

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Ailesbury Respite
<b>Centre ID:</b>	OSV-0002399
<b>Centre county:</b>	Dublin 14
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St Michael's House
<b>Lead inspector:</b>	Marie Byrne
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	0

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

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

From: 23 November 2017 09:30 To: 23 November 2017 17:00

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 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 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**

**Background to the inspection**

This was the second inspection by the authority of the designated centre. The first inspection was an unannounced inspection to inform a registration decision.

This inspection was unannounced and was carried out over one day by one inspector. As part of the inspection, the inspector reviewed the actions completed by the provider since the last inspection. The inspector met and spoke with all five residents, the person in charge, and a social care worker. Residents' files, records in the centre, policies and procedures and a selection of staff files were reviewed by the inspector. The person in charge facilitated the inspection. The service manager and provider's representative attended feedback at the end of the inspection.

**Description of the service**

As outlined in the statement of purpose the centre provides respite care for a maximum of five adults or five children. There were five adults availing of a respite break on the day of inspection.

The centre is a detached house with six bedrooms, two sitting rooms, a dining room, a kitchen, three bathrooms, a laundry room, two offices and a patio area with two sheds to the rear of the house. The centre is located in Co. Dublin close to a good range of local amenities.

#### Overall judgment of our findings

There was evidence of good practice across some outcomes including residents' rights dignity and consultation and communication. The inspector observed positive interactions between residents and staff. Staff demonstrated a good knowledge of the residents' needs. Residents reported to the inspector that they were happy and felt safe in the centre.

A number of actions by the provider following the last inspection had not been completed. Non-compliances were identified across a number of outcomes including admissions and contracts of care, social care needs, premises, healthcare needs, medication management, statement of purpose, governance and management, workforce and records and documentation. The findings are further detailed in the body of the report and in the action plan at the end of the report.

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

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Overall the inspector found that residents in the centre were consulted with, and participated in decisions about their care and the running of the centre. Residents' meetings were held weekly and agenda items included, fire safety, menu planning, activity planning and complaints.

Residents had access to information about the national advocacy service in their personal plans. Staff members were observed to speak to and treat residents with warmth, dignity and respect. Personal care practices in the centre ensured residents' privacy and dignity were maintained. Privacy locks were in place in the bathrooms.

There were policies and procedures in place for the management of complaints. The complaints process was available in an accessible format and displayed in a prominent area of the centre. Two residents described the complaints process to the inspector and named who they would go to if they had a complaint. There was a nominated person to deal with complaints. On reviewing complaints in the centre it was evident that all complaints were fully investigated, dealt with and resolved in a timely manner. A record of compliments was also maintained in the centre.

There was a residents' guide in place which was available in an accessible format and displayed in a prominent place in the centre. The document detailed services provided and outlined how residents could make a complaint. A survey was completed by residents on every respite admission. This survey sought the opinions of residents in relation to how they enjoyed their respite break, the activities they engaged in and the group they shared their respite break with.

There was a policy in the centre on residents' personal property and finances and possessions. Residents bring spending money on their respite breaks. Records of expenditure of this money and receipts are maintained in the centre. Residents were observed to have adequate storage and maintain their personal belongings in their bedrooms. There was a safe with a code available to keep residents' property and finances safe. Residents got to choose which bedroom they stayed on the first day of their respite admission.

Residents had access to a second sitting room for private contact with family and friends. Residents were participating in meaningful activities during their respite break. On the day of inspection two residents were going out to a local restaurant for their dinner and the other three residents were choosing to order a take away meal in the centre. Daily records were maintained of activities residents engaged in during their respite break.

**Judgment:**  
Compliant

## **Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**  
Individualised Supports and Care

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

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

### **Findings:**

Overall the inspector found that residents' communication needs were being met. However, residents' individual communication needs were not highlighted in their personal plans.

There was a policy in place on communication with residents in the centre which was available in an accessible format. Staff demonstrated an awareness of the different communication needs of residents. There were communication systems in place with day services and families called my journal.

Residents had access to radio, television, internet, and information on local events.

