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

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**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002367
Centre county:	Dublin 5
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	John Birthistle
Lead inspector:	Jim Kee
Support inspector(s):	Conan O'Hara;
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
13 October 2015 09:30	13 October 2015 18:40
14 October 2015 09:30	14 October 2015 16:45

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This inspection was of a community based residential centre based in North Dublin, run by St. Michael's House. This was the first inspection of the centre by the Authority. The inspection was announced and was carried out by two inspectors over two days. The purpose of the inspection was to inform a registration decision. The designated centre consisted of a residential detached single storey house, and on the day of inspection was providing long term care to five adults. As part of the inspection, the inspectors met with the centre manager (person in charge), staff members and all five residents. The inspectors reviewed policies and procedures, residents' files, staff files, other records in the centre and observed staff interactions with residents. Seven questionnaires were returned by the residents and their

representatives to the Authority as part of the inspection. The opinions expressed through the questionnaires were complimentary of the services and facilities provided, with residents stating that they felt safe living there.

Residents in the centre had their needs met to a very good standard and evidence of good practice was found across all outcomes. Inspectors observed staff caring for and supporting the residents positively and respectfully, and staff and managers knew the residents well. Residents were supported to achieve independence in tasks of daily life and they participated in the community and attended day services locally. Good practices were observed regarding residents' rights and consultation in respect of their routines, choices and daily activities. Measures were in place with regard to the safeguarding of residents. Staff supported residents on an individual basis to achieve and enjoy best possible health.

The centre was found to be fully compliant with 9 out of the 18 outcomes, while 3 outcomes were deemed to be in substantial compliance with the Regulations. The outcomes on family and personal relationships and links with the community, safeguarding, notifications of incidents, general welfare and development, health care needs, statement of purpose, absence of the person in charge, workforce and use of resources were deemed to be compliant with the Regulations. The outcomes on residents' rights, dignity and consultation, admissions and contract for the provision of services and social care needs were found to be in substantial compliance with the Regulations

Moderate non-compliances were identified in the outcomes on communication because of lack of access to speech and language therapy to ensure residents' communication needs were fully met. The outcome on safe and suitable premises was also found to be moderately non-compliant due to concerns about residents sharing a bedroom in the house. Moderate non-compliances were identified in the outcome on medication management, as the system of storage and documentation for controlled drugs required improvement. The outcome on governance and management was moderately non-compliant overall. The management structure and systems in place were clearly defined. The centre was managed by a suitably qualified and experienced person and there was good oversight of the operation of the centre by senior management. However, an annual review of the quality and safety of care and support provided in the centre had not been completed, and at the time of the inspection a medication management audit system had not been implemented. The outcome on records and documentation was moderately non-compliant, and improvements were required in relation to the documentation of restrictive practices, residents' valuables and the provision of two Schedule 5 policies.

Health and safety and risk management merited a major non-compliance as improvements were required in a number of areas including risk management, and fire precautions relating to the provision of fire doors and other measures to contain fires.

The Action Plan at the end of the report identifies all areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of

Residents in Designated Centres for Persons (Children and Adults) With Disabilities)
Regulations 2013 (as amended).

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Good practices were observed regarding residents' rights and consultation in respect of their routines, choices and daily activities. Good systems were in place regarding residents' finances and the recording of complaints. Residents privacy and dignity were well promoted by the person in charge and the staff team and residents were supported to access a wide range of activities in the community.

Residents were consulted about a range of individual preferences. The centre held weekly meetings focused on the choices and preferences of residents regarding activities, meals and routines, and details of these meetings were recorded.

Residents' rights and advocacy was actively promoted. Details of advocacy services were displayed in the centre. The centre held an advocacy meeting every two weeks focused on the complaints process and rights and offered the residents a formal meeting to raise concerns and issues. The centre also completed a rights audit with residents. Staff were very proactive in ensuring residents understood their rights including their right to complain and assisted residents to do so when necessary.

Complaints were received and managed effectively and the process was compliant with Regulation 34. Complaints officers were identified in the policy and in practice, and their pictures and contact details were on display in the residents guide. The complaints process was on display in the centre. The complaints policy identified the provision of advocacy to support people in making a complaint and outlined the appeals process. Inspectors reviewed the complaints log for the centre which reflected that there were no complaints currently open. Complaints related to rent. The log set out the actions taken in response to the complaints and any changes that were introduced from complaint

findings. The log showed that all complaints were responded to and resolved in a timely way but did not record if the resolution was satisfactory to the resident. At the feedback meeting held at the end of the inspection inspectors discussed the importance of ensuring that at an organisational level within St Michaels House that residents did not perceive that they were adversely affected by making complaints.

