

**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-0002385
Centre county:	Dublin 9
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	Maureen Hefferon
Lead inspector:	Caroline Vahey
Support inspector(s):	Conan O'Hara
Type of inspection	Unannounced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 16 February 2016 09:00 To: 16 February 2016 17:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was the first inspection of the designated centre by the Authority. The purpose on the inspection was to monitor ongoing regulatory compliance.

The inspection took place over one day. As part of the inspection process, the inspectors observed practice, spoke to a family member and staff members and reviewed documentation such as personal plans, risk assessments, fire procedures, medication management records, incident forms and staff records.

The centre comprised of a single storey dwelling located on the grounds of a St. Michael's House campus. The centre was close to local amenities and a range of community facilities could be easily accessed from the centre.

Overall the inspectors found the residents received a good standard of care and support in line with best practice. The centre was homely, welcoming and residents appeared comfortable and content in the centre.

Eight outcomes were assessed on this inspection. One outcome, healthcare needs was fully compliant. Substantial compliances were identified in safeguarding and safety, statement of purpose and workforce. Four moderate non compliances were identified in social care needs, health and safety and risk management, governance

and management and medication management. These non compliances are discussed in the body of the report and the actions required to address these are set out in the action plan at the end of the report.

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

Outcome 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:

The inspectors found residents' wellbeing was maintained by a high standard of care and support however, improvement was required to ensure personal plans in place were reflective of some residents' assessed needs. Documentation in relation to personal goals were not comprehensive enough to guide practice. Personal plans had not been made available in an accessible format for residents

The inspectors reviewed four personal plans. Each resident had a comprehensive assessment of their social, personal and health care needs. Assessments were reviewed a minimum of annually or as needs changed. Multidisciplinary team members had been involved in assessment and the development of plans to support residents in identified needs, for example, the advice of a speech and language therapist formed part of nutritional plans for residents. Plans were developed for most assessed needs however, some plans did not reflect the details of prescribed therapeutic interventions. The inspectors spoke to a staff member in relation to prescribed interventions however, the inspectors found that the plans in place were either not detailed in order to guide the use of this intervention or that there were no plans in place for some prescribed interventions.

The inspectors also found that there was repetition with some personal plans and in one case, four plans had been developed for the same intervention / procedure. Improvement was also required to ensure plans in place were reflective of the actual practice. For example, plans in place for the response to clinical emergencies described that a float nurse on the campus would be called. However, on discussion with the person in charge this practice had changed and they were now required to call the nurse

on duty in the centre next door which was a considerable closer distance to the centre.

Individual social goals were developed for residents in accordance with their wishes and interests, for example, attending shows or increasing community access. While there was evidence that goals were implemented, the inspectors found that goals did not detail the person responsible or the specific actions required to ensure goals were completed. Documentary evidence was not available on the day of inspection to confirm one resident had social goals developed.

Intimate care plans had been developed for resident outlining the support to be provided while maintaining residents' privacy and dignity.

The inspectors found plans and goals in place were fully implemented and interventions were subject to regular review by the staff team and multidisciplinary team members.

There was an annual review of residents' personal plans and goals and a review of minutes of these meeting by the inspectors confirmed that residents and families had been involved in this process.

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:

Overall the inspectors found the health and safety of residents, visitors and staff was promoted and protected. However, improvement was required in fire evacuation procedures, infection control precautions, and in the documentation relating to some risk management procedures, emergency planning and fire procedures.

There were policies and procedures relating to risk management. Individual risk assessments were developed in areas such as manual handling, aspiration and epilepsy. Site specific risk assessments were available detailing the risks and control measures in place to reduce the impact in areas such as manual handling, slips, trips and falls and food safety. However, there were no risk assessments in place for the use of oxygen or in relation to infection control. Risk assessments were in place for self harm, the unexplained absence of a resident, aggression and violence and accidental injury to residents, visitors and staff.