**Judgment:**  
Substantially Compliant

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

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

**Theme:**

Effective Services

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

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

**Findings:**

There was a policy and procedures in place for admission, transfers, discharge and temporary absence of residents. However, it did not clearly outline the procedures for respite admissions. This was also found to be the case on the last inspection by the authority. Residents' admissions were in line with the statement of purpose; however, the statement of purpose had not been reviewed in line with the timeframe identified in the regulations.

Each resident had a respite agreement form in place. It detailed the services provided and what residents needed to supply themselves for their respite break. There was no charge to residents for their respite break. The respite agreements forms reviewed by the inspector had been signed by the resident, and/or their representative and the person in charge.

**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):**

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

**Findings:**

The inspector found that each resident's wellbeing and welfare was being maintained by the care and support in the centre. However, there was no documentary evidence to show residents' health, personal or social care needs were being maintained by a high standard of evidence based care and support.

A comprehensive assessment of the health, personal and social care needs was not in place for each resident. Some of the personal plans reviewed by the inspector did not reflect the needs, interests or capacities of residents. They did not adequately detail residents' identified needs and supports in relation to communication, activities, nutrition, healthcare, behaviour support, mobility, or safety. Some did not adequately guide staff practice to support residents.

There was no documentary evidence to show that personal plans reviewed by the inspector had been developed or reviewed with the resident, their representative, or members of the multidisciplinary team. Residents were not given the opportunity to develop goals while in respite care. There was no evidence of evaluation or implementation of personal plans, or any evidence that they were improving outcomes for residents. Personal plans were not available in an accessible format for residents.

Residents were supported to participate in meaningful activities while on their respite break. They were also supported to attend school or day services while on their respite break.

Residents reported to the inspector that they really enjoyed their respite break, particularly when they got an opportunity to go to the local shopping centre and out for meals in local restaurants. There was a vehicle available in the centre to support residents to engage in meaningful activities and the centre was close to good local public transport links. Staff who spoke with the inspector were very familiar with the residents' likes and dislikes. However, these were not consistently documented in the centre.

**Judgment:**

Non Compliant - Major

**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):**

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



implemented.

**Findings:**

The design, layout and location of the centre was suitable for its stated purpose and meets the needs of residents. However, overall the inspector found the centre was not clean and in need of painting and maintenance works. The centre employs an external company to supply a cleaner three days a week. However, there were areas of the centre which had a build-up of dust and debris. These areas included the bathrooms, door frames, skirting boards, floors and areas in the dining room.

Adequate ventilation, heating, and lighting were in place throughout the centre. A separate kitchen was available with sufficient cooking facilities and equipment. However, the kitchen was in need of care and attention. The annual review of quality and safety identified that a new counter top would be put in place; however, this had not been completed. There were items and areas in the centre in need of maintenance including a chair in the dining room and boards around some beds. Two chairs in the second sitting room were awaiting removal by the maintenance department.

There were suitable arrangements in place for the safe disposal of general and clinical waste. Baths, showers and toilets were available in sufficient numbers to meet the needs of residents. However, on the day of inspection bathrooms were found to be untidy and to contain unnecessary equipment. The sink in one of the bathrooms had visible rust underneath.

There were adequate facilities in place for residents to launder their own clothes and each bedroom contained a laundry basket.

Adequate private and communal accommodation was available for residents including adequate social, recreational, dining and private accommodation. There were adequate storage facilities in place in the centre. Works had been completed to convert a room into a storage room since the last inspection of the centre.

Suitable equipment was observed to be in place in the centre; however, staff reported that a changing trolley was required in one of the bathrooms to meet the needs of one resident.

There was a back garden which was well-maintained and contained large garden furniture. However, the centre accommodates children and there was no equipment in place for outdoor play.

**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:**

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

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

**Findings:**

Overall the inspector found that the health and safety of residents, visitors and staff was promoted in the centre. There were policies and procedures in place for risk management and emergency planning. There was an emergency planning folder and an emergency box in place.

There was a risk register in place and risk assessments which had been reviewed and updated within the last twelve months. There was a policy and local procedure in place for when a resident was missing.

There was an up-to-date health and safety statement in place. Procedures were in place for the prevention and control of infection including colour coded mops and chopping boards in the kitchen. There was personal protective equipment available to staff.

