

# eDeposit Ireland

## A designated centre for people with disabilities operated by St Michael's House, Dublin 5

Item Type	report
Authors	Rafferty, Nuala
Citation	Nuala Rafferty, 'A designated centre for people with disabilities operated by St Michael's House, Dublin 5', [report], Health Information and Quality Authority, Compliance monitoring inspection report (Ireland. Health Information and Quality Authority. Regulation Directorate). Designated centres under Health Act 2007, as amended., 2014-08
Publisher	Health Information and Quality Authority
Download date	2026-04-11 07:58:28
Link to Item	<a href="https://hdl.handle.net/20.500.14765/71325">https://hdl.handle.net/20.500.14765/71325</a>

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by St Michael's House
<b>Centre ID:</b>	OSV-0002358
<b>Centre county:</b>	Dublin 5
<b>Email address:</b>	denise.farley@smh.ie
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St Michael's House
<b>Provider Nominee:</b>	John Birthistle
<b>Lead inspector:</b>	Nuala Rafferty
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	6
<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 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: 27 May 2014 09:30 To: 27 May 2014 18:30

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

Outcome 01: Residents Rights, Dignity and Consultation
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 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

This was the first inspection of this 6 bed centre for persons with disabilities. The centre forms part of a diverse number of services nationally delivered by the provider St Michaels House Group. The inspection was announced and took place over one day. As part of the process the inspector met with the, person in charge, the services manager, staff and residents and reviewed documentation such as clinical care records, policies and procedures and rosters. The purpose of the inspection was to assess the level of compliance with the Health Act 2007(Care and Support of Residents in Designated Centre's for Persons (Children and Adults) with Disabilities 2013 and the standard of care delivered to residents in the facility.

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

The findings from this inspection are detailed under each outcome in this report.

Although in general evidence of good standards of practice were found a number of serious risks were also identified relating to medication and evacuation plan management. An appropriate and adequate response to some risks prior to the conclusion of the inspection mitigated the immediacy of the risks identified. Additionally improvements were noted to be required in some other aspects of service delivery such as; staffing care planning, risk management and governance. Where non compliances are identified an action plan is included under each outcome and identifies areas where improvements are required to comply with the regulations and Authority's standards.

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

**Outcome 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

**Findings:**

Evidence that residents were consulted with and enabled to participate in decisions about their care and about the organisation of the centre was found on this inspection. Regular weekly meetings took place where decisions on activities, meal planning and information sharing on issues such as refurbishment of the house were discussed and usually agreed. Minutes of these meetings were retained and viewed, where it was noted that residents have yet to decide what colour to paint the communal areas of the house despite several discussions on the subject to date.

It was found that resident's privacy and dignity was respected through personal care practices, maintaining private communications and contacts with relatives and friends and maximising independence. Locks were available on all bedroom doors and residents were provided with their own key where risks were not identified and/or resident requested. Use of CCTV or other monitoring devices were not in use in the centre at this time.

Staff were observed to facilitate residents' capacity to exercise personal autonomy and residents were enabled to exercise choice and control in their daily lives in accordance with their preferences. Independence was promoted and encouraged through development and maintenance of life skills.

Systems to safeguard finances were in place and supports to facilitate residents to safely manage their finances were reviewed.

It was found that resident's belongings and finances were protected on this inspection. A robust system which involved recording, balancing and auditing three separate account records was in place consisting of an expenditure record, receipts and bank account statements. Each aspect of the three records were reconciled for every lodgement, withdrawal or transaction conducted. These were audited by the person in charge monthly. Records viewed indicated full reconciliation and corroboration of

purchases/payments with receipts expenditure records and bank statements. Financial safeguarding processes to protect both staff and residents included a small budget set aside to pay for staff accompanying residents on social activities such as going out for coffee, lunch or cinema.

There was a written operational policy and procedure relating to the making, handling and investigation of written complaints. The procedure identified the nominated person to investigate a complaint and the appeals process. There was a nominated person who held a monitoring role to ensure that all complaints were appropriately responded to and records were kept. The inspector examined the complaints' record and this showed that a recent written complaint was promptly investigated, detailed the outcome for the complainant and indicated discussions to ascertain the satisfaction or otherwise of the complainant.

However, the process reflected a generic approach for the overall organisation and was not specific to the centre. It was noted that verbal complaints were not always considered 'formal' and where addressed locally not recorded on the official complaints record. It was also noted that residents were not facilitated to have access to advocacy services.

