

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	B Canices Road
Centre ID:	OSV-0002333
Centre county:	Dublin 11
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	Maureen Hefferon
Lead inspector:	Anna Doyle
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
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: 15 March 2017 09:30 To: 15 March 2017 18:10

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

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was the second inspection of the designated centre. The purpose of this inspection was to follow up on actions from a registration inspection carried out in the centre in March 2015 and to monitor on-going compliance with the regulations.

Description of the Service:

The centre is operated by St. Michaels House (SMH) and is situated in North Dublin. It comprises of a five bedroom two storey house located close to local shops and transport links. The centre provides care to both male and female residents who have an intellectual disability, some of whom have challenging behaviour. Care is provided by social care workers and there is access to nursing personnel from a 24hour on call support service provided by SMH.

How we gathered evidence:

Over the course of this inspection the inspector met all of the residents. The inspector met with three of the residents to discuss whether they were happy with the services provided in the centre and went through their personal plans with them

with their consent. One resident did not wish to formally meet with the inspector and this was respected. One resident showed the inspector their bedroom and it was evident that the residents' values and beliefs were respected and supported. They spoke to the inspector about some community activities they attended that supported the beliefs and values they held.

The inspector met with staff, observed interactions with staff and residents, reviewed records such as: care plans, risk assessments, policies and procedures and fire records. The person in charge was not present for the inspection as they were on planned leave. A person participating in the management of the centre, who reported to the person in charge, was present. Feedback was attended by the service manager for the centre and the person participating in the management of the centre as mentioned, the provider did visit the centre on the day of the inspection and verbal feedback was given to them.

Overall findings:

Overall the inspector found that residents were well cared for in the centre and staff were observed to treat residents with respect. Residents said that they were very happy living in the centre and were involved in managing their own home. Independent living skills and community participation were promoted and all of the residents lived active lives in the centre. The centre was clean and maintained to a good standard.

All of the actions from the last inspection had been implemented. On this inspection, two outcomes were found to be in moderate compliance with the regulations under safeguarding and medication practices in the centre. Two outcomes under health and safety and notification of incidents were found to be substantially compliant. All of the other outcomes inspected were found to be compliant. The action plan at the end of this report outlines the improvements required.

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 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):

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

Findings:

The inspector found that the action from the last inspection had been implemented, as the contract of care now included additional charges that may be incurred by residents. No other aspect of this outcome was inspected.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The inspector found that the health and social care needs of each resident were being supported and facilitated in the centre.

A sample of personal plans were viewed and each plan contained an assessment of need that had recently been reviewed. Support plans were in place for residents identified needs and plans were reviewed to assess their effectiveness on a regular basis.

Each resident had been supported to plan a 'wellbeing review meeting' last year and invited family members to attend this and other significant people in their lives in accordance with their own wishes. From this review, goals were identified for the year.

The inspector spoke to three residents about the supports outlined in their personal plans. All of the residents had a good knowledge of their healthcare needs and the goals that had been identified from their annual review. The goals were found to be meaningful to the residents and considered their own wishes and preferences. One resident was developing their plan into an accessible format with the support of staff.

Residents were being supported to achieve goals with the assistance of the staff team, input from family members and allied health care professionals. For example, one resident wanted to go camping and it had been identified that this would be done with the support of a family member. The resident spoken to confirmed this, and also spoke about other goals which included, paddle boarding and hot air ballooning.

Another resident was being supported to learn to use a mobile phone and advice had been sought from an allied health professional regarding this. It was recorded that this resident had already achieved some of the steps included in this goal.

Residents attended day activation centres and clubs of their choosing. On the day of the inspection, all residents were not attending day services as every Wednesday, residents liked to pursue other activities both inside and outside of the centre. Examples included; gardening, volunteering at a local church, going shopping independently, being supported to maintain personal relationships and attending allied health professionals independently.

Residents were also been supported to maintain and learn new life skills to increase their own independence. For example, one resident was being supported to learn skills in order to be able to stay on their own in the centre for short periods. Another resident was receiving refresher training in road safety awareness. Certificates of attendance to courses were also displayed in one resident's bedroom and the resident spoke to the inspector about these.

Judgment:

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):

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

Findings:

The inspector found that the actions from the last inspection had been implemented. These included improvements to the storage of electrical equipment, chemicals and other equipment in the centre.

Not all aspects of this outcome were inspected. However, the inspector did observe that the centre was very clean and appropriately maintained.

