centre. For example, bedframes were not clean in bedrooms that were vacant and there was a heavy coating of dust over some wooden and light fittings. Also, a mattress used by residents who were incontinent did not have a water proof cover in place. A cleaning schedule had been developed to show that tasks had been completed on a regular basis but had not yet been implemented. A colour coded cleaning system was in place, however staff spoken to were unsure of the system and there was no signage of the system. Inspectors found that cleaning equipment was not stored appropriately.

An emergency plan was in place for the centre which provided guidance for staff to in the event of an emergencies or unforeseen event such as utility outages or fire. The plan included contact details and identified a place of safety outside the centre should an emergency evacuation be required and alternative accommodation was required elsewhere.

Hazards and repairs were reported to a maintenance department and records showed that these were not attended to promptly when reported. Inspectors identified a radiator with an sharp area exposed, although it had been reported a period of time prior to this inspection it had not been repaired.

Inspectors found that the vehicle used by staff was appropriately taxed, insured and had a national car testing certificate.

Judgment:
Non Compliant - Moderate

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

Theme:
Safe Services

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

Findings:
Residents' were safe and secure in their home. They had access to an enclosed rear garden. All the exit/entry doors could be secured by locking and the house was alarmed. As discussed under outcome 1, the practice of managing residents' finances were not in line with the organisations policy.

Staff spoken with had a good theoretical knowledge of abuse and knew the procedure to follow if they witnessed any alleged abuse. There had been no incidents reported to the Authority to date. Communication between residents and staff was respectful. The one resident who at times displayed behaviours that maybe challenging had a detailed, up-to-date wellbeing assessment and behavioural support plan in place. Neither of the two residents in the house on the day of inspection had restraint in use.

Both residents had a detailed personalised intimate care plan in place.

Judgment:
Compliant

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

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

Findings:
A record of all incidents occurring in the designated centre was maintained by the management team. However, these were not available for review as discussed under outcome 18. The person in charge confirmed that no incidents notifiable within three working days had occurred in the centre to date. Quarterly reports had been submitted to the chief inspector in a timely manner.

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

Findings:
Residents opportunities for new experiences, social participation, education and training were facilitated and supported by staff when in on respite. Staff facilitated residents to continue to attend their day care facilities Monday to Friday in the surrounding area. Staff arranged transport for residents to and from their day service where possible.

They facilitated residents to participate in activities of their choice in the evenings using photographs to enable them to make choices.

Judgment:
Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

Findings:
The health care needs of the four residents were being met.

There was evidence that residents' were being facilitated to access allied health care professionals to ensure all their health care needs were been met when in on respite. For example, one resident had recently had a full medical review, been reviewed by a psychologist and had his behavourial support plan reviewed.

Residents had access to a variety of nutritional food. Neither of the two residents were capable of assisting in the preparation, cooking and serving of their meals. Residents' were seen to have free access to the kitchen however, staff were required to supervise and advise re- food choices. Staff were available to assist both residents at meal times.

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

Findings:
There was an new operational policy available which included the ordering, prescribing, storing, administration and prescribing of medicines. The practices in relation to prescribing, administrating, ordering and disposal of medication were in line with the policy. There was a safe system in place for the ordering and disposal of medications and the inspector saw records which showed that all medications brought into and out of the centre were checked. Medications were safely stored in a double locked cupboard, this cupboard was positioned in the staff office. There were no controlled medications being used in the centre at the time of this inspection.

An audit of each resident's medications count was completed on a weekly basis by staff; any discrepancies were identified and reported to the service manager by completion of an error form. This was reviewed and recommendations made were fed back to the person in charge who was given a set period of time to implement the recommendations made. As there was a staff nurse on duty at all times only they administered medications to residents'.

The inspector saw that each of the residents had their prescribed medications reviewed by the Medical Officer on a frequent basis or when there was a change to their medication/s.

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:
There was a Statement of Purpose available which had been reviewed in June 2015, it contained most of the information required by Schedule 1.

The statement of purpose outlined that the centre provided respite care to children and adults with a range of dependency needs. A maximum of five residents are accommodated at any time depending on their required needs and dependency levels. Children and adults are accommodated separately. Information omitted included, the criteria for admission to the centre, the size of each room in the centre, the organisational structure and arrangements for management of the centre in the absence of the person in charge.

A copy of the statement of purpose was not available for the residents representatives to read if they so wished.