**Judgment:**  
Non Compliant - Minor

#### **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

#### **Findings:**

All lines of enquiry in relation to this outcome were not reviewed on this inspection, the inspector focused specifically on the admission and discharge processes in place. Evidence that residents' admissions were determined on the basis of criteria in accordance with the current Statement of Purpose was found, although improvements were noted to be required to the Statement of Purpose this is referenced under outcome 13 further in this report.

In discussion with the person in charge and services manager the inspector learned that all referrals were considered by a New Referrals and Discharge Committee. All appropriate referrals were assessed by a clinical team who recommended placement to the person in charge and services manager who then input into the process by facilitating informal visits to the potential resident and their family/representatives. The referred person then met with the other residents' whose views were considered before a final decision was made.

The person in charge was clear that where it was believed a potential residents needs could not be met or would not fit with the existing profile then the placement would not be facilitated. However, it was noted that the current resident profile has been stable and no recent new admissions/ discharges have taken place.

**Judgment:**  
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

#### **Findings:**

Some evidence that resident's wellbeing and welfare were maintained by a good standard of evidence-based care and support was found. Comprehensive personal plans that supported each resident's abilities to achieve their potential for personal development in all spheres of daily life i.e. personal, social, health and education were in place for some residents. Plans reviewed were found to reflect resident's involvement to the extent that the resident was consulted in relation to their wishes and preferences from the perspective of social needs relating to family and community based contacts visits and outings. Although plans were not in place for all of those viewed it was found that they were moving to an outcome rather than activity based focus to promote independence and life skills maintenance or development.

Evidence that opportunities for education, training and development were provided was found in that all residents were attending day services to maintain and develop life skills

However, on review of a sample of clinical documentation it was found that improvements were required to ensure that arrangements to meet each resident's assessed needs were set out in a personal plan that reflected their needs and capacities. A care planning system which ensured the comprehensive assessment of every identified healthcare need and included the implementation of evidence based care protocols to manage those needs with ongoing review as required to reflect changes had recently commenced but was not established. The person in charge was aware of the need for improvements to the care planning process within the centre to ensure a more person centred focus. A care plan was not in place for every identified need, such as, management of finances, behaviour that challenges or risk of falls. In some instances where evidence of interventions of allied health professions were found. The

guidance was not referenced in a care plan to ensure the recommendations or guidelines for care were implemented and reviewed to determine effectiveness. Use of evidenced based risk assessment tools were not in use for every need. Examples included moving and handling and behaviour that challenges.

It was also found on this inspection that a complete record of all medical nursing or allied assessments interventions or recommendations which together would provide an up to date picture of the persons overall medical, nursing, social or psychiatric condition was not available. Efforts to address this had commenced where all visiting clinicians would in future be asked to document their assessments, although changes to practices including the availability of results of any investigations conducted remain to be addressed. Where plans to manage needs were in place evidence of reviews to determine their effectiveness was not available.

**Judgment:**

Non Compliant - Moderate

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**

Effective Services

**Findings:**

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

Records were maintained regarding the regular servicing of fire equipment and fire officer's visits. Fire equipment and alarms were tested and arrangements were in place for the maintenance of the fire alarm system and equipment within this centre and that personal emergency evacuation plans for all residents were in place. Fire escape routes were unobstructed.

Staff spoken with demonstrated knowledge of the procedures to be followed in the event of a fire and had received annual training in fire safety as required under the legislation. However, suitable equipment or sufficient staff were not available to ensure the safe evacuation of all residents in the event of an emergency. Systems in place to respond to a fire included the use of personal evacuation plans for all residents. On review of a sample number of plans it was found that they were not sufficiently specific in that they did not reference difficulties associated with residents' individual capacities, behaviours or responses in the event of an emergency. Examples included lack of co operation with evacuation and the level of assistance required to mobilise not identified for some residents. Additionally it was noted that the fire procedures in place were not displayed. This posed a risk to residents safety and these risks was highlighted to the person in charge and services manager during the inspection.

Prior to the end of the inspection interim measures were put in place to mitigate the risk identified above. Additional staff were deployed for the night shift and verbal assurances were given that this would continue until such times as alternative appropriate measures or equipment were in place.

