

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by St Michael's House
<b>Centre ID:</b>	OSV-0002376
<b>Centre county:</b>	Dublin 9
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St Michael's House
<b>Provider Nominee:</b>	John Birthistle
<b>Lead inspector:</b>	Nuala Rafferty
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	3
<b>Number of vacancies on the date of inspection:</b>	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 and the National Standards for Residential Services for Children and Adults with Disabilities.**

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

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

From: 22 July 2014 09:30 To: 22 July 2014 18:00

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

Outcome 01: Residents Rights, Dignity and Consultation
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 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 this 8 bed centre for persons with disabilities. The centre forms part of a diverse number of services nationally delivered by the provider St Michaels House Group. As part of the process the inspector met with the person in charge, the services manager, staff and residents and reviewed documentation such as clinical care records, policies and procedures and rosters. The purpose of the inspection was to assess the level of compliance with the Health Act 2007(Care and Support of Residents in Designated Centre's for Persons (Children and Adults) with Disabilities 2013 and the standard of care delivered to residents in the facility.

Throughout the inspection it was noted that there was an emphasis on delivering safe suitable and appropriate care in a relaxed and unhurried manner. Daily routines for each resident reflected their general status following assessment by staff and the pace of care delivery tailored accordingly. There was a deliberate lack of routine which allowed care to be provided within a low key atmosphere of domesticity and socialization. Staff were found to deliver effective care in an unobtrusive and respectful manner.

The findings from this inspection are detailed under each outcome in this report.

Although in general evidence of good standards of practice were found improvements were noted to be required in some aspects of service delivery such as; care planning, statement of purpose and safeguarding. Where non compliances are identified an action plan is included under each outcome and identifies areas where improvements are required to comply with the regulations and Authority's standards.

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

**Outcome 01: Residents Rights, Dignity and Consultation**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Evidence that residents were consulted with and enabled to participate in decisions about their care and about the organisation of the centre was found on this inspection. Regular weekly meetings took place and minutes of these meetings outlined discussions and decisions taken on activities and meal planning. Daily routines respected individual choice and preferences such as times for rising or returning to bed.

It was found that resident's privacy and dignity was respected through personal care practices, maintaining private communications and contacts with relatives and friends and maximising independence. Locks were available on all bedroom doors and some residents were provided with their own front door key. Use of CCTV or other monitoring devices were not in use in the centre at this time.

Staff were observed to facilitate residents' capacity to exercise personal autonomy and residents were enabled to exercise choice and control in their daily lives in accordance with their preferences. Independence was promoted and encouraged through development and maintenance of life skills.

Systems to safeguard finances were in place and supports to facilitate residents to safely manage their finances were reviewed. It was found that resident's belongings and finances were protected on this inspection. A robust system which involved recording, balancing and auditing three separate account records was in place consisting of an expenditure record, receipts and bank account statements. Each aspect of the three records were reconciled for every lodgement, withdrawal or transaction conducted. These were audited by the person in charge monthly. Records indicated full reconciliation and corroboration of purchases/payments with receipts expenditure records and bank statements.

There was a written operational policy and procedure relating to the making, handling and investigation of written complaints. The procedure identified the nominated person to investigate a complaint and the appeals process. There was a nominated person who held a monitoring role to ensure that all complaints were appropriately responded to and records were kept. It was also noted that residents were facilitated to have access to advocacy services. A process to record complaints was available however, the inspector was told no complaints had been made to date.

**Judgment:**  
Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

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

**Theme:**  
Effective Services

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

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

**Findings:**

All lines of enquiry in relation to this outcome were not reviewed on this inspection, the inspector focused specifically on the admission and discharge processes in place. Evidence that residents' admissions were determined on the basis of criteria in accordance with the current Statement of Purpose was not available with regard to emergency or respite admissions. This was in part due to a lack of clarity in the statement of purpose which requires to be reviewed and this is further detailed under Outcome 13.

In discussion with the person in charge the inspector learned that all referrals were considered by a New Referrals and Discharge Committee. All appropriate referrals were assessed by a clinical team who recommend placement to the person in charge and services manager who then input into the process. The centre provides a form of time share which entails two persons residing for part of each week. An existing vacancy relates to this service and the person in charge told the inspector that discussions were ongoing on how this would be filled but final decisions had not been made.

