

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Shanowen
Centre ID:	OSV-0002374
Centre county:	Dublin 9
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	Michael Farrell
Lead inspector:	Anna Doyle
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 20 October 2016 11:00 To: 20 October 2016 20:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
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 third inspection of the designated centre. The purpose of this inspection was 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 six bedroom bungalow 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 mobility issues, healthcare needs and behaviours that challenge. Care is provided using the social care model of support.

How we gathered evidence:

Over the course of this inspection the inspector met all of the residents. Two residents met formally with the inspector and others were met informally. Residents were observed to appear happy living in the centre and informed the inspector that they were happy living there. Some residents were unable to tell the inspector about their views on the quality of the services been provided in the centre. The inspector

observed practices, met with staff, reviewed documentation such as: care plans, medical records, risk assessments, policies and procedures and fire records. The person in charge was present on the day of the inspection. The service manager, the person in charge and a staff member attended the feedback meeting.

Overall findings:

Overall the inspector found that residents were well cared for in the centre and that the provider was for the most part meeting the requirements of the regulations. However, the provider had not put adequate measures in place to ensure some residents had access to suitable day service.

One major non compliance was found in relation to social care needs in the centre. Three outcomes were found to be moderately non compliant under safe and suitable premises, governance and management and workforce. Three outcomes were found to be substantially complaint with some improvements required in health and safety, healthcare needs and documentation. The remaining four outcomes were judged to be complaint. The action plan at the end of this report addresses 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 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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 regarding the management of complaints in the centre. The person in charge informed the inspector that the issues identified in the complaint had not reoccurred. No other aspects of this outcome were inspected.

Judgment:

Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector found that the action from the last inspection had been completed. No other aspects of this outcome were inspected.

Since the last inspection the provider had undertaken to ensure that a speech and language therapist would visit the centre to assess residents who had non verbal communication skills.

This assessment was to include the possible use of assistive aids to enhance residents' communication skills. The inspector viewed one communication passport for a resident, which included the introduction of two assistive devices to support and enhance the residents' communication needs.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found that residents had a personal plan in place and that one of the actions from the last inspection had not been fully implemented. Improvements were also required in the assessment of need, support plans and the identification of goals for residents in order to improve outcomes for them.

Since the last inspection the provider had undertaken to introduce specific assessments relating to pressure care. This had been implemented.

In addition personal plans would contain details of the persons responsible for implementing the personal plans and have set time scales for proposed completion of goals identified. The inspector found that some residents had no goals recorded on personal plans and those that did had no records to support who was responsible for implementing the goals and within what time frames.

A sample of plans viewed found that an assessment of need was in place. All plans were currently in the process of being updated using a new assessment template that the

provider had introduced. However, while there was evidence that some assessments had been updated to reflect changing needs for residents, some assessments had not been updated since 2014.

There was evidence of good support plans in place that detailed the supports required in order to meet residents' needs. However, some of the support plans were not detailed in order to guide practice. For example, one health care support plan did not include the details of when staff should seek assistance from senior personnel.

There were records to indicate that a review of residents care was taking place, this was recorded at staff meetings and a monthly report was completed by key workers. However, this was not included in the residents' personal plan and there was no overall review of the effectiveness of personal plans. For example, only one resident had an annual review since the last inspection. The records indicated that the resident had been involved in the review. However, there was no evidence that a family representative was involved.

All residents attended a day service with the exception of one whose day placement had stopped on 26 August 2016 due to lack of available transport. The inspector found that there had been no arrangements in place in order to meet this residents needs.

The provider had been made aware of the day placement issues in April 2016 and to date there had been no multidisciplinary meetings to discuss this. There had been some day placement sessions made available for the resident on a session basis. However, the inspector was informed that this could not always be facilitated. The inspector acknowledges that despite this, staff members were endeavouring to meet the residents' needs. For example, on the day of the inspection the resident was on an outing for the day. However, from a sample of activities viewed for this resident there were some days when there were no activities completed for them during the day.

Two residents attended a local club in the community one day a week. Samples of other residents' activity schedules were viewed and the inspector found that residents had regular access to social activities in the community. One resident had a goal in place to get a job and spoke to the inspector around how they were being supported to do this within their day service.

No residents were transitioning from the centre at the time of the inspection.

Judgment:

Non Compliant - Major

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found that one of the actions from the previous inspection had not been fully implemented and further improvements were required.

Not all aspects of this outcome were inspected. Since the last inspection the provider had undertaken to ensure that two of the bathrooms were updated in the centre. This had been completed.

However, the inspector found that some of the equipment in the bathroom was rusted, this included bins, a changing table and a catheter stand. The inspector noted from the maintenance records that the changing table had been serviced in April 2016 and part of the recommendations from this had included purchasing a new changing table due to its condition. This had not been followed up on.