Arrangements were in place for responding to emergencies including procedures and policies covering responses in the event of a resident being absent or missing without staff knowledge. A pack had been devised by the person in charge which was referred to as an essential guide. This guide gave clear and detailed centre specific guidance to staff on the procedures to be followed in the event of any potential emergency situation.

A health and safety statement was in place however, the statement was not specific to the centre but related to the corporate organisation of St Michael's House Group, this statement had not been revised since 2009. Although it was found that hazard identifications and assessments were carried out annually as part of health & safety practices to manage risks related to the physical environment, biological, chemical and human errors. All risks, such as those found on this inspection were not identified and control measures to address them were not identified or implemented including issues of maintenance and the requirement for a deep clean of the centre which had been arranged for the day following the inspection.

**Judgment:**  
Non Compliant - Major

### **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

### **Findings:**

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

In conversations with them some residents expressed feeling safe and could tell inspectors the names of staff they were familiar with. Although all residents spoken with were unable to express feeling safe, the inspector observed they appeared comfortable with staff and did not exhibit behaviours associated with distress or anxiety.

Intimate care forms were in place and review of the processes to provide positive behavioural supports were ongoing. It was noted that restrictive practices were not in place on this visit. Bed rails or lap belts were not in use for any resident.

**Judgment:**  
Compliant

### **Outcome 11. Healthcare Needs**

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

**Theme:**  
Health and Development

**Findings:**

Residents had access to medical services. On review of a sample of documentation some evidence of access to specialist and allied health care services such as opticians, dentists and chiropody services was found. However, all information in relation to reviews of residents health status by medical officers or other allied health care such as palliative care specialists or speech and language were not held in the centre, this is also referenced under outcome 5 of this report.

Residents were provided with food and drink at times and in quantities adequate for their needs. All meals were prepared in the centre and residents were encouraged to be involved in the preparation of evening meals in the centre as appropriate to their ability and preference. Food was properly served and was hot and well presented. The evening meal was found to be a relaxed and sociable affair. Residents were facilitated to enjoy their meal independently, privately and at their own pace, where assistance was required it was offered in a discreet and sensitive manner. Serviettes and condiments were on the table.

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

**Judgment:**  
Compliant

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

**Findings:**

Evidence that the processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation were not found and systems were not in place for reviewing and monitoring safe medication practices. Medication was being administered by social care staff who received 'safe administration of medication' (SAM) training.

There were written operational policies relating to the ordering, prescribing, storing administration and disposal of medication available in the centre however, it was found that practices in relation to the safe keeping of controlled medication were not in line with the centre policies, best practice or professional guidance.

It was found that an analgesic drug being administered on a regular basis by staff was in fact a 'controlled' medication and as such subject to specific checking procedures as required by professional guidance processes and the centres own medication policy. However, the centre policy was not being implemented in this instance and daily checking for stock control and safe administration by two staff was not being carried out. In addition a register to document the checking processes was not available.

This was discussed with the person in charge who mitigated the risk identified by providing assurances that the policy would be implemented in full instantly and that a second member of staff would be available to ensure safe administration and stock control checks on the evening shift.

Prescribing practices were reflective of best practice with the exception of an individual original signature not in place for all medications

**Judgment:**

Non Compliant - Major

**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

**Findings:**

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

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

- the specific care and support needs the centre intends to meet
- criteria used for admission including policy and procedures for emergency admissions
- size of all rooms

**Judgment:**

Non Compliant - Minor

**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

**Findings:**

While all lines of enquiry in relation to this outcome were not reviewed on this inspection the inspector formed the view that within the centre there was evidence of good management systems to support and promote the delivery of safe care services. However, this centre formed part of a larger service provider with a complex management structure and associated levels and lines of authority and accountability. These lines of accountability were not clear. Additionally, the person in charge and service manager referred to other people with responsibility for clinical governance that they report to or relied upon for support.

The centre was managed by a full time person in charge who demonstrated good leadership skills and sufficient knowledge to ensure suitable and safe care was delivered to residents. All staff were familiar with each resident's personal and social interests, background and history. All residents' were familiar with all staff including the person in charge on sight, those who could communicate verbally called her by name and the interactions between all staff and residents displayed warm and mutually respectful and caring interpersonal relationships.

Although the services manager and person in charge had a comprehensive knowledge about the centre and were involved in decisions such as agreeing suitability for admission, they were not involved in all aspects of other key decision making. For

example, decisions regarding significant expenditures or additional staffing resources were made by other members of the management team other than the person in charge.

