### Health Information and Quality Authority

**Regulation Directorate**

**Compliance Monitoring Inspection report**

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Michael's House</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002366</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Dublin 5</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:hazel.mulligan@smh.ie">hazel.mulligan@smh.ie</a></td>
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<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
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<tr>
<td>Provider Nominee:</td>
<td>John Birthistle</td>
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<tr>
<td>Lead inspector:</td>
<td>Sheila McKevitt</td>
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<td>Support inspector(s):</td>
<td>N/A</td>
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<td>Type of inspection:</td>
<td>Announced</td>
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<td>Number of residents on the date of inspection:</td>
<td>5</td>
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<td>Number of vacancies on the date of inspection:</td>
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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 announced and took place over 1 day(s).

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

From: 23 June 2014 10:00
To: 23 June 2014 17:30

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

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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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**Summary of findings from this inspection**

This was the first inspection of the centre by the Health Information and Quality Authority (the Authority). The centre is home to five residents. During the inspection the inspector met with some of the residents and staff, observed practices and reviewed documentation such as resident assessments, personal plans, tenancy agreements, the complaints process, fire records, policies and medication records. Residents spoken with stated they enjoyed living in the centre. The care and welfare of residents was maintained in a safe and secure environment.

Ten outcomes were inspected against and non compliances were identified in eight outcomes. The inspector found that the governance and management structures in place did not provide the person in charge with adequate allocated protective time to assist her to become compliant with The Health Act 2007 (Care and support of residents in designated centres for persons (Children and adults) with disabilities) Regulations 2013.

Poor discharge planning of one resident from an acute hospital lead to inadequate supports been put in place for the social care staff working in the centre. The staffing levels were not adequate to meet the nursing care needs of a resident during the day and allied health care support provided was poor.
Improvements were required in documents such as contracts of care, resident assessments, restraint records and the development of personal plans. A review of medication policies and practices was required. Fire escapes were not illuminated with emergency lighting and safe evacuation procedures were not in place for one resident at night time.

The action plans at the end of the report reflect the non compliances with regulations and 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:**
Residents had their rights respected; dignity maintained and were consulted with.

Residents were consulted with about how the centre was run; a weekly consultation meeting took place where staff and residents planned their weekly activities, menu, shopping lists, visitors to the house and appointments. Care practices respected residents privacy. This was reflected in each residents intimate care plan. Residents' had their own front door key. They could invite friends and family members to the house at anytime. They had a small visitors/sitting room where they could receive visitors in private. There was a portable telephone available in the house which residents had access to.

All residents attended day care facilities during the week and had opportunities to avail of activities of their choice in the evenings and at weekends. Staff facilitated residents to access these activities by accompanying them to venues.

There was a complaints policy in place, it was clear and concise. Residents had access to advocacy services. Clear, concise and detailed records were kept of residents finance affairs. Staff assisted residents to manage their finances and the inspector saw that the organisations' policy on the management of residents' finances was followed by staff.

**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

Findings:
Residents did not have contracts, which included details about of the support, care and welfare of the resident or details of the services to be provided or of the fees to be charged. Residents did have tenancy agreements in place which they had signed however, these documents did not include any of the above mentioned requirements.

The inspector found the criteria for admission involved the person in charge and included inviting the perspective resident and their next of kin/representative to visit the centre.

Judgment:
Non Compliant - Major

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:
There were comprehensive assessments and personal plans in place for the five residents. However, they were incomplete, lacked detail and one was not reflective of the residents’ current status as it had not been updated since the return of the resident from an acute hospital.