The provider had also undertaken to ensure that external footpaths were maintained and free of moss. While the inspector found that the general walk way areas were free from moss there was still moss present on a tarmac area to front side of the house. The inspector found that this walkway was not used on a day to day basis as the back entrance to the centre was normally used. Notwithstanding this, the area still needed to be addressed.

The inspector found that for the most part the centre was clean, however some areas required improvement. These areas were pointed out to the person in charge on the day of the inspection and some issues included, the front entrance was untidy, the paint work in the shower room was peeling. Bins in the bathroom were unclean, the bath surrounds required replacement or updating and some of the doors in the centre were scuffed and marked.

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):

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 and that there were systems in place to ensure that the health and safety of residents, staff and visitors to the centre were protected and promoted. However, some improvements were required in the overall review of incidents in the centre and fire safety.

Since the last inspection the provider had undertaken to ensure that the vehicle used to transport residents would have an up to date national road safety certificate in place. The inspector found that certificate in place was up to date.

There were adequate precautions against the risk of fire in the centre. There were fire doors in the centre. However, a self closing fire door in one area of the centre was required in order to contain fire. Records confirmed that this had already been highlighted to the provider by the fire officer for the service and was on a priority list.

All staff had up to date training in fire safety. Suitable fire fighting equipment was in place and this had been serviced regularly.

Monthly fire safety checks were completed by staff and quarterly health and safety audits were completed in the centre.

Fire drills had been completed. This included a fire drill at night time when staffing levels were reduced in the centre. The inspector found that issues raised had been addressed. Residents had personal emergency evacuation plans (PEEP's) in place. However, one PEEP had not been updated to reflect one area where the resident required support. The inspector discussed this with the person in charge.

There were policies and procedures in place for risk management in the centre. Risk assessments were in place that were specific to the designated centre, a sample were viewed and found to contain appropriate control measures in order to minimise risks.

Manual handling risk assessments were in place for residents where appropriate, but some of them had not been updated since May 2014. The inspector found that despite this, there was a detailed transfer plan in place that guided staff around the supports required.

Nine incidents had been recorded in the centre since the beginning of the year. However, while part of the unannounced quality review recorded the amount of incidents in the centre, there was no review of incidents in the centre in order to identify trends and review control measures implemented.

There were policies and procedures in place for infection control. Staff had completed hand hygiene training.

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 to protect residents being harmed or suffering abuse in the centre.

There was a policy in place on safeguarding vulnerable adults and all staff were trained in this area, however, refresher training had not been provided to include the HSE revised guidelines. The staff members spoken to were clear about what to do in the event of an allegation of abuse. Residents spoken with said that they would speak to staff or family if they felt unsafe in the centre.

There was a policy in place for the provision of behavioural support to residents. Behaviour support plans viewed by the inspector were found to contain the necessary details in order to guide practice.

There were two mechanical restrictive practices used in the centre. They included the use of lap straps and bed rails. Both of which had been referred to the service committee who approved these practices earlier in the year. The inspector found that the practices were in place in order to meet the residents' assessed needs.

One resident's financial records were reviewed on foot of a discussion with the person in charge about a large sum of money belonging to the resident that was spent. The inspector found that advice had been sought from an independent advocate prior to the money being spent. In addition, the inspector met with the resident who confirmed that they were happy with the way in which the money was spent.

While the inspector was satisfied that the arrangements in this case were appropriate and respected the residents rights, there was no policy in place around this to ensure that transparent procedures were in place to guide future practice.

Judgment:

Compliant

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

Theme: Health and Development

Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
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Findings: The inspector found that each resident was supported to achieve best possible health in the centre. However, some improvements were required in the assessment of need and health support plans for residents. A sample of personal plans were viewed which contained an assessment of need for residents. However, some of them had not been updated to reflect residents changing needs. Detailed support plans were in place for a range of identified needs including; mental health, however some support plans required more detail in order to guide practice. For example, one support plan did not detail when staff should seek further medical attention for a resident. Residents had timely access to allied health professionals in order to meet residents' needs. Mealtimes were not observed on this inspection.
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Judgment: Substantially Compliant

Outcome 12. Medication Management <i>Each resident is protected by the designated centres policies and procedures for medication management.</i>
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Theme: Health and Development

Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.
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Findings: The inspector found that the action plan from the last inspection had been completed
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and that there were policies and procedures for medication management in the centre. However, some improvements were required in medication practices in the centre.

Since the last inspection the provider had undertaken to ensure that refresher training for the safe administration of medication was provided to staff. This had been completed.