Judgment:
Substantially Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a

suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
There was a clearly defined management structure that identified the lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced clinical nurse manager with authority, accountability and responsibility for the provision of the service. She was the named person in charge, employed full time to manage the centre, she was a registered nurse in intellectual disabilities. The inspector observed that the person in charge was involved in the governance, operational management and administration of the centre on a consistent basis.

During the inspection, the person in charge demonstrated sufficient knowledge of the legislation and of her statutory responsibilities. She was supported in her role by a team of staff nurses and health care assistants. However, as discussed under outcome 15, to date no staff had been named to manage the centre in the absence of the person in charge.

The person in charge reported directly to a Service Manager who reported to a Regional Director (also nominated person on behalf of the provider). The person in charge met with the service manager every six weeks and the service manager met with the nominated person on behalf of the provider every two months. Minutes of these meetings were available for review and reflected topics discussed. It was evident that issues of concern brought up by the person in charge were addressed and she was being supported to ensure residents needs were met.

The service manager conducted an unannounced inspection every six months, records of which were available for review. Issues identified for improvement were identified and inspectors noted that it was not evident from records reviewed if all issues identified had been addressed by the person in charge.

An annual review of the service had been completed in October 2015, this included the residents and their representatives views of the service, it identified areas of good practices and areas which required improvement. An action plan reflected areas and proposed timescales for improvements, such as the refurbishment of the bathroom to be addressed. However, as this review had just been completed identified actions had not yet been addressed. The person in charge was satisfied that she had enough protected management time to manage the centre effectively.

Judgment:
Non Compliant - Moderate

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

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

Findings:
The person in charge had not been absent from the centre for a period of > 28 days to date. Inspectors were not satisfied with the arrangements outlined in the application to register for the management of the centre during any absence of the person in charge. The application to register stated cover would be provided by the service manager who managed a number of services and was not based in the respite centre. This was discussed with the person in charge and service manager on inspection and inspectors were informed that since the application to register was submitted, a senior staff nurse had agreed to manage the centre in the absence of the person in charge. The Authority had not received documents in relation to this person.

Judgment:
Substantially 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:
The centre was not sufficiently resourced to ensure the effective delivery of care and support to residents in accordance with the Statement of Purpose.

The person in charge managed the resources she had allocated to her and although she had sought additional resources to ensure residents' needs would be met these had not been provided to date. Inspectors were informed that the centre was short one clinical nurse manager for over a six month period. This post remained vacant. In addition, as mentioned under outcome 8 adequate storage for communal linen was not provided and some areas of the house required repairs.

The centre had its own bus which had been purchased through fundraising. Staff drove the bus and it was wheelchair accessible.

Judgment:
Non Compliant - Moderate

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:
The numbers and skill mix of staff were adequate to meet the health care needs of up to five residents. Staffing levels included the person in charge (a clinical nurse manager), six point five staff nurses and two health care assistants. However, as mentioned and actioned under outcome 16 inspectors were informed that a clinical nurse managers post had been vacant for over six months.

Inspectors reviewed staff training records and saw evidence that all staff had up-to-date mandatory training in place and those spoken with had a good knowledge of procedures to follow in the event of a fire and had a good knowledge of how to protect vulnerable residents. In addition, all staff had completed positive behavioural support training which enabled them to meet the care needs of residents displaying such behaviours. All staff had completed food safety training in June 2015. Staff had not received children first training and as children were admitted to the centre for respite this needed to be organised for all staff.

The person in charge had staff meetings on average once every month minutes of which were available for review. Staff spoken with felt supported in their role explaining that the person in charge had an open door policy. However, the person in charge was not conducting formal supervisory meetings in line with the organisational policy which stated these would take place every six weeks. There were no volunteers working in the centre and no agency staff were used.

The recruitment process was found to be safe and robust four staff files were reviewed on this inspection and all documents outlined in schedule 2 were available in each of the files reviewed.

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:
The majority of records required by schedule three and four of the regulations were in place. The centre had a resident's guide which was accessible and contained the information required by the regulations. The centre had a directory of residents which contained most of the information required by Regulation 19.

There were some improvements required in the system of recording and storing of files. The filing system was difficult to follow and not all files were up-to-date. Out dated documents and files were being stored with current files hence they were not easily retrievable.

The centre did not have all of the required policies under schedule five those not available for review were:
access to education, training and development, the provision of information to residents and communication with residents.

Records to reflect accidents and incidents which had occurred in the centre were not available for review. The person in charge informed the inspector that once entered into the organisational computerised system that unless printed a copy of accident records could not be accessed.