Residents could have private contact with friends and family, and residents had access to a telephone in a private area of the house. Visitors were welcome in the centre, and residents' family members did visit the centre. Staff supported residents to vote and attend religious services as per their individual wishes.

There were systems in place including a policy on residents' finances to ensure residents were safeguarded in this regard. Detailed records and receipts were kept for all transactions, balances were checked regularly and an audit tool was used to ensure residents' incomes and expenditures were reconciled. Residents' valuable possessions were not accounted for in the centre and this is discussed under Outcome 18. There were laundry facilities available to residents in an outside building and staff assisted residents with laundry where appropriate. Residents had their own keys for their individual money boxes that were kept in the staff office.

Staff members treated residents warmly, with dignity and respect and it was clear staff knew the residents well. Intimate/personal care plans were in place and residents were encouraged to maintain their own privacy and dignity. Throughout the inspection inspectors observed that residents were given choice as to how they spent their time and their preferred activities.

Residents accessed the local community, and were known within the local shops, and sometimes attended the local pub to watch sporting events. Residents had access to their own front door keys, and their own bedroom door keys if they wished. Residents had opportunities to partake in the running of the house, such as organising the post or gardening. Residents had opportunities to participate in a wide variety of activities including trips to the cinema, musicals, shopping, gardening and holidays. Residents engaged in their own individual activities and these included knitting, pottery, and swimming.

Judgment:
Substantially Compliant

Outcome 02: Communication

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

Theme:
Individualised Supports and Care

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

Findings:

There was a policy available to staff on communication with residents, and through discussions with staff and observing practice, the inspectors were assured that staff were very familiar with the communication needs of the individual residents. Individual communication needs were in residents' personal plans and reflected in practice. The inspector reviewed the communication passports available for one of the residents. The communication passport detailed with photos important information relevant to the resident, details of means of communication, and advice to readers to assist the resident to communicate effectively. Staff were using objects of reference to further develop communication with one non verbal resident. However one resident who required assessment and input from a speech and language therapist had not had access to this service at the time of the inspection. Staff working with the resident had requested referral to, and input from speech and language therapy in February 2015, to ensure that each resident received the assistance and support required to fully maximise their communication abilities, and to ensure their communication needs were met.

Residents had access to radio, newspapers and television. Information was displayed in the centre in pictorial format, including the weekly menu planner, the list of household chores, and by using photographs of staff for the weekly roster. A number of the residents within the centre had personal collections of photographs, and photographs were on display throughout the centre and used within residents communication passports and other documentation. Residents took great pride in going through their photographs with the inspector, and in some cases these photographs communicated information about the resident's life story to date. Residents were known within the local community and regularly visited the local shops, post office, cafes, restaurants and attended other activities within the community.

Judgment:

Non Compliant - Moderate

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

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

Findings:

Residents were supported to develop and maintain personal relationships and were supported to access the community in a safe and supported way.

The centre had a visitors policy which outlined that there were no restrictions on

visitors, and friends and family were able to visit the house at times that suited them. Residents had access to a quiet room where they could receive visitors in private. There were plans to carry out some renovation works to the centre and to reconfigure parts of the internal layout. The provision of a suitable private area being available to residents to receive visitors was discussed at the feedback meeting held at the end of the inspection. Residents and their family members were given opportunity to participate in the personal planning process, and this was confirmed in questionnaires submitted to the Authority.

Residents were very much supported to develop and maintain personal relationships. On the second day of inspection, inspectors observed staff supporting a resident to visit a family member by organising and planning transport. There were plans in place to support residents to develop and maintain family and individual relationships, and also plans to support residents' participation in the house and in the community. Residents also had personal goals relating to maintaining family relationships.

Residents were active in the community, using local shops and going out for coffee, meals, attending social clubs and other classes.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:
Effective Services

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

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

Findings:

There were policies and procedures in place for the admission, transfer and discharge of residents. There were written contracts of care in place and admissions to the centre were in line with the statement of purpose.

The criteria for admission to the centre were: over 18 years of age, male or female, had a diagnoses of intellectual disability, live in the relevant geographical boundary and were assessed as having minimum to high support needs. The centre also considered emergency admissions.

There were written contracts of care in place. Contracts reviewed set out the services to be provided, details of the charges for the service, and also detailed services not included in the agreed weekly rent. The contracts were not all signed at the time of the inspection, and in some cases the contracts in place had not been updated to reflect

recently agreed changes to the weekly rent.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Overall residents' wellbeing and welfare was seen to be maintained by a high standard of care and support. The inspector reviewed a number of the residents' personal plans, that included individual plans outlining the residents' goals, and care/support plans that addressed residents' health, personal and social care needs.

