

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Clancy Avenue
Centre ID:	OSV-0003596
Centre county:	Dublin 11
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	Maureen Hefferon
Lead inspector:	Anna Doyle
Support inspector(s):	Conan O Hara
Type of inspection	Unannounced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 23 May 2017 16:30 To: 23 May 2017 21:10

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

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was the second inspection of the designated centre. The last inspection was carried out in August 2015. The centre is registered, the details of which were displayed in the centre. The purpose of this inspection was to follow up on actions from the last inspection, to monitor on-going compliance with the regulations and to follow up on notifications submitted to HIQA.

Description of the Service:

The centre is operated by St. Michael's House (SMH) and is situated in North Dublin. It comprises of a three bedroom two storey house located close to local shops and transport links. The centre provides care to male residents. Care is provided by social care workers based on the current needs of the residents. There is access to nursing support through a 24hour on call support service provided by SMH.

How we gathered evidence:

Over the course of this inspection the inspectors met all of the residents. Two of the residents chose not to meet with inspectors formally. The inspectors met with one resident to discuss whether they were happy with the services provided in the centre and went through their personal plans with them with their consent. The feedback

from this meeting was very positive and the resident stated that they felt safe, would report any concerns to staff and overall were supported to direct their own lives to be as independent as possible.

The inspectors met with one staff member, observed interactions with staff and residents, reviewed records such as: care plans, risk assessments and medication management records. The person in charge was present for the inspection and was very responsive to any requests for records requested. They attended the feedback meeting along with the service manager for the centre. Additional information not available at the inspection was submitted post inspection to HIQA as requested at the feedback meeting.

Overall findings:

This centre is nearby to another designated centre belonging to St Michael's House and over the course of the inspection, the inspectors found that both of the houses were operating as one centre. For example, most of the documents required under schedule 5, schedule 3 and schedule 4 of the regulations were stored in the nearby centre. The staff rosters included both centres and the staffing whole time equivalents were shared between both centres. This was discussed at the feedback meeting.

Overall the inspectors found that residents were observed to be able to exercise control over their own lives and were supported to live as independently as possible in the centre. The centre was clean and maintained to an acceptable standard.

The actions from the last inspection under outcome 1 and outcome 13 were implemented and not referred to in the body of this report as these outcomes were not inspected on this inspection.

Three moderate non compliances were found under:

Outcome 4 - admissions and contracts for the provision of services

Outcome 7 - health and safety and risk management

Outcome 8 - safeguarding and safety management

Five outcomes were found to be in substantial compliance and one outcome was found to be compliant. The action plan at the end of this report outlines the improvements required.

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

Outcome 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):

No actions were required from the previous inspection.

Findings:

The inspectors found that one resident was paying an annual fee for a service in the centre that was based on one of their assessed needs and this fee was also not included in their contract of care. This was discussed at the feedback meeting and the inspectors were informed that the resident would be reimbursed the monies from the provider.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspectors found that residents had opportunities to participate in meaningful

activities that were in line with their personal preferences and assessed needs. However, improvements were required in the review of personal plans for residents.

Each resident had a personal plan in place which included an up to date assessment of need. While personal plans were not in an accessible format for residents, the inspectors found that this was not impacting on the residents' knowledge of their personal plans. For example, one resident spoken to was clear about the information contained in their personal plans. They spoke to the inspector about their health needs, allied health professionals involved in their care and activities they were involved in, both inside and outside the centre.

There were support plans in place for residents assessed needs. Plans were reviewed regularly, however the information included in this review did not always reflect how it was improving outcomes for residents. For example, the review section recorded the date, staff signature and "no change" was recorded.

Some residents had an annual review completed which included consultation with the resident and their family members. Goals were set from this review. However, these goals were not specific as they did not outline who was responsible for supporting the resident to achieve the goals.

Other residents had chosen not to have set goals and this was recorded in their personal plans and was verified by one resident spoken with. The resident said that they were happy with their lives and had a very active social life in their local community.

Residents were involved in activities external to the centre, some were members of a football club, one was in open employment, one attended the local snooker club and all residents availed of all the local amenities in their community.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspectors found that there were risk management and fire safety measures in place in the centre. However, improvements were required in the review of incidents and fire safety in the centre.

The policies and procedures for risk management were not available in the centre. However, staff had access to them in the centre nearby.

There were centre specific risk assessments completed for the centre. However, they were not appropriately risk rated or detailed to include all control measures. For example, a lone workers risk assessment did not include all control measures in place.