The person in charge was clear that where it was believed a potential residents needs could not be met or would not fit with the existing profile, then the placement would not be facilitated. The protocol for filling vacancies also included assessments associated with the suitability of the environment to meet potential residents' needs; level and skill mix of staff and familiarity with the local community and area.

The person in charge advised that due to the current profile of residents the centre does not offer emergency admissions and respite to date has not been offered.

**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):**

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

**Findings:**

Some evidence that resident's well being and welfare were maintained by a good standard of evidence-based care and support was found. Comprehensive personal plans that identified the supports to be provided to maximise each resident's abilities to reach potential for personal development in all spheres of daily life, i.e. personal, social, health and education were in place for some residents. These plans were found to reflect resident's involvement to the extent that the resident was consulted on their wishes and preferences relating to family and community based contacts visits and outings. Plans were in place for all residents and it was found that they were moving to an outcome rather than activity based focus to promote independence and life skills maintenance or development. Opportunities for education, training and development were provided and all residents were attending day services to maintain and develop life skills such as IT skills courses.

However, on review of a sample of clinical documentation it was found that improvements were required to ensure that arrangements to meet each resident's assessed needs were set out in a personal plan (or care plan) that reflected their needs and capacities. A revised care planning system was being introduced into the centre and all staff including the person in charge were in the process of becoming familiar with the system.

Although in general, care plans in place reflected the care delivered further improvements were found to be required. A care plan was not in place for every identified need, examples included behaviour that challenges, risk of falls and risk of choking. Care plans which were in place were noted to be generalised and not

sufficiently specific to appropriately manage the residents identified need, for example a plan to manage an identified a risk of absconsion did not include known indicators or triggers for the behaviour. There was some evidence of residents and or their relatives involvement in the care planning process although it was noted that improvements to ensure all plans were person centred were required.

It was also noted that in some instances where evidence of interventions of allied health professions were found, the guidance was not referenced in a care plan to ensure the recommendations or guidelines for care were implemented and reviewed to determine effectiveness. Although risk assessments on management of some care needs such as falls risks were in place these were not linked to a comprehensive care plan to determine effectiveness of measures in place.

**Judgment:**

Non Compliant - Moderate

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

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

**Findings:**

This outcome was not fully reviewed on this inspection. Lines of enquiry relating to some issues found in relation to infection prevention and control only were covered.

In conversation with staff it was found they were aware of the processes in place to ensure good infection prevention and control practices. However, most but not all aspects of the environment was noted to be clean and clutter free. Although the centre was in general well maintained and some aspects had been recently re painted such as resident's bedrooms, further improvements and measures to control and prevent infection were noted to be required.

Examples included; laundry area where a high build up of dust and grime was noted underneath and around the washing machine and tumble dryer; cracked or stained wall tiles and flooring in the bathrooms; shower drain required repair in large shower room; rust observed on some bed frames, bed rails and shower chairs.

**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:**

Although all aspects of the lines of enquiry for this outcome were not reviewed on this inspection it was found that in general the health and safety of residents, visitors and staff was promoted and protected in that policies and procedures for risk management and health and safety were available and staff were aware of them.

Records were maintained regarding the regular servicing of fire equipment and fire officer's visits. Fire escape routes were unobstructed. Fire equipment and alarms were tested and arrangements were in place for the maintenance of the system and equipment. Personal emergency evacuation plans for all residents were in place and were sufficiently specific to guide staff. However, although staff spoken with demonstrated knowledge of the procedures to be followed in the event of a fire, these procedures were not displayed. Staff had received annual training in fire safety as required under the legislation.

Arrangements were also in place for responding to emergencies including procedures and policies covering responses in the event of a resident being absent or missing without staff knowledge. Some additional equipment to effectively and safely respond to emergencies was available such as; blankets and search torches.

**Judgment:**

Non Compliant - Minor

**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:**

Measures were in place to protect residents from being harmed or suffering abuse. There was a policy which provided guidance for staff to manage incidents of elder abuse. In conversation with some staff members, the inspector found they were competent in their knowledge regarding reporting mechanisms within the centre and what to do in the event of a disclosure about actual, alleged or suspected abuse. Although all residents were unable to express feeling safe, the inspector observed they appeared comfortable with staff and did not exhibit behaviours associated with distress or anxiety.