From the sample of resident's personal plans reviewed the inspectors found them to be individualised and person centred, for example; the resident's needs, preferences, choices and key information were clearly identified. The file included a summary which provided a brief detailed introduction to the resident which inspectors found to be very person centred. Residents' personal files incorporated photographs, details of the residents life and key contacts, and details of key people in their lives.

Each resident had an assigned key worker or in some cases key workers who were responsible for preparing the personal plans in consultation with the resident, and their representatives were appropriate. An assessment of each resident's health, personal and social care and support needs was carried out as required to reflect changes in the residents' need and circumstances, and at a minimum on an annual basis. The assessments reviewed had multi-disciplinary input, including input from physiotherapists, occupational therapists, psychologists, dietitians, and speech and language therapists (although this service was limited to referrals relating to swallowing difficulties only as outlined in Outcome 2). Personal care/support plans were prepared for residents in a number of areas of assessed need including communication, personal/intimate care, participation in the house and community, maintaining and developing friendships and relationships, mobility, and for achieving individual goals. There were also care/support plans for assessed health needs including healthy eating, pain management, epilepsy, skin care, mental health and asthma.

Goals were identified by the residents, with input from staff and the day service. Residents were supported to have as much independence as possible. Plans outlined residents' goals in areas such as travel, socialising, cooking, healthy eating and maintaining important relationships. This work and the steps taken through the year to achieve the goals was clearly documented in logs reviewed by inspectors. Overall reviews of the residents' wellbeing were held with input from the resident and staff from the centre and the day service. The review included the residents' environment, social wellbeing, emotional wellbeing, physical wellbeing and any issues relating to communication. There was documented follow up of any issues including issues relating to personal goals.

Staff had made certain aspects of residents' personal plans available in more accessible formats, and this included the incorporation of photographs into residents' individual goals, and the development of communication passports for residents. However the inspectors held the view that the development of residents' personal plans in accessible formats required further development.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

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

Findings:

The design and layout of the centre were in line with the statement of purpose and was suitable to meet its stated purpose and the needs of the residents, although inspectors had concerns about the shared bedroom in the centre. Residents appeared very much at home in the centre throughout the inspection.

The centre comprised of a bungalow which was set on its own grounds with a secure garden at the rear of the building. Shops, cafes, public transport and community facilities were located nearby. There was adequate parking facilities to the front of the centre. There was clinical and domestic waste services in place.

The centre was homely, clean and well maintained. There were four bedrooms for the residents use and all bedrooms had adequate storage facilities for the personal use of the residents and were decorated with the residents' personal possessions. However,

only two bedrooms were suitable in size: one bedroom was a 'box room' and the other bedroom was a large room shared by two residents. Inspectors had concerns about the shared bedroom, in that the residents, although very content and settled within the centre had expressed their preference for their own bedrooms, which would ensure their privacy. This issue was identified by the organisation and inspectors were told plans were in place to modify the centre to give each resident a bedroom. Rent for the two rooms was at a reduced rate as a result of these limitations. The inspectors also had concerns about the size of the smallest bedroom ('box room'), but the resident of this bedroom showed inspectors his room and at the time of the inspection appeared satisfied and comfortable in the space available.

There was a kitchen/dining room, quiet room, two bathrooms, an office and a sitting room. The utility room was located in an external building in the rear garden. The kitchen and utility room were well equipped, and residents had adequate facilities to launder their own clothes if they so wished. The sitting room and bedrooms were well furnished and decorated with personal possessions. There was sufficient communal and private space for the residents. Inspectors observed the residents accessing all parts of the centre.

There was a garden to the rear of the property which was secure and accessible. The garden contained a poly-tunnel, which residents used to grow flowers and vegetables, and a patio area.

Equipment in the centre was appropriate to the needs of the residents and was maintained in good working order. Some residents required assistive equipment such as a wheelchairs, hi-low beds and walking frames and records reviewed showed that equipment was serviced. Equipment was observed to be clean and appropriately stored.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Health and safety systems were in place, although improvement was required. There was adequate infection control systems in place. However risk management in the centre required review. Fire precautions in place in the centre also required improvement as the doors in place on bedrooms and accessing the hallway had no evident fire rating and there were no self closing devices in place.

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

The centre had an organisational risk management policy in place however, it did not fully comply with Regulation 26 as it did not adequately detail or cross reference the measures and actions in place to control: accidental injury to residents, visitors and staff. The risk management policy did not describe the arrangements in place for the investigation of and learning from serious incidents.

The organisation have recently introduced a system for the management of risk in the centre and this needed further development. The centre had completed risk assessments which included specific risks in relation to medication, slips, trip & falls, fire as well as individual risk assessments for each resident.

A tool was used to score risks and determine if they were low, moderate or high, and this scoring was reflected in the assessments. The centre's risk register contained five risks which were assessed as low risks. This is inconsistent with the policy which states that the register should be populated with only medium-high risks until the controls were put in place to reduce the risk to low risk.