The centre was adequately insured, and inspectors viewed the insurance policy that was valid until March 2016.

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:

Sheila McKevitt
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[1]

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002399
Date of Inspection:	08 October 2015
Date of response:	19 November 2015

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:
Bedroom and bathroom doors did not have privacy locks and therefore residents could not maintain their privacy independently.

1. Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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

dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:
The PIC has organised the installation of privacy locks on the doors of all residents' bedrooms, and bathrooms.

Proposed Timescale: 20/10/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Receipts were not available to reflect all expenditures made on behalf of the resident.

2. Action Required:
Under Regulation 12 (4) (a) and (b) you are required to: Ensure that the registered provider or any member of staff, does not pay money belonging to any resident into an account held in a financial institution, unless the consent of the resident has been obtained and the account is in the name of the resident to which the money belongs.

Please state the actions you have taken or are planning to take:
The PIC has amended the practice in the Centre, to ensure that receipts are obtained and retained, for all transactions which are made by, or on behalf of all service-Users who avail of respite in the Centre.

Proposed Timescale: 20/10/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints policy on display did not meet the needs of residents who were non-verbal or who had poor literacy skills.

3. Action Required:
Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

Please state the actions you have taken or are planning to take:
The PIC has obtained an accessible version of the complaints policy, which is now prominently displayed in the Centre. This is brought to the attention of all Service-Users who avail of the respite service.

Proposed Timescale: 20/10/2015

Outcome 02: Communication

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Notices displayed for residents information did not meet the needs of the non verbal residents in the house at the time of the inspection.

4. Action Required:
Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

Please state the actions you have taken or are planning to take:
The notices and information displayed for residents have been revised and updated, to ensure that they meet the needs of the non-verbal residents in the centre.

Proposed Timescale: 20/10/2015

Theme: Individualised Supports and Care

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

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

Please state the actions you have taken or are planning to take:
The registered provider will provide internet access for residents.

Proposed Timescale: 31/01/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The procedure for admission of respite residents into the centre was not clearly outlined in the admission policy.

6. 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:
The provider will develop a policy and procedure for admission to respite.

Proposed Timescale: 28/02/2016

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:
Residents' personal plans are not made available in an accessible format to the residents.

7. Action Required:
Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

Please state the actions you have taken or are planning to take:
The PIC will consult with service-Users' day services where personal plans are devised, and with the appropriate Speech and language therapist, to discuss the implementation of accessible personal plans for all service-Users who avail of respite, and where appropriate, their representatives.
This will be implemented over the coming months for all who attend respite.

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:
Records of residents' personal plans did not reflect the progress residents were making if any in achieving their personal goals for 2015.

8. Action Required:
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:
The PIC will liase with Day Service PICS to ensure that, recommendations arising out of each personal plan review are recorded, and include any propose changes to the plan, the rationale for these proposed changes, and the names of those responsible for pursuing objectives in the plan within agreed timescales.

The PIC will further ensure that an up to date copy of each personal plan accompanies each service-User who avails of a respite break, and that any progression of a plan which takes place in the respite service, is clearly documented in an accessible manner, and communicated back to the day service, and the Service User's representative where appropriate.

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:
Records of residents personal plans were not specific enough, they were not SMART.

9. Action Required:
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:
The PIC will liase with Day Service PICS to ensure that, recommendations arising out of each personal plan review are recorded, and include any propose changes to the plan, the rationale for these proposed changes, and the names of those responsible for pursuing objectives in the plan within agreed timescales.

The PIC will further ensure that an up to date copy of each personal plan accompanies each service-User who avails of a respite break, and that any progression of a plan which takes place in the respite service, is clearly documented in an accessible manner, and communicated back to the day service, and the Service User's representative where appropriate.

The PIC will ensure that the personal plan for each service User who is availing of a respite break, is reviewed prior to the commencement of the break, and that tasks are allocated to specific named staff members, who will
document the progress of any applicable goal, and the service user experience of this.

Proposed Timescale: 30/04/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

The is failing to comply with a regulatory requirement in the following respect:
Areas of the centre were unclean.
There was an non water proof mattress in use on one bed.
The centre was not suitably decorated with residents' personal items or in a manner to meet the needs of both children and adults.
A hole in the wall in one bedroom had not been repaired.

10. Action Required:
Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

Please state the actions you have taken or are planning to take:
The PIC has updated the cleaning schedule for the designated centre, and will ensure that this is implemented by both Centre and agency staff.
This schedule includes sections for the confirmation of completed task, and the

signature of the person responsible.

