<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Michael's House</th>
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<td>Centre ID:</td>
<td>OSV-0002361</td>
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<tr>
<td>Centre county:</td>
<td>Dublin 9</td>
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<tr>
<td>Email address:</td>
<td><a href="mailto:hazel.mulligan@smh.ie">hazel.mulligan@smh.ie</a></td>
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<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Provider Nominee:</td>
<td>John Birthistle</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Nuala Rafferty</td>
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<tr>
<td>Support inspector(s):</td>
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</tr>
<tr>
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</tr>
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<tr>
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About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

The inspection took place over the following dates and times
From: 15 July 2014 10:30  To: 15 July 2014 17:30

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tbody>
<tr>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<tr>
<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 11. Healthcare Needs</td>
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<td>Outcome 12. Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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Summary of findings from this inspection
This was the first inspection of this 3 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, accidents and incidents 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 and risk management. 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):**

**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. Promotion of independence was strongly supported by staff and was reflected in facilitating residents to access local amenities and services alone such as going to visit family and friends, coffee or shopping where this was assessed as appropriate and safe. Risk management processes whereby staff had knowledge of approximate whereabouts and expected time of return were established.

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. A diagrammatic outline of the process was displayed, in word and pictorial format which was specific to the centre and facilitated ease of understanding and in conversation with residents it was found they were aware of the process and to whom they could and would make a complaint. It was also noted that residents were facilitated to have access to advocacy services. A record of complaints was available and were reviewed. It was found that all complaints were documented, investigated, resolutions agreed were implemented, reviewed and satisfaction of the complainants noted.

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):

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 found with the exception of the current decision on emergency admissions whereby one resident was previously admitted to the centre on an emergency basis.

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 resident profile in the centre had been stable since opening and no vacancies existed, the person in charge told the inspector that given the age profile and assessed needs of current residents, none were
The person in charge was clear that where it was believed a potential resident's 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 has taken the decision with the support of the services manager to cease the provision of respite and emergency admissions given the potential negative impact on the current resident profile. This was clearly outlined in the centre's statement of purpose.

**Judgment:**
Compliant

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**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):**

**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 in relation to their wishes and preferences on social needs 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, some were also availing of supported employment and other developmental opportunities 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 comprehensive care planning system with evidenced based risk assessment tools was being introduced into the centre and all staff including the person in charge were in the process of becoming familiar with the system. Current residents were found to require few physiological healthcare related inputs and assessed needs primarily related to social, emotional, psychiatric and psychological inputs. Although in general, care plans in place reflected the care delivered and were person centred further improvements were found to be required. A care plan was not in place for every identified need, examples included, infections and wound care. 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 aspects of behaviour that challenges did not include known indicators or triggers for the behaviour. The plan identified that the behaviour if manifested as physical aggression posed a significant risk to staff and other residents and included low arousal communication processes and picture timetables for diversion. However, two distinct indicators were known by staff which identified the immediacy of the risk for aggressive behaviour were not included in the plan. Although the plan did identify ‘tips’ and breakaway techniques, all measures known to be effective in safely removing staff from these situations were not included. A behaviour strategy was also in place which identified the health and safety measures in place to limit the potential for injury for all persons when the behaviour occurred however, the strategy did not reference measures used to de escalate the behaviour and was not linked to the care plan. Improvements to measures used to manage risks associated with behaviour that challenges were found to be required and are detailed under outcome 7 further in this report.

**Judgment:**
Non Compliant - Moderate

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**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):**

**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.
The environment was noted to be clean and clutter free and there were measures in place to control and prevent infection. Colour coded cleaning systems for general environment and food safety were in place and in conversation with residents and staff it was found they had knowledge of the appropriate management of potential outbreaks of infection.

Records were maintained regarding the regular servicing of fire equipment and fire officer’s visits. Fire escape routes were unobstructed. Fire procedures were displayed and fire equipment and alarms were tested and arrangements were in place for the maintenance of the fire alarm system and equipment within this centre and personal emergency evacuation plans for all residents were in place.

The daily routine within the centre did not facilitate the inspector to talk to staff other than the person in charge during the inspection. However, the inspector did meet and had lengthy conversations with residents who were very familiar with the safety processes in place to manage risks in the centre. Resident's demonstrated knowledge of the procedures to be followed in the event of a fire and on activation of the house security alarm. It was found that staff had received recent training in fire safety as required under the legislation.

A recently revised health and safety statement was in place and displayed. The statement was specific to the centre and had been devised by the residents themselves. 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. Although all policies were not reviewed in depth it was noted that the procedures for responding to resident's being absent were noted to be brief, directive, specific and time limited. However, the plan in place did not identify all resources available to ensure residents safety for example, alternative accommodation or back up staff resources.

Some additional equipment to effectively and safely respond to emergencies was available such as; hi visibility jackets; blankets and search torches. However, although it was noted that a recent review of the systems in place to assess and manage all risks associated with response to emergencies had occurred and in general good risk management processes were in place, it was found that measures in place were not sufficient to ensure the safety of residents and staff during and following episodes of challenging behaviour. Although staff were trained in managing aspects of behaviour that challenges including breakaway techniques, it was found that there were occasions when these were not sufficient to assist staff manage situations without incurring some level of injury.