Individual resident assessments had been completed on: aggression and violence, self harm, unexpected absence of resident, manual handling, and smoking. Health and safety check lists were conducted every two months by the person in charge.

All accidents and incidents were recorded on eforms on the incident management software system. Details of all such accidents and incidents were also documented within residents' personal files. Accidents and incidents were analysed in the centre, and the centre had identified that recent trips and falls were due to the ageing resident profile, and individual care plans had been updated as a result.

Inspectors also found that the following risks within the centre required review to ensure appropriate management:

- risk of choking required further control measures to ensure the risk was appropriately managed and that systems were put in place to ensure all staff, particularly relief/agency staff were made aware of the recommended dietary requirements. The inspector found that staff on duty during the inspection, including relief/agency staff did have knowledge about the management of the risk of choking but the inspector had concern that this information was not readily accessible in the kitchen or in the essential guide available to relief/agency staff.

- risk associated with use of bedrails to ensure that sufficient checks on the safety of the resident are conducted and documented while the bedrail is in place, and that the use of bed rails is highlighted as a risk during evacuation.

Fire extinguishers were available throughout the centre and these had been serviced in February 2015. The centre also had a fire blanket in the kitchen. Fire escapes and exits were marked clearly and were not obstructed. There was certification and

documentation to show that, emergency lighting, fire alarm and fire equipment were serviced by an external company. Staff completed daily and weekly checks of the fire alarm, fire alarm panel, equipment and escape routes. Regular fire drills had taken place and reports showed that the fire drills occurred at different times. However fire drill reports only accounted for numbers of staff present and service users present so it was difficult to see exactly which staff and service users had been present for the drills. The centre had personal emergency evacuation plans (PEEPs) in place for each service user. A fire evacuation plan was displayed in a prominent area of the centre, and at feedback inspectors discussed the possibility of displaying a fire evacuation procedure in a more easy-read, pictorial format. The inspectors were informed that the doors in place within the centre were fire doors, and there were brush seals or intumescent strips visible on all bedroom doors, although there was no documentation or other evidence of their fire resisting ability. There were no self closing devices on any of the doors in the centre to ensure containment in the event of a fire.

An emergency plan was in place for the centre which provided guidance for staff in the event of emergencies or unforeseen event such as utility outages or fire. The plan included a detailed breakdown of the evacuation procedure depending on the number of staff, time of day, contact details for staff and utility services and identified a place of safety outside the centre should an emergency evacuation be required. An emergency bag system was in place which contained emergency contact information, key information for the residents, keys to the identified place of safety, torches and snacks.

There were procedures in place for the prevention and control of infection. An infection control audit had been completed within the centre. There were adequate hand-washing facilities and sanitising hand gel was available in key areas throughout the centre. Pictorial signage was on display in these areas to promote good hand hygiene practices. Personal protective equipment was available for staff throughout the centre. A colour coded system was in place for the handling of various foods. A daily and weekly cleaning schedule was in place which listed the tasks to be completed on a regular basis. A colour coded cleaning system was in place and cleaning equipment was stored appropriately.

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

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

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

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

Findings:

Inspectors found that measures were in place with regard to the safeguarding of residents.

Measures were in place to protect residents from being harmed or suffering any form of abuse, including a policy outlining measures to prevent, detect and respond to any allegation of abuse. Staff with whom inspectors spoke were knowledgeable with regard to their responsibilities in this area, and had attended training on safeguarding residents. Staff spoken to could tell inspectors what they should do in the event of an allegation, suspicion or disclosure of abuse.

Intimate/personal care plans were in place for residents who required support with personal care. All observed interactions between staff and residents were respectful, and demonstrated a consent based approach by offering choices in relation to daily living tasks and activities. Residents appeared very much comfortable and at home within the centre. Residents stated that they had no concerns regarding their safety in this centre on all questionnaires submitted to the Authority, and feedback from relatives confirmed satisfaction with the safety of residents. There was a policy and procedure on the management of residents finances as outlined in Outcome 1

Restrictive practices were not found to be in use within the centre, with the exception of one bed rail. The bed rail was requested by the resident and inspectors reviewed documentation showing that it was suitably assessed, and reviewed by the positive approaches monitoring group within St Michaels House. The centre was not maintaining the required documentation relating to the restrictive nature of this practice (as outlined in Outcome 18) and the system for recording safety checks while this bed rail was in place also required improvement as outline in Outcome 7.

There was a detailed policy in place for the provision of positive behavioural support, and a schedule of training in this area was in place, with a number of staff having received the training at the time of the inspection.