New documents to record residents’ comprehensive assessment and personal plan had been introduced in the centre. Staff had completed them in consultation with the resident. The inspector reviewed three resident files and found that some sections of the comprehensive assessments were incomplete and other sections did not reflect the actual needs of the resident. For example, medical history section was blank. One resident who had spent one month in an acute hospital and had undergone major surgery had returned home five days prior to the inspection. However, she had not had a comprehensive assessment completed since her return from hospital. The inspector saw the comprehensive assessment in place was completed in January 2014. The person in charge explained how she had arranged for a stoma care nurse to visit the resident in her home. The inspector saw that the stoma care nurse had reviewed the
A nurse manager had visited the resident, supplied sliding sheets and completed some basic clinical related care plans for the resident. However, no allied health professional had assessed the resident since her discharge from hospital. There was a lack of allied health care support provided to social care workers to care for the resident. This was fed back to senior management at the end of the inspection. The inspector requested that the resident was assessed by appropriate allied health care professionals without delay. The inspector was informed both verbally and in writing within 24 hours that the resident had been assessed by allied health care professionals, had a comprehensive assessment completed and appropriate clinical nursing care plans put in place.

Personal plans were in place for all five residents. Each resident had up to three goals set. However, the personal plans reviewed did not include details of how or who was responsible to complete actions to ensure the resident goals were met within the time frame set.

The organisational procedure in place for emergency admission to hospital was not safe and did not reflect current practices. It referred to an emergency sheet which had to be completed; however, staff stated they did not use this sheet as every resident had a hospital passport completed on file, which was sent with the resident when transferred to hospital. The inspector noted that when a resident described as having a moderate intellectual disability and who could not communicate verbally, became acutely ill at night time she was transferred in an ambulance to an acute hospital on her own. This decision was made by management on call at the time, despite house staff raising concerns about transferring the resident alone. Appropriate arrangements were not put in place to ensure the resident received person centred care.

**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:**
The health and safety of residents, visitors and staff was promoted. However, the inspector found that all residents' were not protected from the risk of fire, as there were no fire emergency exit signs above the fire exit doors in the centre. In addition, the one wheelchair bound resident could not be safety evacuated from her bedroom by one staff, two staff were required. However, there was only one staff on duty at night time. Staff informed the inspector that they had been informed that in the event of a fire at night time they had been informed that they have this resident in her bed and close her bedroom doors and fire officers would then evacuate the resident. The inspector observed that there was no ski sheet beneath the mattress of this resident’s bed.
Records were available to confirm that fire equipment including fire extinguishers, the fire blanket and the fire alarm had all been tested by professionals within the required time frame. All staff had completed fire training within the past year and those spoken with had a clear understanding of the procedure to be followed in the event of a fire. However, staff told the inspector that the plan in place for the non evacuation of one resident did not sit comfortable with them. The inspector saw that each resident had an individual fire evacuation plan in place and records reviewed showed that fire drills were practiced on a regular basis during the day and night by both staff and residents.

Overall, there was a good attitude to risk management in the centre. The risk management policy in place met the legislative requirements as it included measures in place to identify and manage the specified risks. The person in charge completed risk assessments on a monthly basis and health and safety checks were completed on a quarterly basis with the service manager. Accidents and incidents were reviewed on a bi-monthly basis by the person in charge and the service manager. There was a localised health and safety statement in place. The emergency plan in place was detailed and included the procedures to be followed in the event an emergency.

Infection control policies were in place and practices were good. However, appropriate measures were not been taken to address the long term issue of re-current mildew on the ceilings of two bathrooms.

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:
Residents' were safe and secure in their home. They had access to an enclosed rear garden. All the exit/entry doors could be secure by locking and the house was alarmed.

Staff spoken with had a good theoretical knowledge of abuse and knew the procedure to follow if they witnessed any alleged abuse. Communication between residents and staff was respectful. Two residents who at times displayed behaviours that maybe challenging had detailed, up-to-date wellbeing assessments and behavioural support plans in place. There was two residents' who required a form of restrictive practice. One used a two bed rails, the second had restrictive access to a cupboard in the kitchen.
Both had risk assessments in place there was evidence that the restraints were used for as minimum a time as possible. However, there was no evidence of what alternatives were tried and tested prior to these forms of restraint were used.

**Judgment:**
Non Compliant - Moderate

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

**Theme:**
Health and Development

**Findings:**
The health care needs of four residents were been met. However, as discussed under outcome 5 the health care needs of one resident were not been met to a high standard.