The inspector discussed the roles and responsibilities of the provider and person in charge under the Health Act during the inspection process to ensure there was a complete understanding of their roles and legal responsibilities in relation to the overall governance and management of the centre under the Care and Welfare Regulations.

**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

**Findings:**

The inspector found that at the time of this inspection, the levels and skill mix of staff were not sufficient to meet the needs of residents. This judgement was based on findings already detailed under outcomes 7 and 12 in relation to risk management processes and sufficient staff to evacuate the current profile of residents if required and lack of safe systems in relation to medication management.

The person in charge formed part of the overall direct care staffing provision and has little protected time to fulfil the management functions of the person in charge role such as, developing and reviewing the quality and safety of the service or supervision of practice. Examples include issues identified under Outcome 5 where improvements were required in care planning and assessment and also the risks associated with lack of time to review risk management processes to ensure the systems in place were sufficiently robust and staff were implementing them in full. A full review of staff levels and skill mix is required to ensure the safe effective delivery of quality care to service users. Such review should also take account of the purpose and function of the centre in relation to criteria for admission and the specific care needs the centre is intended to meet.

Supervision of staff was not reviewed in full on this inspection however, it was noted that there were few occasions when there were more than one staff member on duty thereby limiting any opportunity to monitor staff performance and guide staff practices. The inspector observed staff and residents interactions and found that staff were respectful, patient and attentive to residents needs. It was noted that staff provided reassurance to residents by delivering care to them in a quiet confident manner.

A sample of training records indicated that most but not all staff had received training in all required mandatory areas, fire safety, moving and handling and prevention of abuse. It was also found that a training needs analysis was required to ensure all staff were provided with up to date evidenced based training in order to meet the assessed needs of the current resident profile. Aspects of training found to be required include; positive behaviour strategies, risk assessment and care planning processes.

A review of the content and detail of the mandatory training currently provided to ensure it meets the needs of staff and assures their competency is also recommended.

A sample of staff files were reviewed and were found to meet the requirements of Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) Regulations 2013.

**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:*

Nuala Rafferty  
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-0002358
<b>Date of Inspection:</b>	27 May 2014
<b>Date of response:</b>	8 July 2014

### Requirements

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

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

**Theme:** Individualised Supports and Care

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

The complaints process did not facilitate access to an advocacy service.

**Action Required:**

Under Regulation 34 (1) (c) you are required to: Ensure the resident has access to advocacy services for the purposes of making a complaint.

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

Each resident has access to the National Advocacy Service for people with Disability. The person in charge will ensure that information in relation to the Advocacy Service is available to families and to residents (in an accessible format) and that all staff are familiar with the service and how to access it.

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

**Proposed Timescale:** 31/08/2014

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

A comprehensive assessment of the identified healthcare needs of all residents with ongoing review as required to reflect changes was not in place.

**Action Required:**

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

A comprehensive assessment of need is being completed for each Service User by their key worker in conjunction with appropriate health care professionals.

The person in charge is overseeing this process and each assessment will be reviewed annually or as needs change.

**Proposed Timescale:** 30/09/2014

**Theme:** Effective Services

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

The arrangements to meet each resident's assessed needs, primarily in relation to healthcare needs were not set out in a personal plan that reflected needs, interests and capacities.

**Action Required:**

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

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

The personal care plans in place will be further developed to incorporate the areas highlighted in individual assessment of needs which are currently being undertaken. Individual Care plans will be reviewed annually or as needs change.

**Proposed Timescale:** 30/10/2014

**Theme:** Effective Services

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

Ongoing review of personal plans as required to reflect changes was not in place.

**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 Person in charge will set a review date for each individuals' personal plan and will ensure that all plans are reviewed annually or as needs, goals or choices change.

**Proposed Timescale:** 01/08/2014

**Theme:** Effective Services

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

Where plans to manage needs were in place evidence of reviews to determine their effectiveness was not available.

**Action Required:**

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

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

The Person in Charge will ensure that minutes of reviews are kept on file and any recommendations are acted upon in accordance with changes in circumstances and new developments.

**Proposed Timescale:** 01/08/2014

## **Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

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

Risk management systems in place did not include sufficient or suitable equipment or staffing to ensure the safe evacuation of all residents in the event of any emergency and all hazards were not identified such as issues of maintenance and the requirement for a deep clean. Health and safety statements in place were not reviewed regularly as required.