The inspectors found that there were no individual risk assessments contained in residents' plans who required them. For example, residents remained unsupervised in the centre for periods of time and there were no risk assessments in place that identified how risks, if any, had been mitigated. Another residents plan noted recent concerns observed in one life skill that could compromise their safety and this had not been risk assessed.

Incidents in the centre were recorded on an e-form. From a review of audits, inspectors found that no incidents had been recorded last year in the centre. Some incidents had occurred in the centre from January 2017 of this year. The inspectors found that from a sample viewed the person in charge had taken measures to minimise future risks. However, there was no review in place so as to identify trends and guide future practice.

Fire management procedures were in place in the centre. Regular fire drills had taken place and each resident had an individual personal emergency evacuation plan. Inspectors found that the person in charge responded appropriately to issues raised at fire drills. For example, one resident had an alarm fitted in their bedroom.

There were no records to demonstrate that residents would evacuate the centre in the event of staff not being present in the centre. While one resident spoken to was very clear about what to do in this event, there were no records to demonstrate that other residents would respond appropriately.

Fire equipment such as fire blankets, fire extinguishers and fire alarms were available and had been appropriately serviced. However, there were no fire doors in order to contain fire in the centre.

There was a vehicle available to the residents. The inspectors reviewed the vehicles documentation and found that it was up-to-date.

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

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):

No actions were required from the previous inspection.

Findings:

There were measures in place to protect residents from abuse in the centre. However, improvements were required in behaviour support plans and the implementation and review of safeguarding plans.

The inspectors found that staff had received training in safeguarding and refresher training was scheduled to take place for staff this year. One resident met said they felt safe in the centre and staff were observed to treat residents with dignity and respect throughout the inspection.

Inspectors found that the person in charge and the provider had taken measures in the centre in response to the impact of behaviours of concern on residents that had been previously notified to HIQA. This included employing additional staff in the centre and meetings had been held with allied health professionals and senior managers to discuss future options.

However, inspectors found that some of the recommendations had not been fully implemented. For example, specific staff were identified as being best suited to work in this centre and it was not clear if this recommendation was implemented.

In addition, the measures put in place were not being recorded or reviewed to assess their effectiveness. The details relating to these findings were discussed at the feedback meeting and are not recorded in this report so as to protect anonymity.

Inspectors reviewed one behaviour support plan and found that it required more detail as it had not been reviewed to include the interventions in response to all behaviours of concern. It was also not clear what interventions were being implemented as the support plan stated "proposed interventions". Inspectors found that this was not clearly guiding practice.

Inspectors were informed that there were no restrictive practices used in the centre and a restraint free environment was promoted.

Inspectors were informed that residents did not require supports around intimate care.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

The inspectors found that arrangements were in place to ensure that residents' health care needs were being met in the centre with appropriate input from allied health care professionals when required.

On viewing personal plans, residents had access to the local GP and a range of other allied health care services including psychiatry, psychology and chiropody.

Healthcare plans were in place that detailed the supports in place to meet residents assessed needs. However, improvements were required in the review process.

Residents were supported to be responsible for their own healthcare needs where appropriate. Staff spoken with were very familiar with residents healthcare needs in the centre. Nursing support and advice was available for residents in line with their assessed needs.

The inspector found that residents were involved in menu planning and cooking the meals in the centre. Mealtimes were observed to be relaxed. Staff were also observed interacting and chatting with residents while preparing the dinner.

The advice of dieticians and other specialists was incorporated into personal plans and staff were aware of the supports required in this area.

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):

No actions were required from the previous inspection.

Findings:

The inspectors found that medication management policies were in place and that residents were supported to self administer their own medication in the centre. However, improvements were required.

There was a policy in place in the centre on medication management which included procedures on the administration, storage and disposal of medicines. Residents in the centre self administered their own medications.

These medications were re dispensed from medications supplied by the local pharmacy into pill boxes for residents. Inspectors found that the pill boxes were not clearly labelled and that there were not records to demonstrate that the storage of these medications outside of their original packaging was appropriate or had been discussed with the pharmacist.

The policy on the self administration of medication was not available on the day and was submitted to HIQA after the inspection. The inspectors found that there were no procedures contained in this policy to guide staff in this area in line with best practice.

Medications received into the centre were checked by staff and additional supplies were stored in the adjoining centre. The inspectors found that this was not impacting on residents in the centre.