Arrangements were in place for the investigation of incidents. Incident reports in the centre are held electronically. A hard copy was not maintained in the centre. Incident reports were printed for the inspector to review during the inspection. There was evidence of follow up and learning from incidents.

The vehicle in the centre was roadworthy and adequately insured. There were systems in place to ensure it was well-maintained including a service history, and a comprehensive weekly bus checklist.

Suitable fire equipment was in place in the centre and there was a fire policy in place. There were fire doors throughout the centre. There was evidence of servicing of the fire alarm systems and equipment.

There were accessible evacuation plans available at fire exits. Fire drills were completed during the day and night regularly in the centre. A fire e-drill form was completed when issues were identified during fire drills and there was evidence of follow up and learning from these. Daytime and night-time evacuation plans were in place. Individual personal emergency evacuation plans were available for residents and reviewed within the last twelve months. Staff had completed area specific fire safety training.

**Judgment:**

Compliant

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness,*

*understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

There was a policy in place for the prevention, detection and response to abuse, and for the provision of intimate care. There were measures in place to safeguard residents including safeguarding plans. Staff demonstrated an awareness of the designated person for safeguarding and Children First and what to do if there was an allegation of abuse. However, a number of staff required training and refreshers in Safeguarding and Children First.

Residents reported to the inspector that they felt safe in the centre. Staff were observed to treat residents with dignity and respect. There was a policy in place for the provision of behaviour support and restrictive practices. There were no physical or environmental restrictive practices in place in the centre. There was a PRN (as required) medication in place to manage challenging behaviour for one resident but it had never been administered while the resident was in respite.

**Judgment:**

Substantially 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):**

No actions were required from the previous inspection.

**Findings:**

Overall the inspector found that residents were not supported to enjoy best possible health. Individual residents health needs had not been assessed. Some residents had care plans in place which had not been reviewed or implemented in over two years; while others, did not have care plans in place for identified healthcare needs. Staff could not describe the care and management of a condition which one resident was presenting with.

Residents had access their family general practitioner (GP). While in respite in the event of them needing to access their GP, staff reported that they would contact the residents' family to bring them there. In the event that the residents' family members could not be contacted, then they would access the on call doctor for the local area or the accident and emergency department of the local hospital.

Food in the centre was found to be nutritious, appetizing, and varied. Residents were observed to be supported in a sensitive and appropriate manner, in line with speech and language therapy guidelines. The inspector observed mealtimes to be a positive and social occasion, with residents discussing the events of the day and plans for the remainder of their respite break. Residents reported to the inspector that the food and amount of choices at mealtimes was good in the centre.

**Judgment:**

Non Compliant - Moderate

**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 centre had written policies in place for the ordering, prescribing, storing, and administration of medicines to residents. However, staff were not adhering to appropriate medication practices in the centre. Some residents' medicines were supplied in blister packs. Staff administering the medicines from the blister packs were not recording which medicines were being administered on the drug recording sheet. Instead they were sticking the label from the blister pack on the drug recording sheet.

There were processes in place for the safe handling of medicines. There was a locked storage cabinet for storing medications with separate facilities for storing out of date/returns to the pharmacy.

There were weekly and monthly medication audits completed in the centre. A drug audit was completed for each resident's respite admission. It detailed the amount of medications received, discarded and sent home after each respite break. On reviewing incident reports in the centre there had been no recent medication errors recorded in the centre.

**Judgment:**

Substantially 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):**

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

**Findings:**

There was a written statement of purpose in the centre consisting of the aims, objectives and ethos of the centre. It contained the services and facilities to be provided to residents. However, the statement of purpose had not been reviewed in over two years.

The management structures had changed during this period and the statement of purpose did not contain all the information required by schedule 1 of the regulations.

**Judgment:**

Non Compliant - Moderate

**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):**

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

**Findings:**

The inspector found that the while there were management systems in place in the

centre, these systems were not effectively reviewing and monitoring the quality of care provided in the centre. There were lines of authority and accountability; however, there had been recent changes to the management and reporting structures in the centre and not all members of staff could identify the reporting structures in place.

The inspector was informed at the opening meeting that documentation reviews including the statement of purpose and personal plan reviews were not being completed in the centre. Evidence of this was found during the inspection.