Judgment:

Compliant

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):

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

Findings:

The inspector found that the health and safety of residents, visitors and staff was promoted and protected. However, improvements were required in fire safety in the centre.

There were policies and procedures in place for risk management and emergency planning. The centre had a health and safety statement.

Risk assessments specific to the centre had been formulated. However, there was no risk assessment in place around lone workers in the centre.

Residents had individual risk management plans in place where appropriate. An example included accessing community activities independently.

Arrangements were in place for reviewing accidents in the centre. There had only been two recorded incidents in the centre in the last six months. The inspector found that responsive action had been taken in response to risks. For example, appropriate

measures had been taken in response to an incident that had occurred in the centre in relation to fire.

There were adequate precautions against the risk of fire in the centre. All staff had up to date training in fire safety. Suitable fire fighting equipment was in place and this had been serviced regularly. There were fire doors in the centre. Monthly fire safety checks were completed by staff and the person in charge completed quarterly health and safety audits in the centre.

An environmental fire safety risk assessment had been completed in mid February 2017 by the fire officer for the service and the actions from this were either implemented or still in progress.

Fire drills had taken place in the centre and residents had personal emergency evacuation procedures (PEEP's) in place that outlined the supports required for residents. However, the inspector was not assured that one resident who was currently been supported to learn the skills to remain in the centre on their own for short periods would respond appropriately to a fire in the absence of staff in the centre. This had not been assessed and the resident spoken with said that they would not leave the centre in this event.

There was a policy in place relating to incidents where a resident goes missing from the centre.

There was a policy on infection control in the centre. Hand washing facilities were provided. The centre was clean and well maintained.

The vehicle used in the centre was not in the centre on the day of the inspection. The provider was requested subsequent to the inspection to submit documents pertaining to the roadworthiness of the vehicle.

Judgment:

Substantially Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that there were measures in place in the centre to protect residents from being harmed or suffering abuse. However, improvements were required in behaviour support plans and the management of restrictive practices in the centre.

There was a policy on the prevention, detection and response to abuse. Staff members outlined how they would respond to potentially abusive situations for residents and were clear with regard to their reporting responsibilities. Staff had received training in this area. However, two volunteer staff had not completed safeguarding training.

Residents spoken with said they felt safe and happy living in the centre and would report concerns to staff or the person in charge.

There was a policy on the provision of behavioural support. Some residents had behaviour support plans in place and the inspector reviewed two of these plans. One plan was found to guide practice for staff.

However, one behaviour support plan required review as elements of the plan could not be implemented into practice and the information contained in this plan did not reflect best practice.

For example, one intervention implemented in response to a resident's behaviour may be considered punitive in nature as it was also implemented in response to a resident not adhering to their daily routine. Staff spoken with said that when the intervention was implemented in response to the resident not adhering to their daily routine, that it had caused the resident's behaviour to escalate.

Other issues included interventions in place that did not appropriately consider the safety of other residents or the resident displaying the behaviour. This was discussed in detail at the feedback meeting as some of the issues identified cannot be published in this report in order to protect the resident's identity.

There was a policy in place on the use of restrictive practices including physical, chemical and environmental restraint. However, there were two restrictive practices identified at this inspection that had not been notified to HIQA and had not been reviewed in line with best practice so as to ensure that the least restrictive practice was being implemented.

The restrictions included the use of a chemical restraint that was prescribed in response to behaviours that challenge and a drawer in the kitchen that was locked at certain times.

Judgment:

Non Compliant - Moderate

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

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

No actions were required from the previous inspection.

Findings:

The inspector found that a record of incidents occurring in the centre was maintained, however two restrictive practices used in the centre had not been notified to HIQA. These included the use of chemical restraint and one drawer that was locked at certain times.

Judgment:

Substantially Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents' health care needs were met in line with their personal plan.

Each resident had a personal plan in place that included an up to date assessment of their healthcare needs. There were plans in place guiding how residents should be supported with these needs.

A sample of plans viewed demonstrated that residents had regular access to allied health professionals based on their assessed needs.

Residents who met with the inspector spoke about some of their health care needs and how they were supported with these.

Meal times observed during this inspection were relaxed and a sociable event. Residents spoken with said that they were happy with the variety of food available in the centre.

They were involved in meal preparation and on review of the menu plan; the inspector found that residents' preferences were considered as part of this plan.

The advice of relevant allied health professionals was included in residents' person plans where appropriate.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that there were medication management procedures in place to ensure that residents were protected in the centre. However, improvements were required in the procedures to be followed for the administration of one prescribed medication in the centre and the times recorded on residents' prescription sheets.