Judgment:

Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: A record of all incidents occurring in the designated centre was maintained, and where required notified to the Chief Inspector within the specified time frames.</p>
<p>Judgment: Compliant</p>

Outcome 10. General Welfare and Development
Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

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

Findings:
Residents' opportunities for new experiences, social participation, education, and training were facilitated and supported. There was no organisational policy available on access to education, training and development as detailed in Outcome 18. All five residents attended day centres, where they were supported to avail of a variety of activities and classes.

Residents engaged in social activities internal and external to the centre, with residents attending classes in the community such as pottery classes for one resident, socialising in the local community by going out for coffee and meals, and using facilities in the community, including the cinema, and attending events such as musicals and sporting events. Residents had certificates of completion for various courses and activities on display and available in their bedrooms and it was clear that these achievements were valued by the residents. Staff encouraged residents to maintain their independence, and this was evident from reviewing care/support plans that referenced encouraging residents to do so. The residents also participated in organised holidays and trips, and one resident had been supported by staff to go on a short break to Wicklow with family, and other residents were going to Bettystown for a few days.

The five residents attended day services, and there was evidence of good communication between the centre and the day service with details of well being reviews attended by the resident and staff from the day service and the centre kept within residents' files. The residents were facilitated to take days off from their day service, and at the time of the inspection the residents had regular scheduled days off

from their day service and could spend the day as they wished, supported by staff. On the second day of the inspection staff were accompanying one resident to go out for breakfast. One resident also had paid part-time work in a local business fully supported by staff.

Judgment:
Compliant

Outcome 11. Healthcare Needs

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

Theme:
Health and Development

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

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

Findings:

The inspector found that the residents were supported to access health care services, and that staff supported residents on an individual basis to achieve and enjoy best possible health.

The inspector reviewed a number of the residents' files and found that care plans were in place for assessed health care needs such as pain management, osteoporosis, skin care, asthma, emotional wellbeing and mental health supports. Review of clinical contact sheets evidenced access to general practitioner (GP) services, specialist clinical services such as neurology, psychiatry, and allied health care services including physiotherapy, speech and language (although this service was limited to referrals relating to swallowing difficulties only as outlined in Outcome 2), occupational therapy, dietetics, psychology and chiropody. Residents had access to their own GP, but could also avail of the services of the organisation's medical officer, and the nurse on call service which was available within the centre. Staff spoken to by the inspector were very knowledgeable of residents' individual healthcare needs, and ensured all necessary referrals and follow ups were scheduled. Residents were seen to be encouraged to complete their exercises as recommended by the physiotherapist.

Residents were involved in planning the weekly evening meal menu within the centre, and the menu on display in the kitchen detailed food that was nutritious and varied. The inspector was shown pictures used to assist residents in making their food choices. Information and support in relation to healthy eating was provided to residents. Staff prepared meals within the centre, and residents were encouraged to be involved in the preparation of evening meals as appropriate to their ability and preference. Staff were knowledgeable where a resident required a modified-texture diet, although inspectors found that the system in place to make agency/relief staff aware of these requirements needed improvement as outlined in Outcome 7.

Judgment:
Compliant

Outcome 12. Medication Management

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

Theme:
Health and Development

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

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

Findings:

There were written operational policies implemented within the centre relating to the ordering, prescribing, storage and administration of medicines to residents. However, the inspector found deficiencies relating to medication management practices, including lack of comprehensive audit of practice within the centre as outlined in Outcome 14 and the fact that the system for managing controlled drugs within the centre required improvement. The availability of PRN (As required) medication protocols to ensure sufficient guidance was available to staff in administering these medicines also required review.

Medicines were supplied by a retail pharmacy business in blister packs were appropriate, and all medicines were stored securely within the centre. However the storage of controlled drugs required review to ensure compliance with relevant legislation. The centre had no controlled drugs register in place to ensure the necessary records were maintained of these medicines, and that balances of these medicines were checked and signed for by two staff members at each staff change over. All medicines received from the pharmacy were checked by staff, and drug audit records were maintained for all medicines. There was no system in place in the centre to comprehensively review all aspects of medication management as detailed under Outcome 14, although St Michaels House had developed a medication management audit tool and the person in charge informed the inspector that this audit would be implemented within the centre. Staff received training on the safe administration of medicines every two years, and staff had received further training on the administration of medication required to manage epileptic seizures. One new member of staff was awaiting this training. Staff spoken with by the inspector were knowledgeable of best practice regarding administering medicines to residents, and of residents' individual medicines. The inspector reviewed a number of the medication prescription and administration sheets, and there was evidence of review by the prescriber.

The inspector also reviewed the PRN (as required) medicines prescribed for residents within the centre. The guidelines/protocols in place required review to ensure that clear precise instructions were available to all staff, especially staff who may not work in the centre on a regular basis or those staff who were new to the centre, on the

administration of these medicines.