The inspectors found the procedures relating to emergency planning were not centre specific and did not contain the details of the location to where the residents would be evacuated or the arrangements for alternative accommodation should this be required. However, the inspectors noted the details of the location post evacuation and the arrangements for alternative accommodation were detailed in the centre's fire risk assessment. The procedure relating to incidents where a resident goes missing was not available for review on the day of inspection. This was discussed with the person in charge who stated it had been completed. This procedure was subsequently submitted to the Authority post inspection and suitable procedures were deemed to be in place.

There were adequate precautions against the risk of fire in place. However, there were fire doors throughout the centre. There was a fire evacuation plan in place however, this was not prominently displayed. The procedures for evacuation of the centre included a daytime procedure however, the inspector observed there were two procedures in place for night time. The person in charge outlined the procedures for night time evacuation were currently being reviewed. Personal emergency evacuation plans were in place for all residents. All fire exits were unobstructed on the day of inspection.

All staff had received training on fire safety. The inspectors reviewed records of fire drills in the centre. There had been four fire drills completed in the preceding year. However, on review of these drills it was noted that all drills had involved four staff members and the procedure for evacuation of residents when two staff members were on duty at night time had not been tested to establish if this procedure was safe and achievable. Suitable fire equipment was provided including a fire alarm, emergency lighting and fire extinguishers. All fire equipment had been serviced within the last year.

There were policies and procedures relating to health and safety. There was an up to date health and safety statement. Procedures were in place for the prevention and control of infection, for example, personal protective equipment was available, there were suitable hand washing facilities throughout the centre and colour coded mops and buckets were available. Safety information was also available on all chemicals in use in the centre. However, the inspectors found there was significant damage to the surfaces of some kitchen presses and the refrigerator door and the inspectors were not assured that safe food hygiene practices could be maintained. The person in charge informed the inspector that actions had been taken to rectify this situation and a new kitchen had been requested for the centre and was awaiting approval.

The inspectors found that all other practices in relation to food safety were satisfactorily implemented. Temperature checks were completed for refrigerator, freezer and cooked food. Colour coded chopping boards were available and the inspectors found the kitchen and dining area clean and otherwise well maintained. There was a cleaning schedule in place outlining daily and weekly duties to be completed in the centre.

Reasonable measures were in place to prevent accidents, for example, assistive equipment to prevent injury to residents and staff was available and chemicals were securely stored. The inspectors reviewed records of incidents occurring in the centre and suitable immediate actions had been taken in all cases. Actions had been taken to review incidents with the development of additional control measures to prevent reoccurrence where required.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

Overall measures were in place to protect residents being harmed or suffering abuse. However, improvements were required in documentation of the alternatives measures used prior to the implementation of restrictive practices.

There was a policy in place on the use of restrictive practices. There were a number of restrictive practices in use in the centre. The inspectors reviewed documentation in relation to a number of restrictive practices. Approval had been sought from a service committee prior to the implementation of restrictive practices. Restrictive practices were subject to regular review and there were plans in place for the reduction or discontinuation of these practices following trialling. Risk assessments were completed for restrictive practices in use. However, the inspectors found there was no documentary evidence available on the alternatives measures that were used prior to the approval and implementation of restrictive practices.

There were policies in place for the provision of behavioural support and the provision of personal intimate care.

Two behaviour support plans were reviewed by the inspectors. Behaviour support plans clearly outlined the description of presenting behaviours, the measures to reduce the incidences of behaviours and the reactive strategies to respond to behaviours that challenge. A psychologist had been involved in the assessment and development of behaviour support plans and all plans were regularly reviewed. Most staff had received refresher training on behavioural support with one staff scheduled to attend training within two weeks.

There was a policy on, and procedures in place for, the prevention, detection and response to abuse. There was a designated person within the service and allegations, suspicions or disclosures of abuse were reported to this person. All staff had received

training on safeguarding. Staff members spoken to were knowledgeable on the types of abuse and the procedure to follow in the event of a suspicion, allegation or disclosure of abuse.