A waterproof mattress has been ordered for the bed, and will be delivered by the end of November 2015.

Those availing of respite will be encouraged (where appropriate) to bring personal items, such as photographs etc. to place in their bedrooms.

The bedrooms will be decorated appropriately, with paintings and posters, in a manner which will meet the needs of both Children and adults.

The hole in the wall was repaired on October 19th 2015.

Proposed Timescale: 18/12/2015

Theme: Effective Services

The is failing to comply with a regulatory requirement in the following respect:
There was a lack of suitable storage in the centre.

11. Action Required:
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

Please state the actions you have taken or are planning to take:
One bathroom in the designated centre will be converted to a storage room, to allow for the safe and suitable storage of large items such as assistive equipment, communal bathroom and bed-linen.

Proposed Timescale: 30/01/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not include or cross reference the measures and actions in place to control accidental injury to residents, visitors or staff

12. Action Required:
Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

Please state the actions you have taken or are planning to take:
The provider will review the risk management policy to ensure compliance with Regulation 26.
Completion date : April 31st 2016.

In the interim
a)The PIC will review hazard identification, and complete risk assessments on all identified risks in the designated centre.
Completion date : December 31st 2016.

b)The PIC will ensure the ongoing assessment and management of risk in the Centre.

c) Monthly discussion and review of risk in the centre at each staff meeting. Allocation of tasks including documented evidence of completed task and sign-off by relevant staff member.

d) Monthly discussion and review of risk in the centre during Service-Manager \ Person in charge supervisory meetings.

e) Six monthly unannounced inspections of quality and care in the designated Centre.
Completion date : December 31st 2016.

Proposed Timescale: 30/04/2016

Theme: Effective Services

The is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not include arrangements to ensure that control measures are proportional to the risk identified. In addition any adverse impact such measures might have on the resident's quality of life have been ill considered.

13. Action Required:
Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

Please state the actions you have taken or are planning to take:
The provider will review the risk management policy to ensure that arrangements are in place to ensure that control measures are proportional to risk identified and do not have an adverse impact on resident's quality of life.

Completion date : April 31st 2016.

In the interim the PIC will review all control measures in place to ensure they are proportional to the risk identified and do not have any adverse effect on residents quality of life.
Completion date : December 31st 2016.

Proposed Timescale: 30/04/2016

Theme: Effective Services

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

Not all hazards were identified in the centre, inspectors found the temperature of the water was found to be very hot (47 Degrees Celsius) and posed a risk to the service users and staff to the centre.

14. 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 risk register will be updated to include all identified hazards in the centre.

The Kitchen tap, was tested on the day on Inspection, and the temperature of the water was found to be 47 degrees celcius.

The PIC has consulted with the Organisation's Plumbing Department, and has been advised of the following.

According to the HACCP (Hazard analysis and critical control points) food safety guidelines, the tap which is used for the washing of raw food in preparation for cooking, can be at a temperature of up to 60 degrees Celsius.

All other taps in the centre have already been fitted with thermostatic controls.

Proposed Timescale: 30/11/2015

Theme: Effective Services

The is failing to comply with a regulatory requirement in the following respect:
The written procedures to be followed in the event of fire were inaccurate.

15. Action Required:
Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

Please state the actions you have taken or are planning to take:
The PIC met with the fire safety Officer on November 18th to plan the display of procedures to be followed in the event of a fire, in a prominent place in the centre. These procedures will be in an accessible format.

Proposed Timescale: 30/11/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The is failing to comply with a regulatory requirement in the following respect:
The Statement of Purpose did not contain all the information set out in Schedule 1

16. 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 Statement of purpose will be updated to include the following information.

a) The criteria for admission to the Centre.
b) The size of each room, displayed on the centre floor plan.
c) The Organisational structure.
d) The arrangements for the management of the Centre, in the absence of the Person in Charge (PIC).

The updated Statement of purpose will be submitted to the Authority.

Proposed Timescale: 20/12/2015

Theme: Leadership, Governance and Management

The is failing to comply with a regulatory requirement in the following respect:
A copy of the Statement of Purpose was not available to residents and their representatives.

17. Action Required:
Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

Please state the actions you have taken or are planning to take:
The PIC will ensure that a copy of the statement of purpose will be made available to respite users and their representatives.

Where appropriate, an accessible version of the statement of purpose will be made available to respite Users.