Although a restraint-free environment was observed to be promoted within the centre, and behavioural supports to manage behaviour that challenges was not observed during this visit. It was found that restrictive measures such as use of bed rails and lap belts were noted to be in use for some residents, specifically those persons with balance or sitting difficulties who had limited mobility. However although alternative, less restrictive measures may have been considered or trialled prior to the use of these methods documentation referencing the need for these restraints did not identify whether the restraint used was suitable for the residents needs without restricting the resident unnecessarily and was used for the shortest duration possible. Improvements to clinical documentation were noted to be required and this is discussed under Outcome 5.

It was further noted that where bed rails were in use, these were not integrated but were independently attached to the residents' beds. Records to evidence that a full assessment of the safe positioning of the rails using a recognised assessment tool to determine that the rails were located within safe dimensional limits was not available.

**Judgment:**

Non Compliant - Moderate

**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:**

Residents had access to medical services. On review of a sample of documentation, some evidence of access to specialist and allied health care services such as general

practitioners (GP), psychiatry and physiotherapy services was found. Historically, all information in relation to reviews of residents health status by medical officers or other allied health care such as psychology or psychiatry were not held in the centre, although this was now being addressed and a clinicians note section in each file to facilitate improved information sharing and provision of a complete record of each residents current health status had recently commenced

Residents were provided with food and drink at times and in quantities adequate for their needs. All meals were prepared in the centre and residents were encouraged to be involved in the preparation of evening meals in the centre as appropriate to their ability and preference.

Residents were supported on an individual basis to achieve and enjoy the best possible health through the promotion of healthy lifestyle options. Examples included healthy diet choices and regular exercise with resident's who wished to do so were supported to participate in the Dublin City Marathon each year.

**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:**

Evidence that the processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation were found and systems were in place for reviewing and monitoring safe medication practices. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and appropriate procedures for the ordering, storing and returning medication including unused and out-of-date medicines.

Systems to ensure regular reviews of residents' medication were found to be in place including review of the frequency and requirement for pro re nata (PRN) or as required anti psychotic medication and monitoring of blood levels for persons on psychotropic and anti epileptic medications.

In general, the inspector found evidence of safe medication management practices with policies in place being implemented in practice, although some improvements were found to be required such as;

- name of residents GP not identified on the prescription sheet.

A medication management policy was in place, although this was not centre specific the inspector was informed that the policy was under review.

A review of the dispensing system for medications to a closed dosage system was also under consideration by the person in charge at the time of inspection.

**Judgment:**

Non Compliant - Minor

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

A written statement of purpose was available which broadly reflected the service provided in the centre. On review it was found that some improvements were required to ensure the document contained all of the information required by Schedule 1 of the Regulations.

Information which requires to be included in the statement of purpose includes;

- the criteria used for admission including policy and procedures for respite, time share and emergency admissions;
- range of needs and the facilities and services available to meet those needs including type of nursing care ;
- arrangements for residents to access education training and development.

It was also noted that aspects of personal information was included in the document which may identify resident's or staff and may represent a potential breach of their privacy, dignity and rights to protection of confidentiality under the Data Protection Act 1988 & 2003.

**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):**

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

**Findings:**

While all lines of enquiry in relation to this outcome were not reviewed on this inspection the inspector formed the view that within the centre there was evidence of good management systems to support and promote the delivery of safe care services. However, it was noted that this centre forms part of a larger service provider with a complex management structure and associated levels and lines of authority and accountability, to which the person in charge and service manager referred for clinical governance and relied upon for support.

The centre was managed by a person in charge who demonstrated good leadership skills and sufficient knowledge to ensure suitable and safe care was delivered to residents. All staff were familiar with each resident's personal and social interests, background and history. Residents' were familiar with all staff including the person in charge on sight, those who could communicate verbally called staff by name and the interactions between all staff and residents displayed warm and mutually respectful and caring interpersonal relationships.

The person in charge had a comprehensive knowledge of the centre and informed the inspector that as head of unit she was involved in decisions such as agreeing suitability for admission. Additionally the inspector was told that as head of unit the person in charge was allocated a budget for which she had control on expenditure relating to for example, maintenance, equipment and refurbishment of the centre.