There was a policy in place for medication management in the centre.

Medications were dispensed from a local pharmacy. Medications received into the centre were audited by staff; a copy of which was maintained on residents' medication folders.

Medications were stored in a locked cupboard and there was no requirement for controlled medications in the centre.

A sample of prescription sheets and administration record sheets were viewed and were found to contain most of the relevant information. However, the times of administration of some medications were not clearly recorded on the prescription sheet and the administration times signed by staff did not match the details on the prescription sheet.

In addition, the inspector noted from a review of one resident's daily notes that two members of staff had agreed that the resident, who was prescribed medication in response to a behaviour of concern should have this administered daily for five consecutive days as the resident was anxious over an upcoming event. This decision had not been agreed with the prescribing doctor or any senior personnel. The inspector acknowledges that while it had been discussed with the prescribing doctor after the event that this was not in line with best practice.

As required prescribed medication had corresponding protocols in place to guide staff practice and ensure that the medications was given at appropriate times. However, one required improvement, as it was outlined on the prescription sheet to refer to the behaviour guidelines. On review of this document the inspector found that it did not fully guide practice.

There was a system in place for the handling and disposal of unused and out of date medications in the centre and records were maintained demonstrating that medications returned to the pharmacy were recorded and signed by the staff and the pharmacy from which the medication was been returned to.

One resident had been assessed as competent to manage their own medications. However, it was recorded on the plan that the resident did not want to do this, preferring instead to have staff support. This was confirmed by the resident.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

Overall the inspector found that there was a clearly defined management structures in place with clear lines of authority, accountability and responsibility for the provision and quality of the service delivered.

The centre was managed by a suitably qualified person. The person in charge while not present at this inspection, had previously been interviewed by HIQA and were found to have the necessary skills and knowledge to perform their role.

They were supported in their role by a service manager and another social care worker in the centre. The social care worker was responsible for the provision of services when the person in charge was on leave. They were present at the inspection and were found to be very knowledgeable of the residents' needs in the centre.

A person nominated on behalf of the provider had made unannounced visits to the centre to audit the safety and care provided on a six monthly basis. The inspector viewed a sample of this report and found that actions required from this were completed.

An annual review had also been recently completed and included the views of residents and their representatives. The person in charge was been furnished with a copy of this review on their return from leave.

Staff spoken with felt supported in their role and said that they had regular supervision in the centre. They gave examples to the inspector of ideas they had brought forward that may improve services in the centre and said that the person in charge was implementing one of them as a trial.

The inspector did not review the minutes of these meetings as they were stored under confidential files in the centre, which only the person in charge had access to.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that there were sufficient staff numbers with the right skill mix, qualifications and experience to meet the assessed needs of the residents.

From a sample of files viewed, staff had up to date training in safeguarding, manual handling, fire safety and positive behavioural support, safe administration of medication and first aid. Other training provided included training in food hygiene, nutrition and hand hygiene. Refresher training was being rolled out to all staff in safeguarding vulnerable adults as part of a service wide plan.

The inspector observed that residents received assistance in a dignified, timely and respectful manner. One the morning of the inspection the inspector heard the staff member explaining the reason for the inspection to the residents.

The person in charge facilitated regular staff meetings in the centre and all staff felt supported in their role. One staff member had only recently been employed in the centre and the inspector was shown a copy of their induction manual that was been completed under the supervision of staff.

The inspector was informed of some good practices in the centre that ensured staff received appropriate supervision. For example, this new staff had completed a fire drill in order under the supervision of another staff member and they were scheduled next week to complete a sleepover while under the supervision of another permanent staff, part of which included a night time fire drill.

Two volunteers were employed in the centre. The provider was requested to submit information after the inspection to confirm whether that appropriate measures as outlined in the regulations were in place for volunteers. The information submitted demonstrated that volunteers had Garda vetting records in place. Roles and responsibilities were set out for volunteers and the records demonstrated that the person in charge met with the volunteers.

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):

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

Findings:

The inspector found that the actions from the last inspection had been implemented in that the policies required under Schedule 5 of the regulations, that were not in place at the last inspection were now available in the centre. No other aspects of this outcome were inspected against.

Judgment:

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:

Anna Doyle
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-0002333
Date of Inspection:	15 March 2017
Date of response:	10 April 2017

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 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 was no risk assessment in place for lone workers in the centre.