Staff members were observed to treat residents with warmth and respect. The inspectors met a family member who outlined they felt their relative was well cared for and safe in the centre.

Judgment:

Substantially Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

The inspectors found residents were supported to achieve and maintain the best possible health.

Residents healthcare needs were met in line with their personal plans. Residents had timely access to healthcare services including a general practitioner and dentist in the community and a psychologist, psychiatrist, occupational therapist and physiotherapist through the St Michael's House service.

Health care needs had been assessed by the staff team and the relevant health care professionals. Health care plans had been developed reflecting needs and recommendations, for example, epilepsy plans and mobility plans. Residents were supported by staff to make healthy living choices for example, in meal choices.

There was a varied and nutritious diet available for residents. Weekly meal plans were developed and meal preferences were chosen in consultation with residents. Staff also consulted with family members to establish residents' food preferences and to consider food choices residents may have tried while visiting relatives. Food was prepared by a cook in the centre. The inspector spoke to the cook and she was knowledgeable on residents' dietary requirement and on the recommendations made by the speech and language therapist in relation to modified diets.

The advice of a dietician and a speech and language therapist formed part of the nutritional plans for residents where required.

Judgment:
Compliant

Outcome 12. Medication Management

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

Theme:
Health and Development

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

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

Findings:

Overall the inspector found there were good medication management practices however, improvement was required in the safe storage of medications and in the details on prescriptions in line with national guidelines.

Most medications were securely stored in a locked press in the staff office. However, medications requiring refrigeration were stored in an unlocked medication fridge in the kitchen. Some of these medications included creams used to treat skin disorders however, the inspectors found these creams were inadequately stored in order to prevent cross contamination. In addition, there were several creams, nutritional drinks and topical drops with limited shelf lives which had no opening date indicated.

The inspectors reviewed medication prescription and administration records for all residents. Administration records were all complete. Prescription records contained most of the details required however, general practitioner details and photo identification were not available on some prescription records.

PRN (as required) medications included the indications for use and the maximum dosage to be administered in a 24 hour period. All medications including PRN medications had recently been reviewed by the prescriber. All prescribed medications were individually signed by the prescriber.

Arrangements were in place with a clinical waste disposal company to dispose of unused or out of date medications. Out of date or unused medications were stored separate from regular medications in a secure medication disposal bin.

There was a written operational policy in place which outlined the procedures for ordering, prescribing, storing and administration of medication in line with national guidelines.

Medication management audits were carried out in areas such as stock count, medication prescriptions and administration and medication errors.

Residents availed of the services of a community pharmacy.
Judgment: Non Compliant - Moderate

Outcome 13: Statement of Purpose <i>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.</i>
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 written statement of purpose which described the service provided in the centre. However, it did not accurately reflect the staffing complement in whole time equivalents and the arrangements for residents to access education, training and employment as applicable to the centre. The statement of purpose set out the aims and objectives and ethos of the designated centre and the facilities and services to be provided to residents.
Judgment: Substantially Compliant

Outcome 14: Governance and Management <i>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.</i>
Theme: Leadership, Governance and Management
Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.

Findings:

The inspectors found effective management systems were in place to support and promote the delivery of safe quality care services. However, improvement was required to ensure that unannounced visits by the provider nominee were completed in a timely manner and to ensure that actions arising from these six monthly unannounced visits were completed.

The inspectors reviewed two reports from unannounced visits carried out by the service manager on behalf of the provider nominee. Unannounced visits had not been completed at six monthly intervals with an eleven month gap noted between visits. Action plans had been developed for both visits. All actions developed from a report produced in August 2014 were completed. However, documentary evidence was not available to confirm if the actions arising from the unannounced visit in July 2015 had been completed.

An annual review of the quality and safety of care and support was not available on the day of inspection. However, the person in charge stated this had recently been completed by the service manager. A copy of the annual review was subsequently forwarded to the Authority post inspection. The annual review included consultation with residents, families and staff. An action plan had been developed to address identified issues within a specified timeframe.