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

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

**Findings:**

Although all lines of enquiry were not reviewed it was found that at the time of this inspection, the levels and skill mix of staff were sufficient to meet the needs of residents and staff were supervised appropriate to their role. The inspector observed staff and residents interactions and found that staff were respectful patient and attentive to residents needs. It was noted that staff provided reassurance to residents by delivering care to them in a quiet confident manner.

Evidence that all staff received up-to-date mandatory fire training, moving and handling and vulnerable adult protection was available. Training provided also included hand hygiene, safe administration of medication and oral care.

A sample of staff files were reviewed and were found to meet the requirements of Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) Regulations 2013.

**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:***

Nuala Rafferty  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by St Michael's House
<b>Centre ID:</b>	OSV-0002376
<b>Date of Inspection:</b>	22 July 2014
<b>Date of response:</b>	08 September 2014

### Requirements

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

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:**

A plan for every identified need was not in place for all residents.

**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.

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

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

The CNM2 (PIC) and her staff team are in the process of completing an assessment of needs and a care plan for each resident in consultation with the resident/advocacy/family member. Following on from this the Allied Healthcare Professionals will assess each resident as appropriate in line with each resident's individual needs.

**Proposed Timescale:** 21/11/2014

**Theme:** Effective Services

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

Plans in place were not sufficiently specific to appropriately manage residents need and risk assessments and health care plans were not always linked.

**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:**

The PIC will put in place specific plans that identify the needs of each resident and will update the risk assessments associated to those needs. The PIC will ensure that the identified needs are linked to each individual care plan.

**Proposed Timescale:** 21/11/2014

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

All aspects of the environment were not sufficiently clean to adequately guard and protect residents against the risk of infection and some items of equipment such as those referenced in the body of this report required to be repaired or replaced to prevent risk of cross infection.

**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 PIC has made immediate contact with the Technical Services Department to ensure that all areas identified under the outcome Safe and Suitable Premises will be rectified accordingly. Appropriate cleaning equipment has been purchased to address deficits in

cleaning the laundry room area, bathrooms and some bedroom areas.

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

### **Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

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

Centre specific procedures to be followed in the event of a fire were not displayed

**Action Required:**

Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

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

The centre specific fire procedure has now been displayed by the front door.

**Proposed Timescale:** 23/07/2014

### **Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Where restraints such as bed rails were in use, records to evidence that a full assessment of the safe positioning of the rails using a recognised assessment tool to determine that the rails were located within safe dimensional limits was not available.

**Action Required:**

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

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

The PIC has made immediate contact with the head of the Occupational Therapy Department requesting to review the use of the bedrails as in line with best practice. In discussion with the head of the Occupational Therapy Department we will look at other alternatives that could be used instead of bedrails.

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

**Theme:** Safe Services

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

Evidence that alternative measures were considered or trialled prior to use of restrictive procedures in place was not available.

Evidence that the restraint used was suitable for the residents needs without restricting the resident unnecessarily and was used for the shortest duration possible was not available

**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:**

As in line with best practice, the PIC made contact with the Head of Occupational Therapy Department to look for other alternative forms of least restrictive practices.

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

**Outcome 12. Medication Management**

**Theme:** Health and Development

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

The name of residents GP were not identified on the prescription sheet.

**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:**

A new organisation policy regarding Safe Administration of Medication will be implemented by the Medication Management Group following consultation between representatives of St. Michael's House and HIQA. The residents GP's name is now recorded on the prescription sheets in line with best practice. We are in the process of using Bio Dose for administering medications

**Proposed Timescale:** 28/10/2014

**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 following information was not included in the statement of purpose;

- range of needs and the facilities and services available to meet those needs
- criteria used for admission including policy and procedures for respite, time share and emergency admissions
- the arrangements for residents to access education, training and employment.

It was also noted that aspects of personal information was included in the document and represents a potential breach of privacy, dignity and rights to protection of confidentiality under the Data Protection Act 1988 & 2003

**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:**

Statement of purpose reviewed and information missing in Schedule 1 of the Health Act 2007 were included.

- range of needs and facilities and services available to meet those needs.
  - criteria used for admission including policy and procedures for respite, time share and emergency admissions
  - the arrangements for residents to access education, training and employment.
- Staff team names were omitted from the Statement of Purpose Document.

**Proposed Timescale:** 01/09/2014