The four residents with social care needs were met. They were been facilitated to access their dentist, general practitioner and attend reviews with the psychologist. However, the health care needs of one residents who had been discharged from hospital for five days were not been met. This resident had not been assessed or reviewed by allied health care professionals since discharge. Therefore, the health care provided was not to a high standard. For example, she had not got a weight recorded since her discharge and did not have a pressure ulcer risk assessment completed. The mattress in place on her bed did not appear appropriate to meet her needs.

The social care workers were providing the best care they could to this resident without the assistance of qualified nursing staff. The inspector saw that the resident appeared comfortable and extremely happy especially when staff were in her presence.

Residents had access to a variety of nutritional food which they assisted staff to purchase. Residents prepared, cooked and served meals with the assistance of staff. The inspector saw evidence of this at evening meal time. One resident required her meal to be prepared to a different consistency to others and staff prepared this meal. They were available to assist one resident at meal times.

**Judgment:**
Non Compliant - Moderate
### Outcome 12. Medication Management
*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Health and Development

**Findings:**
There were written operational policies relating to the ordering, prescribing, storing and administration including self administration of medicines. However, the prescribing practices were not in line with best practice.

The practices observed in relation to ordering, storing and disposal of medication were in line with the policies. There was a safe system in place for the ordering and disposal of medications and the inspector saw records which showed that all medications brought into and out of the centre were checked by staff. An audit of each resident's medications was completed on a weekly basis by staff; any discrepancies were identified and reported to the service manager by completion of an error form. This was reviewed and recommendations made were fed back to the Social Care Leader who was given a set period of time to implement the recommendations made. Controlled medications were not in used in this centre.

The SAM guidelines stated that when medication was discontinued that a pencil should be used to draw a line through it, write D/C and initial. This is not in line with safe or best practice.

Resident medication prescription charts were reviewed and the findings were as follows:
- the residents GP name was not identified on the chart
- the first name of medical officers only appeared on a number of the prescription charts
- each medication was not individually prescribed by either the medial officer (MO) or the residents GP

The inspector saw that each of the residents had their prescribed medications reviewed by the MO within the past month.

**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:**
There was a written statement of purpose available. It accurately reflected all the services and facilities provided in the centre and it contained the information as required in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013.

The person in charge was preparing copies to be made available to residents and their representatives.

**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

**Findings:**
There was a clearly defined management structure that identified the lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced registered nurse in intellectual disabilities with authority, accountability and responsibility for the provision of the service. She was the named Person in Charge (PIC), employed full-time in the centre. The inspector observed that she was involved in the governance, operational management and administration of the centre on a regular and consistent basis. For example, she explained how she had control of the monthly allocated house budget. Residents knew her well. However, the inspector observed from a review of staff rosters that she did not have consistent protected management time allocated to her to manage the centre. This was evidenced by the fact that the centre was non compliant with eight of the ten outcomes inspected against.

During the inspection she demonstrated a good knowledge of the legislation and of her statutory responsibilities. However, her new roles and responsibilities as the now person in charge had not been clearly outlined to her by her employer. She was committed to her own professional development and was supported in her role within the centre by a team of nurses and social care workers. She reported directly to a Service Manager who reported to a Regional Director (also nominated person on behalf of the provider). She had regular scheduled minute meetings with the service manager and the nominated person on behalf of the provider attended the centre occasionally.
**Judgment:**
Non Compliant - Minor

**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:**
Staff numbers and skill mix were adequate. The inspector found that the skill mix was not adequate to meet the needs of all residents as the staff did not have the required nursing skills to adequately support and care for one resident. Staff numbers during the day had not been increased to ensure the nursing care needs of the one resident who had returned from hospital were being met. All the staff employed to work in the house were social care workers, no nursing staff had been scheduled to work during the day to care for this resident needs however, an additional staff, an nurse had been scheduled to work each night to ensure this residents nursing care needs were been met.