All residents in the centre self administered their own medication. An assessment had been completed for this and medication plans were in place on how residents were supported. However, these plans had not been reviewed since 2015 in line with the organisations own policy.

The inspectors met one resident who went through the processes in place to support them with their medications. They were knowledgeable of their prescribed medications. The resident said in the event of them needing as required medication they asked staff for advice and support prior to taking the medication.

There was a system in place to record drug errors. The inspectors were informed that no drug errors had occurred in the centre in the last year.

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

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):

No actions were required from the previous inspection.

Findings:

The inspectors found that there were management structures in place in the centre. However, the staffing resources from this centre were shared with the centre nearby and this needed to be addressed in order to ensure clear lines of accountability were in place for this centre.

The person in charge was fulltime, suitably qualified and experienced. They had a very good knowledge of the residents needs in the centre and their responsibilities under the regulations. As noted in the body of this report they were also responsible for another adjoining centre belonging to SMH.

The person in charge had allocated protected time every week in order to ensure effective governance of the centre. They reported to a newly appointed service manager, who in turn reported to the provider.

Staff meetings were held in the centre, however the minutes viewed found that some contained very little detail and did not record who was responsible for implementing actions arising from issues raised.

The staff member met, felt supported in their role and said that they had received supervision recently. However the person in charge informed inspectors that this was not consistently implemented for all staff in the centre.

The person in charge met with the service manager since their appointment and the plan going forward was to meet with the service manager on a regular basis.

A six monthly unannounced quality and safety review had been completed in line with the regulations along with an annual review for the centre.

Judgment:

Substantially Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

The inspectors found that there were adequate staff with the right skills and experience to meet the assessed needs of residents. However the staff team were collectively part of the team for this centre and the adjoining centre and improvements were required in the staff rota to ensure accuracy.

Since the last inspection and in response to a concern raised in the centre, the provider had reviewed staffing levels and increased the staffing to include sleepovers and staff support in the morning times for residents.

There was a planned and actual rota in place. However, the rota was combined with the adjoining centre for which the person in charge had governance over. The inspectors found that the staff who were assigned to shifts were not always clearly written on the rota. For example staff supports were supposed to be available from 16:00 hours some evenings; however, the rota showed that staff only started their shift at 18.00hours.

The inspectors observed that residents received support in a respectful and timely manner.

Training records viewed found that staff had received mandatory training in safeguarding, fire safety and manual handling. Staff had also completed training on first aid, behaviours of concern, diabetes and hand hygiene. One staff was due to complete training in behaviours of concern at the next available date.

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

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):

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

Findings:

The inspector found that documents required under Schedule 3 and 4 were not stored in the centre on the day of the inspection as all of these records were stored in the other centre nearby.

No other aspects of this outcome were inspected.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0003596
Date of Inspection:	23 May 2017
Date of response:	19 June 2017

Requirements

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

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

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

One resident was paying an annual fee for a service in the centre that was based on one of their assessed needs and was not included in their contract of care.

1. Action Required:

Under Regulation 24 (4) (b) you are required to: Ensure the agreement for the

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

provision of services provides for, and is consistent with, the resident's assessed needs and the statement of purpose.

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

The resident will be reimbursed the annual fee for this service.

Proposed Timescale: Action has been completed

Proposed Timescale: 30/06/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

The review of personal plans did not always reflect the changing needs of residents or record how the plans were improving outcomes for residents.

Goals set for residents were not specific and did not record who was responsible for supporting the resident to achieve the goals.

2. 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 PIC and keyworkers will review all current personal plans and record the relevant detail to show how the plans supported the residents in an effective manner.

PIC and keyworkers will review the goals set for residents and ensure named staff are responsible for accurate recording of supports and achievements for each service user where appropriate.

Staff to receive training and support where required ensuring effective planning and goal setting.

Proposed Timescale: Actions to be completed by 31/07/2017

Proposed Timescale: 31/07/2017

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:

There was no review of incidents so as to identify trends and guide future practice.

There were no individual risk assessments in place for residents including; a risk assessment for one resident where a concern had been highlighted.

Risk assessments in place were not appropriately risk rated and did not include all control measures to be implemented.

3. Action Required:

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

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

Risk assessments to be reviewed and to be appropriately risk rated and appropriate control measures implemented. A review system to be commenced so as to identify trends and future practise.

Individual risk assessments where required to be implemented.

PIC and PPIM to do refresher training in risk assessment.

Proposed Timescale: This will be completed by 30/06/2017

Proposed Timescale: 30/06/2017

Theme: Effective Services

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

There were no records to demonstrate that residents would evacuate in the event of no staff being present in the centre.