There was a clearly defined management structure which outlined the lines of accountability and authority. The person in charge reported to a service manager who in turn reported to the provider nominee. The person in charge met with the service manager on a regular basis. Minutes of these meeting were not reviewed as part of this inspection. The service manager also met with the provider nominee on a regular basis.

Staff meetings were facilitated on a monthly basis. Staff supervision was completed on a four to six monthly basis.

The person in charge was a registered nurse in intellectual disability and was employed on a full time basis. The person in charge was also the person in charge for another centre on the campus. The person in charge could avail of eight hours protected time per week to fulfil administrative duties.

The person in charge was committed to continuous professional development and had completed a Bachelor of Nursing Studies and a Diploma in Health Services Management. Throughout the inspection the person in charge demonstrated good understanding of the care and support needs of residents.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

There were sufficient staff to meet the assessed needs of residents and the safe delivery of services. Improvement was required in the detail on rosters.

There was a planned and actual roster in place. The deployment of staff was effective and took into account the size and layout of the centre and statement of purpose. However, on review of the roster the inspectors noted the actual times staff were on night duty were not recorded.

There were enough staff with the right skills, qualifications and experience to meet the assessed needs of residents. The centre was staffed by nurses, social care workers, care staff and a cook. Three staff were rostered on duty in the morning, four in the afternoon / evening and two staff were on night duty. A cook was rostered full time Monday to Friday. Nursing care was provided most of the time on a 24 hour basis. On the occasions where there was not a nurse on duty, a nurse was available from a centre next door to respond to clinical emergencies.

Staff members were observed to interact with residents in a kind and caring manner, respecting individual communication preferences.

The inspectors reviewed a sample of training records for five staff. All staff had completed mandatory training in fire safety, safeguarding and manual handling. Most staff had completed training in positive behavioural support with one staff due to complete this training within the month.

Staff supervision meetings took place on a four to six monthly basis. The inspectors reviewed records of supervision for two staff. The supervision provided was of good quality discussing areas such as roles and responsibilities, teamwork and training needs. Where required, actions had been developed to address issues identified.

There were effective recruitment procedures which included checking and recording of all required information.

The inspectors reviewed records for four staff. All the requirements in relation to Schedule 2 of the Regulations were met. Where required, staff had up to date registration with the relevant professional body.

Judgment:
Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Caroline Vahey
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002385
Date of Inspection:	16 February 2016
Date of response:	22 March 2016

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 05: Social Care Needs

Theme: Effective Services

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

Some plans were not detailed in order to guide the use of therapeutic interventions.

Some plans had not been developed reflecting prescribed therapeutic interventions.

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

Social goals did not detail the person responsible or the actions to be taken in order to achieve goals.

Documentary evidence was not available to confirm if one resident had social goals developed.

1. 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:

PIC has reviewed and updated all relevant support plans to guide the use of therapeutic interventions. (Completed on 3rd March 2016)

PIC has organised staff training on the 6th April 2016 on recording social goals including actions taken to achieve goals and persons responsible. PIC and PPIM will support all key workers to review and update existing plans in line with the new goal tracking system. Evidence will be available in all service users file.

Proposed Timescale: 30/04/2016

Theme: Effective Services

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

Personal plans for responding to clinical emergencies were not reflective of the actual practice, which had been amended following review.

2. Action Required:

Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

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

PIC and PPIM will update the plan for dealing with clinical emergencies when there's no nurse on duty at night in the designated centre. Plan will be available for review in the emergency file.

Proposed Timescale: 30/03/2016

Theme: Effective Services

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

Personal plans were not available in an accessible format for residents.

3. Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

PIC has organised staff training on the 6th April 2016 on recording social goals including actions taken to achieve goals and persons responsible. PIC and PPIM will support all key workers to review and update existing plans in line with the new goal tracking system. The importance of making goals accessible will be included in this training. Evidence will be available in individualised journals including photos, objects or reference.