Staff informed the inspector that they were finding it difficult to attend to this residents care needs and complete their normal daily duties. The resident in question usually attended a day care facility Monday to Friday so would not normally be in the centre during the day. However, she now could not spend more than two hours at any one time sitting in her chair spending the rest of time in her bed. This was fed back to senior management on the evening of this inspection and the inspector got verbal and written confirmation within 24hrs of the inspection that nursing staff had been put in place to meet the needs of the resident.

There were no volunteers employed to work in the centre. The planned staff roster was reviewed and reflected this.

Staff knew the residents well, they encouraged and assisted them to maintain their independence and take part in meaningful activities particularly at weekends when they did not attend day care facilities.

Staff confirmed and records reviewed reflected that staff had access to education and training to meet the needs of residents. Staff had up-to-date mandatory training in place and were confident regarding the procedure to follow in the event of a fire and in the event that they witnessed any form of abuse to a resident.

Staff files reviewed were compliant with schedule 2.
Judgment:
Non Compliant - Major

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Sheila McKevitt
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<tr>
<td>Date of Inspection:</td>
<td>23 June 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>25 July 2014</td>
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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 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:
Residents did not have written agreements in place which dealt with the support, care and welfare of the resident, the services provided or the fee to be charged.

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:
Organisational contracts of care are being developed and adapted for use in the centre. The Person in charge will ensure that each resident along with their family member if appropriate will be provided with a written agreement outlining the supports, care and...
welfare of each resident detailing the services to be provided and the fees to be charged.

**Proposed Timescale:** 30/07/2014

**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 was not reviewed/updated to reflect one resident changed needs post a long acute hospital stay.

**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:**
The Person in Charge will ensure that a comprehensive assessment of need has been completed for each resident in consultation with allied healthcare professionals as needed to reflect the health, personal and social care needs of each resident. A local policy is being drafted to ensure that these assessments are reviewed and updated to reflect changing needs.

**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 comprehensive assessment of four residents was not detailed enough.

**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:**
The Person in Charge will ensure that a review of the current assessment of needs will be coordinated by the service users key worker in consultation with the service users, family members and allied health professionals to ensure full details are available.
**Proposed Timescale:** 31/08/2014  
**Theme:** Effective Services  

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
It was not evident who was responsible for carrying out what goals and time frames were not always set for individual actions or goals.

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

**Please state the actions you have taken or are planning to take:**  
The person in charge will ensure that each resident will have a comprehensive personal plan developed identifying goals and actions. This will also include identification of person responsible and agreed timelines.

The person in charge will ensure that this information is recorded in each residents file, held in the centre.

These plans will be reviewed and any changes and the reason for those changes will be documented in these personal plans.

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**Proposed Timescale:** 15/08/2014  
**Theme:** Effective Services  

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Care plans reflecting the clinical care needs of one residents were not comprehensive enough and did not reflect all the resident care needs.

**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:**  
A comprehensive personal plan reflecting the clinical care needs of all residents is being completed under the direction of the person in charge. These plans will be reviewed as required with any change in needs being reflected.

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**Proposed Timescale:** 15/08/2014
**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The procedure for emergency admission to hospital does not reflect current practice and is not safe.

**Action Required:**
Under Regulation 25 (1) you are required to: Provide all relevant information about each resident who is temporarily absent from the designated centre to the person taking responsibility for the care, support and wellbeing of the resident at the receiving designated centre, hospital or other place.

**Please state the actions you have taken or are planning to take:**
The resident was transferred to hospital by ambulance. A hospital communication passport was provided to the hospital staff and a follow up phone call to the emergency department staff was made.

The Registered Provider will review this policy and procedure to ensure it is in line with best practice and where possible the person will be accompanied by a member of staff in the ambulance.

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

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**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Adequate supports were not put in place for the resident and social care staff when a resident was transferred from an acute service back to the centre.

**Action Required:**
Under Regulation 25 (3) (b) you are required to: Provide support for residents as they transition between residential services or leave residential services, through the provision of training in the life-skills required for the new living arrangement.