There were no arrangements in place to support, develop and performance manage staff members to exercise their personal and professional responsibility for the quality and safety of care they are delivering. Regular centre meetings were not being held.

There was an annual review of quality and safety of care in the centre; however, there was no evidence that this was driving change in the centre. The majority of actions developed from the review had not been completed. The actions which had not been completed included planned maintenance works, filling the staffing vacancy and a review of residents' documentation. These identified areas for improvement correlated with findings during this inspection process.

There was one six-monthly visit completed by the registered provider this year. There was no observed or documentary evidence of completion of actions following this six-monthly visit. The findings of which were in line with regulatory deficits found on this inspection.

Additionally, the second six monthly visit by the registered provider was overdue.

The person in charge facilitated the inspection. They were suitably qualified and knowledgeable of the residents' needs in the centre. Staff reported that they were supported by the person in charge. Residents could clearly identify the person in charge and spoke fondly to the inspector about them. They reported that that they felt comfortable going to the person in charge if they had any problem.

**Judgment:**

Non Compliant - Major

**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):**

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

**Findings:**

The person in charge had not been absent for 28 days or more since the last inspection by the authority. Appropriate arrangements were in place for the service manager who is a person participating in the management of the centre, to manage the centre in the absence of the person in charge.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**

Use of Resources

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

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

**Findings:**

On the day of inspection the centre was not sufficiently resourced to ensure effective delivery of care and support in line with the statement of purpose of the centre. There were two members of staff on unplanned leave and a vacancy for a CNM remained unfilled for a period in excess of two years. There were insufficient staff employed to ensure that resident' personal plans were fully developed and implemented.

Areas in the centre were in need of maintenance and care and attention. These findings were in line with those from the previous inspection by the authority.

**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):**

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

**Findings:**

Overall the inspector found that there were inadequate staff numbers in line with the statement of purpose for the centre. There were insufficient staff numbers to cover planned and unplanned leave. A vacancy remained in place for a clinical nurse manager in line with findings of the last inspection by the authority.

There were planned and actual rosters in place in the centre. On reviewing rosters and speaking with staff it was evident that there was a heavy reliance on staff doing extra hours and the use of relief staff. There was occasional use of agency staff.

Staff demonstrated a good awareness of the policies and procedures relating to the general welfare and protection of residents. All required staff members had up-to-date registration with the relevant professional body.

A selection of staff files reviewed by the inspector were found to contain all the information required by schedule 2 of the regulations.

In line with the findings of the last inspection by the authority there was no formal supervision of staff members in the centre.

**Judgment:**

Non Compliant - Moderate

**Outcome 18: Records and documentation**

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

**Theme:**

Use of Information

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

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

**Findings:**

Overall the inspector found that the required records were maintained in the centre and



kept secure.

A directory of residents was presented to the inspector during the inspection which met the requirements of the regulations. There was a residents' guide in place in the centre, which was available in an accessible format and contained the information required by the regulations.

The inspector found that the required documents as stated in Schedule 3 of the regulations were not being maintained in the centre. These included nursing care provided to residents including a record of their condition and any treatment or other intervention. Up-to-date records for some residents' healthcare conditions and interventions were not available in the centre. Accidents and incidents reports for the centre were not available in hard copy format.

Health and safety reviews had been completed in the centre and corrective actions put in place. However, the inspector found that there was no documentary evidence that these actions had been completed.

The centre had the required policies to meet the regulations, and they had been reviewed within the timeframe identified in the regulations. However the admissions policy did not contain sufficient detail in relation to the admissions process for respite admissions.

A statement of insurance cover for the centre was reviewed by the inspector which outlined the insurance cover put in place by the provider.

**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:***

Marie Byrne  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority



## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	A designated centre for people with disabilities operated by St Michael's House
<b>Centre ID:</b>	OSV-0002399
<b>Date of Inspection:</b>	23 November 2017
<b>Date of response:</b>	15 January 2018

### 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 02: Communication

**Theme:** Individualised Supports and Care

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

Residents' communication needs were not highlighted in their personal plan.

#### 1. Action Required:

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

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

personal plan.

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

The PIC will ensure that all residents personal assessment and support plans are reviewed and updated prior to their respite break. A new summary template has been developed and will be added to ensure specific needs are highlighted, including individual communication needs. This will be discussed with all staff at the next team meeting on the 1st February 2018.