The daily routine and staffing rosters within the centre resulted in staff working long periods alone generally between the hours of 07:00hrs and 12:00hrs and 21:00hrs to 07:00hrs. On review of accident and incident records it was found that there were occasions where staff members had sustained severe bruising and were placed at serious risk of injury due to physical aggression episodes. During these instances staff were reliant on residents phoning the on call nurse manager for back up and assistance. It was found that response to these calls varied from one to two hours. This placed both staff and all residents at risk.

**Judgment:**
Non Compliant - Major
Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

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. Evidence that staff 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 was found. In conversations with them some residents expressed feeling safe and the inspector found that these residents were very familiar with all staff and protective of the person in charge in particular. Although all residents spoken too were unable to express feeling safe, the inspector observed they appeared comfortable with staff and did not exhibit behaviours associated with distress or anxiety. A restraint-free environment was observed to be promoted within the centre. It was found that restrictive measures such as use of bed rails were not in use, although it was noted that one interconnecting door within the centre is locked at all times, the reasons for the restraint were clearly documented, reviewed, did not limit freedom of movement of any resident and was found to be an effective and low key risk management measure.

It was noted that some positive behavioural supports to manage behaviour that challenges were also in place for some residents. These included the locking of one (there are two) kitchens from 21:00hrs each evening until approximately 08:00hrs the following morning. However, it was again found that these measures did not restrict residents unnecessarily, were time limited and reviewed regularly.

Judgment:
Compliant

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

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

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, 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. On this visit the evening meal was being prepared as the inspection concluded with roast chicken, potatoes and vegetables on the menu. All residents were independent and proactive in the preparation, cooking and partaking of meals in the centre.  
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 through walks swimming basketball and rugby participation.  

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):  

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. Regular reviews of residents’ medication was found 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;
- original prescriptions or in house prescription kardex with general practitioner (GP) or medical officer (MO) original signature was not in place for every medication.  
- 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.

**Judgment:**
Non Compliant - Major

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**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):**

**Findings:**
A written statement of purpose was available which broadly reflected the service provided in the centre and was found to contain all of the information required by Schedule 1 of the Regulations.
A copy of the document was available in the centre and was supported by visual aids for improved communication.

**Judgment:**
Compliant

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**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):

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 whom 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. She also stated she had input into decisions regarding significant expenditures such as additional staffing resources.

Although it was noted that the post of the person in charge is full time, the head of unit works less than full time hours the inspector was told that the role is filled by a nominated senior care worker who is currently undertaking social care studies and is experienced in the sector.

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):

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 included hand hygiene, safe administration of medication and first aid. However, it was found that a training needs analysis would be of benefit to ensure all staff were provided with up to date evidenced based training in order to meet the assessed needs of the current resident profile. It was noted that given the current profile staff would benefit from further training on breakaway techniques which had not been revised since 2010 and further training in positive behaviour strategies, risk assessment and care planning processes. The person in charge was aware of the need for further training in these areas and was working towards providing same.

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
Provider’s response to inspection report

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<td>15 July 2014</td>
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Requirements

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

Outcome 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 was not in place for every identified need 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.

Please state the actions you have taken or are planning to take:
The PIC will ensure that each resident has a Personal Plan implemented. This plan will be developed by the resident with the support of their Key worker and significant others, family members and Day Service Staff.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
This Plan will be reviewed and updated on an ongoing basis to ensure steps in achieving goals identified.

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<tr>
<td>Theme: Effective Services</td>
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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 ensure that Care Plans are developed and implemented by staff and Allied Health Professionals as required.

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<th>Proposed Timescale: 19/09/2014</th>
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**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:
Appropriate risk control measures to enable staff call for back up and assistance during and following episodes of challenging behaviour and measures to ensure a timely response to such calls were not in place.

**Action Required:**
Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

**Please state the actions you have taken or are planning to take:**
The PIC will in conjunction with Clinical Professionals complete a comprehensive review of the Service Users Positive Support Strategies.

This Comprehensive review of P.S.S., will identify all risks, triggers and indicators of Challenging Behaviours and outline in detail appropriate responses and control measures.
Proposed Timescale: 01/08/2014  
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Risk control measures in place were not sufficient to ensure the safety of staff and residents during and following episodes of challenging behaviour.

Action Required:
Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

Please state the actions you have taken or are planning to take:
The PIC will in consultation with the Clinic Professionals outline clear procedure to be followed to ensure support and assistance during and following episodes of Challenging Behaviour.

These will include Proactive and Reactive Support Strategies:
1. When 2 Staff are on Duty.
2. When Staff is Lone Working.

The PIC will review and update relevant Risk Assessment to reflect this.

Proposed Timescale: 01/08/2014

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:
Prescriptions did not include the prescriber's original signature every medication nor the name of each residents' general practitioner. A centre specific medication management policy was not in place.

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 PIC has been advised by the Director of Psychiatry and Head of the Medical Department that they are developing an Organisational Prescribing Policy. The Policy will support the accurate administration of medication. The PIC will implement these
policies and request the relevant training or the staff to ensure that medication is administered as prescribed. The Organisation’s Medication Management Group will develop a Policy for Service Users being referred to Hospital/External Providers. This will assist with their medication reconciliation.

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