Staff were aware of procedures to be followed for disposal of unused and out of date medicines. All medication errors were recorded on drug incident/error forms and the inspector was informed that the centre would be using a new documentation system to record and monitor medication errors in the centre.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

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

Findings:

There was a statement of purpose available which had been reviewed in June 2015. The statement of purpose contained all the information required by Schedule 1.

The statement of purpose outlined the model of service provided, identified the arrangements for respecting the privacy and dignity of residents and provided specific details on parts of the service including: facilities, admissions, visitors, individual planning, staffing, fire precautions and consultation with residents. The centre aimed to provide residential services to residents who were over 18 years of age, male or female, had a diagnoses of intellectual disability, live in the relevant geographical boundary and were assessed as having minimum to high support needs.

A copy of the statement of purpose was available in the centre for residents and relatives to read if they wished.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

The management structure and systems in place were clearly defined. The centre was managed by a suitably qualified and experienced person and there was good oversight of the operation of the centre by senior management. However, an annual review of the quality and safety of care and support provided in the centre had not been completed.

The centre manager (person in charge) was suitably skilled, qualified and experienced for their role. They were the nominated person in charge, who worked in the centre full time. She was clear about her role and responsibilities and the reporting structure within the organisation. The person in charge was a registered nurse (intellectual disability), and also had qualifications in social care and nursing management. The person in charge had been managing the centre for over eight years. The person in charge was clearly resident focussed and demonstrated considerable knowledge of the residents.

The inspector reviewed the most recent report on the unannounced six monthly review of health and safety, and the quality of care and support provided in the centre. This unannounced visit had been conducted in June 2015 by the services manager, on behalf of the registered provider. The review was structured and comprehensive, and contained an action plan to address identified areas of concern.

There was no comprehensive medication management audit system in place within the centre that reviewed all aspects of medication management including prescribing, administration, storage, documentation and an analysis of all medicine related incidents to facilitate identification of trends and to identify learning and any necessary changes to practice. The person in charge informed the inspector that a new medication management audit tool and a new documentation system for medication errors would soon be implemented in the centre.

There was a system of staff supervision in place including one to one meetings between staff members and the person in charge. The person in charge and the services manager also had regular meetings with a standing agenda of items to be discussed. The services manager also had regular meetings with the provider nominee. Inspectors reviewed the minutes of staff meetings and it was clear that there was considerable focus on the residents at these meetings.

The centre had been requested to submit a number of documents as part of the application to register. However at the time of the inspection the Authority had not received the required documents relating to planning compliance as specified in the Regulations. These documents were submitted to the Authority after the inspection.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There were suitable arrangements in place for the management of the centre in the absence of the person in charge. Inspectors were advised that in the absence of the centre manager, the person participating in management was the designated person to manage the centre. The centre manager had not been absent for 28 days or more, and therefore no notifications had been made to the Authority.

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):

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

Findings:

The centre was sufficiently resourced to ensure the effective delivery of care and support to residents in accordance with the statement of purpose.

The inspector found that the facilities and services in the centre reflected the statement of purpose, and that adequate resources were available to support residents achieving their individual goals and to ensure their needs were met. The night time staffing in the centre had recently been changed from sleep over staff to waking staff to ensure the changing needs of the residents' were met.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspectors found that the levels and skills mix of staff were sufficient to meet the needs of residents during the two days of this inspection.

The inspector observed that staff on duty during the inspection were familiar with the needs of the residents, and provided care in a considerate and respectful manner. The person in charge was a registered nurse and the rest of the staff employed in the centre were social care workers. Staff had access to the nurse manager on call. The person in charge informed the inspector that staff worked extra hours when required and that staff often changed their scheduled hours to meet the needs of the residents. On the second day of the inspection staff had changed their hours of work to accompany one resident on an outing, and it was clear that this trip was very important to the resident.

There was formal supervision in place which made staff accountable and supported them in their roles. Inspectors reviewed a sample of staff supervision files and found that supervision sessions took place every two months and were detailed. Supervision sessions addressed areas such as keyworking, training needs and issues. Staff interviewed by inspectors noted that the supervision sessions provided support. Staff meetings were also held within the centre, and minutes of these meetings were available for review.

Inspectors reviewed the staff rosters in place and these reflected the planned roster, any changes to reflect the actual hours worked and also indicated the staff member in charge of the shift. The rosters reviewed by the inspector did indicate substantial use of agency nursing staff to cover the night shift within the centre, but the same agency nurse was working all of these shifts and was familiar with the centre and the residents. A new member of staff had recently been recruited to the centre, and was receiving ongoing training at the time of the inspection. The inspectors were informed that the use of relief and agency staff would be reduced due to this recruitment. There was an essential guide available to relief/agency staff, and the inspectors discussed the addition of information to this guide as outlined in Outcome 7.