Proposed Timescale: 20/06/2016

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:

There were no risk assessments in place for the use of oxygen and for infection control.

4. Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

PIC will develop risk assessment for the use of oxygen and infection control. These will be filed in safety folder.

Proposed Timescale: 22/03/2016

Theme: Effective Services

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

Improvement was required in the details contained in emergency plans as outlined in the body of the report.

5. 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:

PIC will update the emergency plans to reflect current practice for responding to emergencies in the designated centre. The updated emergency plans will be available for review in the safety folder.

Proposed Timescale: 07/03/2016

Theme: Effective Services

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

Adequate precautions were not in place for the prevention of the spread of infection as outlined in the body of the report.

6. 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:

PIC contacted technical service and plans being drawn up by contractor to replace existing kitchen. An application has been made for funding for the new kitchen. In the interim the PIC will agree with the technical services department for an interim solutions to ensure infection control risks are minimised.

Proposed Timescale: 30/04/2016

Theme: Effective Services

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

There were two fire evacuation procedures in relation to night time.

The procedure for the evacuation of residents at night time had not been tested to ensure it was safe and achievable.

7. 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:

PIC has updated the fire evacuations procedures to ensure they reflect current practice. PIC and PPIM has scheduled additional night-time fire drills to ensure procedure is tested and safe. Records of the additional fire drills will be maintained in the emergency folder in the designated centre.

Proposed Timescale: 26/03/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Documentary evidence was not available to confirm the alternative measures that were tried prior to the implementation of restrictive practices.

8. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

PIC has contacted the psychologist to request evidence that alternative measures were tried prior to the implementation of restrictive practices. This evidence will be filed in the service users personal file when available.

Proposed Timescale: 30/03/2016

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:

Some refrigerated medications were inappropriately stored in an unlocked fridge.

Some medications in the fridge were inappropriately stored and there was a potential risk of cross contamination.

Some medications were not clearly marked with an opening date, as outlined in the body of the report.

Some medication prescription records did not contain details on the residents' general practitioner.

9. 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:

Fridge is now fitted with lock.

PIC and PPIM will get seven separate containers to reduce the risk of cross contamination.

PIC and PPIM reviewed all medications and ensured opening dates will be marked and consumption date, discussed in staff meeting. (9/3/16)

PIC and PPIM reviewed medication administration sheets to ensure records of residents GP were included.

Proposed Timescale: 25/03/2016

Theme: Health and Development

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

Some medication prescription records did not contain residents' photo identification.

10. 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:

PIC will update medication administration sheet to ensure photos of all residents are included.

Proposed Timescale: 30/03/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not accurately reflect the staffing complement in whole time equivalent.

The statement of purpose did not contain details on the arrangements for residents to access education, training and employment as applicable to the centre.

11. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and

Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

PIC will update Statement of Purpose to include details of education, training and employment. The updated Statement of Purpose will be submitted to the authority and will be available for review in the designated centre.

PIC will update Statement of Purpose to include the correct whole time equivalent to accurately reflect the staffing complement. The Statement of Purpose will be available for review in the designated centre from March 31st 2016.

Proposed Timescale: 31/03/2016

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:

Unannounced visits by the service manager on behalf of the provider nominee had not been carried out at a minimum of six monthly intervals.

12. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

PIC and Service manager have completed these and are available in the designated centre.

Proposed Timescale: 16/03/2016

Theme: Leadership, Governance and Management

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

Documentary evidence was not available to confirm if the actions arising from an unannounced visit in July 2015 had been completed.

13. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and

support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

Audit document including the action plan with completion of the actions is in the centre.

Proposed Timescale: 21/03/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Rosters did not detail the actual times staff were on duty during the night time period.

14. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

PIC and PPIM has updated staff roster to include the hours worked at night. Update rosters are available for review in the designated centre.

Proposed Timescale: 07/03/2016