**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:**

Following the inspection an additional night staff was put in place to ensure the safe evacuation of all service users. This will remain in place until new measures can be introduced.

A new ceiling hoist has been installed for use and its effectiveness to support the safe evacuation of service users is currently being assessed.

The person in charge will put in place a procedure to identify, review and manage risks. Arrangements have been put in place to have the house deep cleaned annually or as the need arises.

---

**Proposed Timescale:** 30/07/2014**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The Risk Policies and personal evacuation plans in place did not include the specific measures in place to control the risks identified with the safe evacuation of residents and staff in the centre specifically risks associated with one staff evacuating residents exhibiting non co-operative behaviours and those with limited or no mobility who require assistance.

**Action Required:**

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

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

Two staff are present at night to ensure that all residents can be supported to evacuate safely in the event of an emergency. This will remain in place until a review is completed and new measures are introduced.

---

**Proposed Timescale:** 30/07/2014**Theme:** Effective Services**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The fire procedures in place were not displayed.

**Action Required:**

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

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

The person in charge will meet with the St. Michael's House Fire officer to review the fire evacuation procedures for the house. When completed the Person in Charge will ensure that they are prominently displayed.

**Proposed Timescale:** 20/07/2014

**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:**

Practices in relation to the safe keeping of controlled medication were not in line with centre policies, best practice or professional guidance.

**Action Required:**

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

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

The person in charge has put in place procedures for the safe keeping and administration of controlled drugs. These procedures have been reviewed by the organisation's SAM training officer and are in line with the centres policy and with best practice.

**Proposed Timescale:** 11/06/2014

**Theme:** Health and Development

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

Prescribing practices were not fully reflective of best practice in that an individual original signature not in place for all medications and safe administration of a controlled drug by two staff was not being carried out. A system was not in place for reviewing and monitoring safe medication practices.

**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 organisation's Medication Administration group have reviewed and updated the organisation's policy and practice for the administration of medication in line with best practice. The Person in Charge will ensure that these are put in place and that all staff are trained in their implementation.

**Proposed Timescale:** 31/08/2014

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The following Information requires to be included in the statement of purpose:

- the specific care and support needs the centre intends to meet
- criteria used for admission including policy and procedures for emergency admissions
- size of all rooms.

**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 person in charge will review and amend the Statement of Purpose so that it complies with the requirements under the Health Act 2007.

**Proposed Timescale:** 17/07/2014

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

The management structure in place did not clearly define the lines of authority and accountability or specific roles and responsibilities of each manager for all areas of service provision.

**Action Required:**

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and

accountability, specifies roles, and details responsibilities for all areas of service provision.

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

The organisation is currently reviewing the management structure in relation to strengthening the person in charge authority, accountability and responsibility.

Currently the person in charge receives budget sheets monthly and these are reviewed with Service Managers who gives advice and support, Person in charge has regular meeting with service manager re HR/IR issues. Person in charge liaises with the health and safety officers for support and advice.

**Proposed Timescale:** 30/10/2014

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

A full review of staff levels and skill mix is urgently required to ensure the safe effective delivery of quality care to service users. Such review should also take account of the purpose and function of the centre in relation to criteria for admission and the specific care needs the centre is intended to meet.

**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 Person in Charge is reviewing each residents individual needs using the St. Michael's House "Independent Service Users Personal Well being Supports Assessment Tool" and the designated centre's Statement of Purpose.

Following this the Person in Charge, Service Manager and other senior staff member will undertake a review of the number, qualifications and skill-mix of staff required and will report their findings to the Provider.

In the interim additional staff have been provided to ensure adequate staffing at all times and this will continue until the review is completed.

**Proposed Timescale:** 30/09/2014

**Theme:** Responsive Workforce

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

Evidence that all staff received up-to-date mandatory fire training or moving and handling was not available. Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

**Action Required:**

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

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

The Person in Charge has reviewed all permanent staffs mandatory training requirements and where necessary has arranged for updates and or refresher training.

A copy of the training records for permanent staff is now held in the centre.

The Person in Charge is in discussion with St. Michael's House Human Resource Department in relation to obtaining the training records for St. Michael's House relief staff and the details of the type of training undertaken by occasional agency staff.

**Proposed Timescale:** 30/10/2014