A training needs analysis had been completed for each staff member working in the centre and records were maintained of all staff training. Staff had received training in fire safety, safeguarding service users, manual handling and safe administration of medicines. During the inspection two staff members attended food safety training, and a number of staff had recently received training in positive behaviour support. A number of staff had also received training in first aid, hand hygiene and training had been provided to certain staff on cancer awareness and IT.

Recruitment procedures in the centre were effective and robust, and there were good systems in place to support safe recruitment practices. The recruitment of staff was managed centrally, by the human resources department of the organisation. Three staff files were reviewed by inspectors and they contained all of the information required under Schedule 2 of the Regulations - two written references were sought for each staff member and of the files viewed were all verified and satisfactory. Files reviewed held evidence of qualifications, contracts of employment and employment histories. An Garda Síochána vetting had been completed on all staff files sampled, although the vetting had not been re checked for staff who had originally been vetted a number of years ago.

The centre manager told inspectors that there were no volunteers currently working in the centre. There was an organisational volunteers policy in place if needed.

Judgment:
Compliant

Outcome 18: Records and documentation

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

Theme:
Use of Information

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

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

Findings:

Records were of a good quality and were in accordance with Schedules 3, 4 and 5 of the Regulations. However not all the policies as listed in Schedule 5 were available, and records regarding residents' valuables were not maintained. Documentation relating to the use of a bedrail for one resident also required improvement.

The centre had a resident's guide which was accessible and contained the information required by the regulations. The centre had a directory of residents which contained the

information required by Regulation 19. Residents had access to documents within their own bedrooms including information on their medication, communication passports, details on rights and advocacy.

Inspectors examined a number of care records for the residents and found that they were complete, accurate and up to date. All information required in respect of each resident was in place. For example, records included photographs, medical details, next of kin details. Records of incidents, plans, assessments, and interventions were maintained.

The centre was keeping detailed records of residents' finances, but was not maintaining records of valuable items owned by the residents.

There was minimal use of restrictive practices in the centre as discussed under Outcome 8. Where restrictions such as bedrails were in use assessments had been completed and made available to the inspectors. This practice had also received approval from the positive approaches monitoring group within St Michaels House. However records of the use of bedrails were not adequately documented in the centre as required by the Regulations.

The centre did not have all of the required policies under Schedule 5 including policies on access to education, training and development and the provision of information to residents. Inspectors were advised that the policies on access to education, training and development and the provision of information to residents are being drafted. The centre was adequately insured and inspectors viewed the insurance policy that was valid until March 2016.

Judgment:
Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Jim Kee
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002367
Date of Inspection:	13 October 2015
Date of response:	23 December 2015

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Documentation regarding complaints in the centre did not record if the resolution was satisfactory to the resident concerned.

1. Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a

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

complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

The Complaint Log has been amended and now provides for the complainants level of satisfaction to be recorded.

Proposed Timescale: 23/12/2015

Outcome 02: Communication

Theme: Individualised Supports and Care

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

One resident was still waiting on access to speech and language assessment at the time of the inspection, even though staff had requested referral in February 2015. Input from speech and language therapists was necessary to ensure that the resident received the assistance and support required to fully maximise their communication abilities, and to ensure their communication needs were met.

2. Action Required:

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

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

Additional speech and language therapy services have been assigned to St. Michael's House adult services. The resident has been prioritised for Speech and Language Therapy review

Proposed Timescale: 30/12/2015

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The contracts of care were not all signed at the time of the inspection.

3. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

All Contracts of Care have been signed

Proposed Timescale: 23/12/2015

Theme: Effective Services

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

In some cases the contracts of care in place had not been updated to reflect recently agreed changes to the weekly rent.

4. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

Contracts of Care have been amended to reflect the reduced rent

Proposed Timescale: 23/12/2015

Outcome 05: Social Care Needs

Theme: Effective Services

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

The development of residents' personal plans in accessible formats required further development.

5. 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 and key workers will review all Individual Personal Plans and will in conjunction with residents work to make them more accessible.

Proposed Timescale: 31/01/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

The shared bedroom was not fully meeting the needs of the two residents accommodated in that bedroom at the time of the inspection.

6. Action Required:

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

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

St. Michael's House Architect has drawn up plans which amongst other things provides for an additional bedroom. It is anticipated that this work will be completed by mid 2016.

Proposed Timescale: 30/06/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The risk management policy did not fully comply with Regulation 26 as it did not adequately detail or cross reference the measures and actions in place to control: accidental injury to residents, visitors and staff.