4. Action Required:

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

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

A fire drill will be held where staff will offer no support, participation to the residents during the drill. It should be noted the alarm in this unit is linked to Clew bay and staff in that unit are aware when the alarm in Clancy Ave is activated. This is noted in Clancy Ave s emergency file.

Proposed Timescale: Action completed

Proposed Timescale: 30/06/2017

Theme: Effective Services

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

It was unclear if the fire containment measures in the centre were adequate.

5. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

On foot of actions arising from internal fire reports that require capital funding in order to address, the registered provider has in place a systematic risk based approach to address environmental fire actions identified. These issues have been prioritised and shall be dealt with by the organisation in order of priority when capital funding is approved. This fire risk register has been compiled by the organisations Fire officer.

Proposed Timescale: 31/12/2017

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:

One behaviour support plan had not been updated to include the interventions in response to all behaviours of concern.

A behaviour support plan did not outline the actual interventions to be implemented in response to behaviours of concern.

6. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

The PIC and centre psychologist have reviewed the positive behaviour support plan for the resident. The behavioural support plan has now been updated to reflect the complex and changing needs of the resident and now outlines in detail the psychology supports required for the resident. This will be discussed with all staff at the next staff meeting on 05/07/2017 and will be filed in the residents file.

Proposed Timescale: Action to be completed by 30/06/17

Proposed Timescale: 30/06/2017

Theme: Safe Services

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

Some safeguarding measures had not been fully implemented.

Safeguarding measures implemented were not effectively recorded or reviewed in the centre.

7. Action Required:

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

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

Review of the safeguarding plan has been done. Measures not implemented have been reviewed and implemented into the plan.

Proposed Timescale: Action to be completed by 30/06/2017

Proposed Timescale: 30/06/2017

Outcome 12. Medication Management

Theme: Health and Development

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

The policy in place to guide staff practice in supporting residents who self medicate did not contain guidance on the use of pillboxes in the centre, in relation to appropriate labels and the suitability of medications stored in these pillboxes.

8. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The PIC has reviewed the medication management system and is in the process of implementing a blister pack arrangement for service users who self medicate. This will be introduced in consultation with the residents, their local pharmacist and St Michaels house self administration of medication committee. The new practises will be in line with the organisational policy on safe administration of medication.

Proposed Timescale: Action to be completed by 31/07/17

Proposed Timescale: 31/07/2017

Theme: Health and Development

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

Medication management plans for residents had not been reviewed since 2015.

9. Action Required:

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

Review will recommence immediately and will be reviewed at quarterly(3 monthly) intervals from then on. The PIC will review in conjunction with the Safe administration of Medication trainer the self administration guidelines for each of the residents who self administer.

Proposed Timescale: Medication management plans will be reviewed and continued to be quarterly from then on. Action to be completed by 30/06/17

Proposed Timescale: 30/06/2017

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 staffing resources from this centre were shared with the centre nearby and this needed to be addressed in order to ensure clear lines of accountability were in place for this centre.

10. 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:

This centre is undergoing a registration vary process and it will become a unit of the nearby designated centre. Staff meetings will have a regular structure and clear responsibility for actions will be recorded for any issues arising from these meetings.

Proposed Timescale: Action to be completed by 31/07/2017

Proposed Timescale: 31/07/2017

Theme: Leadership, Governance and Management

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

Not all staff had received supervision from the person in charge in the centre.

11. 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:

PIC will implement a timetable of regular staff supervision using a standardised template recently developed by St Michaels house.

Proposed Timescale: Actions to commence from 31/07/17

Proposed Timescale: 31/07/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The staff who were assigned to shifts were not always clearly written on the rota.

12. 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 PIC has updated the staff roster to ensure shifts are clear and recorded on the roster.

Proposed Timescale: Completed by 30/06/2017

Proposed Timescale: 30/06/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

Documents required under Schedule 3 of the regulations were not stored in the centre on the day of the inspection.

13. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

An application to vary registration is to commence. This centre will become part of the nearby designated centre OSV-0002334 once this process is completed.

Proposed Timescale: 31/07/2017**Theme:** Use of Information**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Documents required under Schedule 4 of the regulations were not stored in the centre on the day of the inspection.

14. Action Required:

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 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:

An application to vary registration is to commence. This centre will become part of designated centre OSV-0002334 once this process is completed.

Proposed Timescale: 31/07/2017