**Proposed Timescale:** 30/04/2018

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

**Theme:** Effective Services

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

The centre had a policy in place for admissions to the centre. However, it did not detail the procedure in place for respite admissions.

**2. Action Required:**

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

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

The Organisational Respite Review Implementation group will develop specific policy and procedures for respite admissions. This will be added to the Organisation Admissions Policy.

**Proposed Timescale:** 31/03/2018

**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:**

Personal Plans were not available in an accessible format.

**3. 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 ensure that all personal plans are available in an accessible format.

**Proposed Timescale:** 30/04/2018

**Theme:** Effective Services

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

Some residents' personal plans were not reviewed on an annual basis.

**4. Action Required:**

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

The PIC will ensure that all residents personal plans are reviewed on an annual basis. Following each monthly respite bookings meeting, each staff member will be assigned a number of resident files to review and update as required. This will be discussed at the next team meeting.

**Proposed Timescale:** 30/04/2018

**Theme:** Effective Services

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

There was no documentary evidence of multidisciplinary review of residents personal plans.

**5. Action Required:**

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

The PIC will ensure that all Residents personal plans are reviewed, to include all recommendations and supports from members of the multi disciplinary team as appropriate and that there is documentary evidence in place to support this.

**Proposed Timescale:** 30/04/2018

**Theme:** Effective Services

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

There was no documentary evidence of involvement of residents or their representatives in review of personal plans.

**6. Action Required:**

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

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

The PIC will ensure all residents personal plans are reviewed and that there is documented evidence of the residents and /or their representatives involvement in the plan.

**Proposed Timescale:** 30/04/2018

**Theme:** Effective Services

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

There was a lack of review of effectiveness of personal plans in the centre.

**7. 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:**

All residents plans will be reviewed at a minimum, on an annual basis to ensure they are accurate and effective.

**Proposed Timescale:** 30/04/2018

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

Some areas of the centre were unclean and in need of maintenance works and painting.

**8. 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 will arrange for an immediate thorough cleaning of the centre and that a review of the current cleaning arrangements is undertaken. The PIC will liaise with the Technical Services department to schedule redecoration of the premises.

**Proposed Timescale:** 31/05/2018

**Theme:** Effective Services

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

The garden in the centre did not contain suitable equipment for play for children.

**9. Action Required:**

Under Regulation 17 (3) you are required to: Where children are accommodated in the designated centre provide appropriate outdoor recreational areas which have age-appropriate play and recreational facilities.

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

The PIC will consult with the Occupational therapist to identify suitable garden equipment for children.

**Proposed Timescale:** 30/04/2018

**Theme:** Effective Services

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

Changing trolley was not in place to meet needs of one resident.

**10. Action Required:**

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

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

The PIC, in consultation with the occupational therapist will provide a new changing trolley suitable to the needs of the resident as a matter of urgency.

**Proposed Timescale:** 28/02/2018

**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:**

A number of staff require training and refreshers in safeguarding training.

**11. Action Required:**

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

The PIC will work with the Training Department to ensure all staff are scheduled to attend refresher Safeguarding training .

**Proposed Timescale:** 31/05/2018

**Theme:** Safe Services

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

A number of staff require Children First training.

**12. Action Required:**

Under Regulation 08 (8) you are required to: Ensure that where children are resident, staff receive training in relevant government guidance for the protection and welfare of children.

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

The PIC will ensure that all staff complete Children's First training.

**Proposed Timescale:** 30/04/2018

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

Some residents had care plans in place which had not been reviewed or implemented in over two years. Some residents did not have care plans in place for identified healthcare needs. Not all staff could identify the appropriate interventions to manage residents healthcare needs.

**13. Action Required:**

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

The PIC will ensure that all residents assessments and support plans are reviewed and updated and accurately reflect the healthcare needs and appropriate support and interventions required to ensure each residents best possible health.



**Proposed Timescale:** 30/04/2018

### **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:**

Staff were not signing the administration record following administration of medicines.

**14. 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 will review the SAM (Safe Administration of Medication) policy and procedures with all staff. Regular audits will be completed to ensure compliance

**Proposed Timescale:** 01/02/2018

### **Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The statement of purpose did not contain all the information required by schedule 1 of the regulations.