7. Action Required:

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

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

This issue will be addressed when the organisation's Risk Management Policy is reviewed. Control measure and actions to manage the risk of accidental injury to residents, staff and visitors in the centre are in line with the overall aims of the Policy and St. Michael's House's Safety Statement

Proposed Timescale: 30/06/2016

Theme: Effective Services

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

The risk management policy did not describe the arrangements in place for the investigation of and learning from serious incidents involving residents.

8. Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management

policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

This issue will be addressed when the organisation's Risk Management Policy is reviewed. All serious incidents involving residents are reviewed as they occur and as part of the PIC Management Support Meetings and the units 6 monthly Quality and Safety Review.

Proposed Timescale: 30/06/2016

Theme: Effective Services

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

The risk management system in place within the centre required review to ensure that all hazards were identified and the risk register was appropriately populated.

9. Action Required:

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

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

The PIC together with Key Workers will review all identified risks and ratings for residents and staff and upon completion will update the units Risk Register.

Proposed Timescale: 31/12/2016

Theme: Effective Services

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

The following risk required review to ensure appropriate management:
- management of the risk of choking

10. Action Required:

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

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

The identified risk has been reviewed by the PIC and is now included in the units essential guide. Guidelines are also appropriately displayed in the kitchen

Proposed Timescale: 23/12/2015

Theme: Effective Services

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

The following risk within the centre required review to ensure appropriate management:

-risk associated with use of bedrails.

11. 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:

Procedures have been put in place to record that the bedrail is checked at intervals throughout the night. The evacuation plan has been amended to include risks associated with the use of the bedrail.

Proposed Timescale: 23/12/2015

Theme: Effective Services

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

The fire drill records in the house did not consistently identify the staff and residents present at the time of the drills.

12. Action Required:

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

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

Procedures have been put in place to record the staff and residents present during fire drills.

Proposed Timescale: 23/12/2015

Theme: Effective Services

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

There was no documentation or other evidence of the fire resisting ability of the doors in the centre. There were no self closing devices on any of the doors in the centre to ensure containment in the event of a fire.

13. Action Required:

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

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

St. Michael's House Technical Services Department have confirmed that all internal doors to escape routes are modified to achieve a half hour protection and have cold smoke seals and intumescent strips fitted. The doors are inspected annually.

The house has L1 fire alarm fitted and is always staffed when residents are at home. The house is a domestic scale property with short distances to travel to exists. Regular fire drills are carried out and full evacuation including night drills take approximately 3 minutes.

A self closing device linked to the fire alarm will be fitted to all internal doors.

Proposed Timescale: 31/03/2016

Outcome 12. Medication Management

Theme: Health and Development

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

The storage of controlled drugs required review to ensure compliance with relevant legislation. The centre had no controlled drugs register in place to ensure the necessary records were maintained of these medicines, and that balances of these medicines were checked and signed for by two staff members at each staff change over.

14. 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:

A new medication audit system and controlled drug register has been put in place both of which comply with the relevant legislation.

Proposed Timescale: 23/12/2015

Theme: Health and Development

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

The guidelines/protocols in place for the use of PRN (as required) medicines required review to ensure that clear precise instructions were easily available to all staff on the

administration of these medicines.

15. 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 guidelines/protocols for administering PRN medication has been reviewed by the PIC and prescribing doctor.

Proposed Timescale: 23/12/2015

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:

An annual review of the quality and safety of care and support had not been completed for the centre.

16. 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 Annual Review for the house will be completed in January 2016

Proposed Timescale: 31/01/2016

Theme: Leadership, Governance and Management

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

There was no comprehensive medication management audit system in place within the centre that reviewed all aspects of medication management including prescribing, administration, storage, documentation and an analysis of all medicine related incidents to facilitate identification of trends and to identify learning and any necessary changes to practice.

17. 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:

A new Medication Audit System has been put in place

Proposed Timescale: 23/12/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

The Schedule 5 policies that were not available, some of which were under development at the time of inspection included:

- Provision of information to residents
- Access to education, training and development

18. Action Required:

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

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

1) St. Michael's House is in the process of developing a policy in relation to access to educational training and development and in relation to the provision of information to residents.

Proposed Timescale: 31/12/2015

Theme: Use of Information

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

The centre was not maintaining records of valuable items including furniture owned by the residents.

19. 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:

A register of valuable items owed by residents has been put in place.

Proposed Timescale: 23/12/2015

Theme: Use of Information

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

Records of the use of the bed rail as a restrictive practice were not adequately documented in the centre as required by the Regulations to include the following:

- *any occasion on which restrictive procedures were used in respect of the resident,
- *the reason for its use,
- *the nature of the restrictive procedure and its duration.

20. 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:

Procedures have been put in place to record the use of the bedrail as a restrictive practise.

Proposed Timescale: 23/12/2015