1. 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

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

for responding to emergencies.

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

The Registered Provider has completed a comprehensive lone working policy, to ensure that all risks are identified, and that adequate protective measures have been put in place to minimise or mitigate the risks, in line with the Providers' lone working policy.

Proposed Timescale:

Action complete 03/04/17

Documentation is available for inspection in the centre.

Proposed Timescale: 03/04/2017

Theme: Effective Services

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

There were no records to demonstrate that one resident who was currently been supported to learn the skills to remain in the centre on their own for short periods would respond appropriately to a fire in the absence of staff in the centre, as this had not been risk assessed

2. 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:

A comprehensive risk assessment is being developed in relation to a resident being home alone.

The Registered Provider will ensure that a training plan and recording system is developed to ensure the safe evacuation of the resident in the event of a fire while staying in the centre alone.

The resident's personal support plan has been reviewed and revised to include a specific fire safety training plan for staying home alone.

The training will be delivered quarterly and monitored monthly by the key-worker.

A recording system has been put in place to record the resident's progress and maintenance of skills.

Proposed Timescale: The relevant documentation will be available for inspection by the 18/04/17

Proposed Timescale: 18/04/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

One behaviour support plan required review as:

- Elements of the plan could not be implemented into practice.
- One intervention implemented in response to a resident's behaviour may be considered punitive in nature as it was also implemented in response to a resident not adhering to their daily routine.
- Interventions in place did not appropriately consider the safety of other residents or the resident displaying the behaviour.

3. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

The PIC and the Psychologist, on behalf of the Registered Provider, will review and revise this resident's Positive Behaviour Support (PBS) plan, to ensure that the support needs of the resident are fully considered. In line with best practice the recommended interventions are designed to meet these needs in a positive manner.

They will further ensure that the interventions, and associated risk assessments, will take account of the safety of all residents in the house.

The staff team will be briefed and coached on the changes to the P.B.S plan

The informed consent of the resident and the family will be sought.

Proposed Timescale: Action will be complete by the 30/05/17.

The relevant documentation will be available for inspection.

Proposed Timescale: 30/05/2017

Theme: Safe Services

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

Two restrictive practices had not been reviewed in line with best practice so as to ensure that the least restrictive practice was being implemented.

4. 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:

The PIC and the psychologist have reviewed the practice of locking a drawer at certain times, and have concluded that this intervention is no longer required.

(A) The resident's PBS support plan will be revised to reflect this change.

(B) The use of PRN medication for one resident will be reviewed by the prescribing psychiatrist, on. The psychiatrist will discuss this intervention with the resident, and will seek her consent for it.

Proposed Timescale:

(A) 11-04-17. (B) 25/04/17

Documentation will be available for inspection.

Proposed Timescale: 25/04/2017

Theme: Safe Services

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

Two volunteer staff had not completed training in safeguarding vulnerable adults.

5. Action Required:

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

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

The Person in Charge (PIC) has contacted the training department to request safeguarding of service users training for the volunteers.

Volunteers participating in activities with residents, will be supported and supervised by staff members until they have completed their safe guarding training.

Proposed Timescale: Training to be completed by the 30/06/17

Proposed Timescale: 30/06/2017

Outcome 09: Notification of Incidents

Theme: Safe Services

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

Two restrictive practices used in the centre had not been notified to HIQA.

6. Action Required:

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

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

The PIC will ensure that all restrictive practices are notified to HIQA at the end of each quarter as per regulation 31 (3)

Proposed Timescale: Notifiable incidents will be reported to the Authority in the next quarter.

Proposed Timescale: 10/04/2017

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 prescribed in response to a behaviour of concern was administered daily for five consecutive days and this decision had not been agreed with the prescribing doctor or any senior personnel.

The times of administration of some medications were not clearly recorded on the prescription sheet and the administration times signed by staff did not match the details on the prescription sheet.

7. 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 (PIC) has reviewed the medication management system with the prescribing doctors.

The prescription sheet has been reviewed and revised by the prescribing doctor. The administration times have been adjusted, to clearly reflect the correct times at which the medication is to be administered, and recorded.

The PRN medication guidelines will be reviewed and revised by the prescribing Psychiatrist, to ensure that they provide clear instruction and guidance for staff regarding the correct times, doses and duration of administration.

The PIC with support from the medication management team will provide coaching for the staff team on the revised prescription and recording system immediately following the revision of the prescription.

Proposed Timescale: 21/04/2017