**15. 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 PIC will review and update the Statement of Purpose and update it to ensure it contains all and accurate information as set out in the Regulations. A copy will be submitted to the Authority.

**Proposed Timescale:** 01/02/2018

**Theme:** Leadership, Governance and Management

**The Registered Provider (Stakeholder) is failing to comply with a regulatory**

**requirement in the following respect:**

The statement of purpose had not been reviewed in line with requirements of the regulations.

**16. Action Required:**

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

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

The PIC will review and update the Statement of Purpose to ensure it contains all and accurate information as set out in the Regulations. A copy will be submitted to the Authority.

**Proposed Timescale:** 01/02/2018

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

The management and reporting structures in the centre did not clearly identify roles and responsibilities for all members of the management team. Staff could not clearly identify the management and reporting structures, and they were not reflected in the statement of purpose for the centre.

**17. Action Required:**

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

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

The PIC will review and update the Statement of Purpose and update it to ensure it contains all and accurate information as set out in the Regulations. A copy will be submitted to the Authority.

All staff will be updated at the next team meeting to clarify management structures, roles and responsibilities.

**Proposed Timescale:** 01/02/2018

**Theme:** Leadership, Governance and Management

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

The management systems in place in the centre were not ensuring that the service provided to residents was appropriate to their needs or effectively monitored.

**18. Action Required:**

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

The PIC and Service Manager will implement robust managements systems to monitor and review quality of care provided and review all incidents and accidents to ensure applied learning and corrective actions are taken as required.

**Proposed Timescale:** 01/02/2018

**Theme:** Leadership, Governance and Management

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

There was an annual review of quality and safety of care in the centre; however, there was no evidence that this was driving change in the centre. The majority of actions developed from the review had not been completed.

**19. Action Required:**

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

The PIC and service manager will update the annual report to include specific timeframes for completion of actions.

**Proposed Timescale:** 28/02/2018

**Theme:** Leadership, Governance and Management

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

The six monthly unannounced visit by the provider which was due had not been completed.

**20. 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 service manager on behalf of the provider will carry out an unannounced audit of safety and quality of care provided in the centre. A written report will be completed on this and will be available for review in the centre.

**Proposed Timescale:** 01/02/2018

**Theme:** Leadership, Governance and Management

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

There were no arrangements in place to support, develop and performance manage staff members.

**21. 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 PIC will schedule regular staff support meetings and copies of these will be available for review in the centre.

**Proposed Timescale:** 28/02/2018

## **Outcome 16: Use of Resources**

**Theme:** Use of Resources

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

The centre was not sufficiently resourced in line with the statement of purpose. A clinical nurse manager post has remained vacant in the centre for over two years.

**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:**

This post has been readvertised again and an active recruitment campaign is underway.

**Proposed Timescale:** 31/03/2018

## **Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

There were not adequate numbers of staff to provide care and support to residents at all times in line with the statement of purpose of the centre.

**23. Action Required:**

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

The PIC has completed a review of the staffing resources with the HR manager and are implementing updated staffing arrangements to ensure the number and skill mix of staff are adequate to ensure safe quality care is provided to all residents.

**Proposed Timescale:** 31/03/2018

**Theme:** Responsive Workforce

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

There was no formal supervision in place for staff members in the centre.

**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:**

The PIC will schedule regular staff support meetings and copies of these will be available for review in the centre.

**Proposed Timescale:** 28/02/2018

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

The admissions policy did not contain procedure for admissions to respite.

**25. Action Required:**

Under Regulation 04 (2) you are required to: Make the written policies and procedures as set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013

available to staff.

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

The Organisational Respite Review Implementation group will develop specific policy and procedures for respite admissions. This will be added to the Organisation Admissions Policy.

**Proposed Timescale:** 31/03/2018

**Theme:** Use of Information

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

Incident reports in the centre were not available in hard copy format. Nursing care plans including a record of residents' condition and any treatment or intervention were not in place for all residents in line with schedule 3 of the regulations.

**26. 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:**

The PIC will ensure that a hard copy of all incident reports and detailed care and support plans are available in the centre.

**Proposed Timescale:** 31/03/2018