**Please state the actions you have taken or are planning to take:**
The person in charge will ensure appropriate training and support is provided to residents as they transition to new living arrangements. This will include support from clinical nurse specialists and allied health specialists to understand and adapt to new daily living arrangements. These are in a format suitable to the service users communication needs. Evidence of this will be available for review in the residents personal files.

**Proposed Timescale:** 08/08/2014
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:
Adequate procedures were not in place to address the issue of mildew on bathroom ceilings in the house.

**Action Required:**
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Please state the actions you have taken or are planning to take:
Bathrooms have been updated and renovated to provide adequate ventilation. Damp proof wall coverings have been installed to reduce the re-occurrence of mildew.

The person in charge has updated the cleaning procedure to ensure effective cleaning and mildew prevention. Cleaning schedules will be available for review in the centre.

**Proposed Timescale:** 18/07/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Emergency fire evacuation lighting signs were not available over each fire exit door.

**Action Required:**
Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

Please state the actions you have taken or are planning to take:
Emergency lighting and fire evacuation signs have been installed over each door.

**Proposed Timescale:** 18/07/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Adequate arrangements were not in place to evacuate all residents' safely.

**Action Required:**
Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.
Please state the actions you have taken or are planning to take:
Double evacuation doors were installed in the wheelchair accessible bedroom. This allows evacuation to be carried out safely and efficiently. A ramp was constructed and a safe resting area established to allow the safe evacuation of the residents in the event of an emergency.

Proposed Timescale: 18/07/2014

### Outcome 08: Safeguarding and Safety

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The records relating to restrictive devices in use did not show that they were not applied in accordance with national policy and evidence based practice.

**Action Required:**
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

**Please state the actions you have taken or are planning to take:**
The person in charge will ensure that all restrictive procedures and practices are reviewed in consultation with allied health professionals to ensure the restrictive practices are in line with organisational policy and procedure and national best practice.

Proposed Timescale: 30/07/2014

### Outcome 11. Healthcare Needs

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A resident required services provided by allied health professionals however, access was not provided to these services promptly enough.

**Action Required:**
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

**Please state the actions you have taken or are planning to take:**
The person in charge organised a full and comprehensive assessment and review of health care needs within 24 hours of the inspection. This was carried out by allied health professionals. Appropriate clinical care plans were developed and implemented.
A full report of the assessment was forwarded to HIQA inspectors and is available for review in the residents file.

**Proposed Timescale:** 23/06/2014

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### 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:**

Medication prescriptions were not completed in accordance with best practice.

**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 person in charge has been advised by the Director of Psychiatry and the Head of the Medical Department that they are developing an organisational prescribing policy. The policies will support the accurate administration of medication. The person in charge will implement these policies and request the relevant training for the staff to ensure that medication is administered as prescribed.

The organisation’s Medication Management Group will develop a policy for service users being referred to hospital/external providers. This will assist with their medication reconciliation.

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

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### 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 person in charge has not been allocated consistent protected management days to enable her to fulfill her role as person in charge effectively.

**Action Required:**

Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.
Please state the actions you have taken or are planning to take:
The registered provider will undertake a review of the roster to ensure protected management time is provided to the person in charge.

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<td>Theme:</td>
<td>Leadership, Governance and Management</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The person in charge has not had revised roles and responsibilities issued to her by her employer.

**Action Required:**
Under Regulation 14 (5) you are required to: Obtain the information and documents specified in Schedule 2 in respect of the person in charge.

Please state the actions you have taken or are planning to take:
The registered provider has reviewed the HR file of the person in charge to ensure that all information and documents as required in schedule 2 are included. These are available for inspection.

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**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Nursing care required by a resident post discharge from hospital was not been provided during the day and night.

**Action Required:**
Under Regulation 15 (2) you are required to: Ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.

Please state the actions you have taken or are planning to take:
The person in charge and registered provider have ensured a review of nursing care and support needs has been completed. Nursing support is currently being provided daily. The assessment of need is being reviewed monthly to ensure the designated centre is providing appropriate supports to residents. This assessment is available for review in the residents file.

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