There were written policies on medication management practices in the centre. However, it did not include a procedure on the disposal of unused/discontinued medication in the centre. The inspector spoke to a staff member who discussed the procedure followed in the centre and this was in line with best practice. For example, discontinued medication was stored separately, medications were returned to the local pharmacy and a record was maintained of medications that were disposed of in the centre.

Medications were securely stored in the centre. Medicines were supplied by a retail pharmacy business, and where appropriate were dispensed in individual 'blister packs'. An audit system was in place for medications received into the centre. However, two medications did not have labels attached to the blister pack cards, this was pointed out to the staff member who had rectified this by the end of the inspection.

The inspector reviewed a sample of prescription sheets, medication administration sheets (MAS's) and medications stored in the medicines cupboard and found that appropriate measures were in place.

Ten medication errors had occurred in the centre in the last six months and the inspector found that they had been followed up with the nurse manager on call and that appropriate actions had been taken to minimise the risk of reoccurrence.

There were no residents self medicating in the centre. Controlled medications were not stored in the centre.

Judgment:
Compliant

Outcome 14: Governance and Management

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

Theme:
Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found that there were management systems in place to ensure that the service provided were safe, appropriate to residents' needs. However, improvements were required.

The person in charge was present on the day of the inspection. They had been interviewed at an earlier date by HIQA and were found to be suitably qualified and knowledgeable of the regulations. They were fulltime in their role and were allocated eight hours protected time each week in order to ensure effective oversight of the centre. However, over the last two months this had not always been possible due to one residents change of circumstances. This was having an impact on the person in charges oversight of the quality of services being provided in the centre.

There was a clearly defined management structure in place. The person in charge reported to the service manager who in turn reported to the provider nominee. The inspector was informed that the person in charge and service manager met every 5-6 weeks to discuss the quality of care provided in the centre. The person in charge felt supported in their role.

An unannounced quality and safety review had taken place in the centre in May 2016; however, only one had been completed since the last inspection.

There was no annual review for the centre.

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):

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

Findings:

The inspector found that the actions from the last inspection had been completed, however, improvements were required in order to ensure that staffing levels were

adequate at all times during the day.

Since the last inspection the provider had undertaken to ensure that a nurse was employed in the centre in order to meet residents assessed needs and that an additional half time post would be employed in order to ensure continuity of care for residents. The inspector found that both of these actions had been implemented.

Staff spoken with said they felt supported in their role, although they felt that one residents changing needs had an impact on the ability to complete administrative and other duties in the centre. The inspector found that no additional staffing had been provided for one resident who had no day service for the last two months in the centre.

A nurse manager was on call 24 hours a day in order to provide advice and support to staff for residents' health care needs.

There was supervision in place for staff and the inspector saw minutes of supervision meetings. Staff had completed mandatory training and additional training in order to meet residents assessed needs. However, one staff required training in catheter care.

There were no volunteers in the centre, however there were two therapists who attended the centre weekly. This was not highlighted in the statement of purpose specifying the arrangements in place for their supervision while they attended the designated centre.

Personnel files were not reviewed as part of this inspection.

Judgment:

Non Compliant - Moderate

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found that one of the actions from the last inspection had not been fully implemented. No other aspects of this outcome were inspected.

Since the last inspection the provider had undertaken to ensure that all of the policies and procedures set out under schedule 5 of the regulations would be available in the centre. One of the policies on the provision of information for residents was still not in place.

In addition two other policies required improvements they were

- The medication policy on medication management did not include the disposal of medications in the centre.
- The policy on service user's finances required more detail as discussed under Outcome 8 of this report.

The provider had also undertaken to ensure that a copy of the maintenance records for emergency lighting was available in the centre. This was in now in place.

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:

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-0002374
Date of Inspection:	20 October 2016
Date of response:	30 November 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 residents' assessments of need had not been updated to reflect changing needs and some had not been updated since 2014.

1. Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive

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

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 organisation has introduced a new system for completing individual Assessment of Needs The PIC together with keyworkers, residents and families are in the process of completing these.

Proposed Timescale: 30/12/2016

Theme: Effective Services

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

There were no formalised arrangements in place to meet one residents assessed needs.

2. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

Work is ongoing to identify a suitable day service. In the interim staff will continue to support the resident to engage in meaningful community based activities of her choosing. It is anticipated that an appropriate place will be available by late January.

Proposed Timescale: 30/01/2017

Theme: Effective Services

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

There was no overall review in place to in order to assess the effectiveness of personal plans.

3. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

The organisation has recently introduced new systems to support keyworkers to track the effectiveness of individual personal plans. The PIC together with Keyworkers is in the process of implementing this.

Proposed Timescale: 15/01/2017

Theme: Effective Services

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

There was no evidence that family representatives where appropriate were involved in residents plans or their review.

4. Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

The PIC together with Keyworkers are in the process of putting in place systems to formally record families level of involvement in the development of individual residents plans and reviews.

Proposed Timescale: 30/01/2017

Theme: Effective Services

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

Some residents had no goals in place.

There were no records to indicate who was responsible for the implementation of goals within specified timeframes.

5. 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 organisation has recently introduced a new system "All About Me" to support the identification of individual goals. Key workers are currently working with residents to complete this process. This new system provides for the recording of persons responsible and timeframes.

Proposed Timescale: 30/01/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Some of the equipment in the centre needed to be replaced. This included the changing table, bathroom bins and a catheter stand.

6. Action Required:

Under Regulation 17 (5) you are required to: Equip the premises, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.

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

The bathroom bins and catheter stand have been replaced. A new changing table has been ordered.

Proposed Timescale: 30/01/2017

Theme: Effective Services

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

One tarmac area to the front of the designated centre needed to be cleared of moss.

The shower area had paint peeling off the walls.

The side panel on the bath needed to be updated or replaced.

7. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

The moss has been cleared from the front of the centre. St. Michael's House Technical Services are arranging for the side panel on the bath to be replaced and the paint work in the small shower room to be updated.

Proposed Timescale: 15/01/2017

Theme: Effective Services

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

Some areas of the centre were not clean. This included the bathroom bins, the front entrance and some of the paintwork had scuff marks.

8. Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

The bathroom bins have been replaced the area around the front door has been cleaned. Arrangements are in place for painters to touch up scuffed areas.

Proposed Timescale: 15/01/2017

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 formal review of incidents in the centre in order to identify possible trends that may guide future practice.

9. Action Required:

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

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

All incidents and accidents are recorded electronically and forwarded to the service manager for review. Currently these are reviewed as part of PIC / Service Manager Support Meetings and Six Monthly Audits. Recent reviews have highlighted no significant trends. The organisation is in the process of putting in place systems that will enable the information recorded on individual electronic reports to be analysed for trends and patterns.

Proposed Timescale: 30/01/2017

Theme: Effective Services

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

A self closing door was required in order to contain fire in one area of the centre.

One resident's PEEP needed to be updated to reflect the supports required.

10. Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

The PEEP has been updated by the resident's Key Worker.

A self closing devise will be fitted to the identified door

Proposed Timescale: 30/01/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Some health support plans required more detail in order to guide staff practice.

11. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

The PIC together with the Staff Nurse will review Health Care Plans and amend as appropriate.

Proposed Timescale: 30/12/2016

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:

The person in charge was not facilitated to have protected time of eight hours a week, due to the change in circumstances of one resident.

12. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

It is anticipated that the issue effecting management time will be addressed by January 30th. In the interim the Service Manager together with the PIC will monitor the roster to ensure that management time is protected.

Proposed Timescale: 30/01/2017

Theme: Leadership, Governance and Management

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

An annual review had not been completed for the centre.

13. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

The organisation has put in place a system to ensure that Annual Review's are completed for 2016

Proposed Timescale: 30/01/2017

Theme: Leadership, Governance and Management

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

Only one unannounced quality review had been completed since the last inspection.

14. 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:

At the time of the inspection staff were unable to locate a copy of the review dated December 2015. A copy was forwarded to HIQA on 21/10/2016

Proposed Timescale: 01/12/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

There was insufficient staffing available in the centre during the day in order to meet one residents needs.

15. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

This relates to one resident currently not having a day service. It is planned that this will be resolved by 30th January 2017. In the interim the PIC and Service Manager will monitor the roster to ensure that there is an appropriate level of staffing.

Proposed Timescale: 30/01/2017

Theme: Responsive Workforce

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

One staff required training in catheter care.

All staff had not completed refresher training in safeguarding in line with the HSE policy.

16. Action Required:

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

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

- 1) Arrangement are in place for the new staff member to be trained in catheter care
- 2) Arrangements are in place for staff to be completed in refresher training in Safe Guarding

Proposed Timescale: 30/01/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

There was no policy on the provision of information for residents in the centre.

There was no written policy on the disposal of medication in the centre.

The finance policy required more detail in order to guide future practice.

17. Action Required:

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

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

- 1)The Organisation is the process of finalising a policy on Information to Residents

Proposed Timescale: 30th Jan 2016.

2) A written Policy of the disposal of medication has been completed.

Proposed Timescale: Completed

3)The Organisation is in the process of completing a review of the policy to support residents to manage their money. The issue identified will be addressed as part of this review. In the interim the house will continue to follow good practise including the Service Manager being notified of all large expenditures in advance.

Proposed Timescale: 30th March 2017

Proposed Timescale: 30/03/2017