Proposed Timescale: 30/01/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Records reviewed did not show if issues identified during the unannounced six monthly inspections had been addressed or not.

18. Action Required:
Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the

designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

Please state the actions you have taken or are planning to take:
The PIC has completed and documented the completed actions, from the unannounced six monthly inspection carried out in May 2015.

A further unannounced inspection will be carried out by December 18th. 2015

Proposed Timescale: 18/12/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Effective arrangements were not in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering this is reflected in the level of moderate non compliances.

19. Action Required:
Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

Please state the actions you have taken or are planning to take:
The Registered Provider has introduced a new system and template for staff performance management. This was reviewed and discussed at the Centre's staff meeting on November 11th. The implementation of this system will commence on November 24th.
The minutes of these meetings will be available for inspection in the designated centre.

Proposed Timescale: 24/11/2015

Outcome 15: Absence of the person in charge

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Adequate arrangements were not in place to manage the respite centre in the unforeseeable absence of the person in charge.

20. Action Required:
Under Regulation 33 (1) you are required to: Notify the chief inspector in writing of the procedures and arrangements that are or will be in place for the management of the designated centre during the absence of the person in charge.

Please state the actions you have taken or are planning to take:
A senior, suitably qualified and experienced staff member, has been nominated as the Person participating in management (PPIM) for the centre. This PPIM will be responsible for the management of the designated Centre in the absence of the Person in Charge (PIC)
All required documentation for the PPIM was submitted to the Authority on November 13th 2015.
The PPIM commenced in his role on November 16th 2015.

Proposed Timescale: 16/11/2015

Outcome 16: Use of Resources

Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre was not sufficiently resourced, as a clinical nurse manager post remained vacant for over a six month period.

21. Action Required:
Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:
The CNM1 Post was advertised both internally and externally by the registered provider between October 19th and November 16th 2015 Unfortunately, no suitably qualified and experienced staff members have applied for the Post.

This Post will be re-advertised in early January 2016, and subject to a successful recruitment campaign*, the Post will be filled.

Proposed Timescale: 20/02/2016

Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre was not sufficiently resourced to ensure the internal and external areas of the centre were maintained in a good state of repair.

22. Action Required:
Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:
The PIC has contacted the Maintenance Department to request that all outstanding repairs and maintenance requirements are completed, and that adequate storage is made available for communal linen and equipment.

These works will be completed by the end of January 2016.

Proposed Timescale: 30/01/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff have not been provided with children first training to date.

23. 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:
All staff have completed Safeguarding training. The provider will arrange for all staff to be provided with Children First Training.

Proposed Timescale: 31/03/2016

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff were not having formal supervisory meetings every six weeks in line with the organisations policy.

24. 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:
Please state the actions you have taken or are planning to take:

The Registered Provider has introduced a new system and template for staff supervision and performance management. This was reviewed and discussed at the Centre's staff meeting on November 11th. The PIC will commence the implementation of this system on November 24th.

The minutes of these meetings will be available for inspection in the designated centre.

Proposed Timescale: 24/11/2015

Outcome 18: Records and documentation

Theme: Use of Information

The is failing to comply with a regulatory requirement in the following

respect:
Not all policies and procedures required by Schedule 5 were in place

25. Action Required:
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
The registered provider is currently developing the policy on access to education, training and development.

Completion Date : 31st December 2015

The registered provider is currently reviewing and updating the policy on Safeguarding.

Completion Date : 31st December 2015

The policy on Communication is in place in the centre.

Completion Date : 19th November 2015

Proposed Timescale: 31/12/2015

Theme: Use of Information

The is failing to comply with a regulatory requirement in the following respect:
The Directory of Residents did not contain all of the information set out in Schedule 3.

26. Action Required:
Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 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 directory of residents information for the designated Centre, is captured on the online Client Information System (CIS). The registered provider will update this system to include a section which confirms the marital status of all adult respite users

Proposed Timescale: 30/01/2016

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A record of incidents which had occurred in the centre were not available for review.

27. Action Required:

Under Regulation 21 (4) you are required to: Retain records set out in paragraphs (6), (11), (12), (13), and (14) of Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 4 years from the date of their making.

Please state the actions you have taken or are planning to take:
All accidents and incidents which occur in the centre, are recorded on e-form, and submitted electronically to the relevant Manager, Clinician, and the health and safety department. A copy of all such forms will be printed prior to submission and retained in the designated Centre.
These forms will be available for inspection.

Proposed Timescale: 12/10/2015