

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	ORG-0008506
Centre county:	Dublin 5
Email address:	eamon.delacey@smh.ie
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	John Birthistle
Person in charge:	Ailbhe Ward
Lead inspector:	Sheila McKeivitt
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	6
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 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: 21 May 2014 10:00 To: 21 May 2014 16:30

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

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

Summary of findings from this inspection

This was the first inspection of the centre by the Health Information and Quality Authority (the Authority). The centre is home to six residents. During the inspection the inspector met with residents and staff, observed practices and reviewed documentation such as personal plans, fire records, policies and medication records. Residents spoken with stated they enjoyed living in the centre.

The inspector found that the governance and management structures in place did not provide the person in charge with the allocated protective time to assist her to become compliant with The Health Act 2007 (Care and support of residents in designated centres for persons (Children and adults) with disabilities) Regulations 2013.

Eight outcomes were inspected against and non compliances were identified in five outcomes. Improvements were required in documents such as the statement of purpose, resident assessments and the development of personal plans. A review of medication policies and practices was required. Permanent staff numbers were not adequate to meet the needs of residents, therefore relief were used, this lead to a lack of continuity of care for residents.

The action plans at the end of the report reflect the non compliances with regulations and 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 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

Judgement:

Non Compliant - Moderate

Findings:

Residents had opportunities to participate in meaningful activities appropriate to meet their needs, interests, preferences and capacities. However, residents' did not have comprehensive assessments and the individualised personal plans in place were not sufficiently detailed.

Residents informed the inspector that they had lived in the centre for up to 18 years and some of the staff had worked in the centre since it opened over 20 years ago. They knew the residents well. All the residents had some level of independence, a number were employed, all attended day-care and they were involved in the local community. Residents told the inspector that they knew their neighbours, walked to the local shops and one resident explained how he was a member of the community choir.

Residents confirmed to the inspector that they were involved in developing their personal plan with their key worker, they had the choice to involve a relative/friend but those spoken with and personal plans reviewed choice not to. The inspector reviewed a sample of two personal plans updated in 2014 and found that they required more detail of actions planned and taken to date in order to achieve each residents named goals.

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Judgement:

Compliant

Findings:

The health and safety of residents, visitors and staff was promoted and protected. The risk management policy in place met the legislative requirements as it included measures in place to identify and manage risk and outlined procedures to follow in the event that specific risks did occur. The person in charge completed risk assessments on a monthly basis and all staff signed to say they had read the report on a monthly basis. Accidents and incidents were reviewed on a bi-monthly basis by the person in charge and the service manager. There was an up-to-date local health and safety statement in place. The emergency plan in place was detailed and included the procedures to be followed in the event an emergency.

Records were available to confirm that fire equipment including fire extinguishers, the fire blanket, emergency lighting and the fire alarm had all been tested by professionals within the required time frame. All staff had completed fire training within the past year and those spoken with had a clear understanding of the procedure to be followed in the event of a fire. The inspector saw that each resident had an individual fire evacuation plan in place and records reviewed showed that fire drills were practiced on a regular basis during the day and night by both staff and residents.

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

Judgement:

Compliant

Findings:

Measures were in place to protect and safeguard residents which included a policy on, and procedure in place for, the prevention, detection and response to abuse. Staff had up-to-date mandatory safe guarding vulnerable adults training in place and those spoken with had a clear understanding of the reporting structure and procedure to follow in the event of actual or suspected abuse of a resident.

Measures were in place to protect and safe guard residents. The five residents living in the house had their own front door key. The resident living in a self contained unit attached to the house, had a separate front door and front door key. Residents' spoken with told the inspector they felt safe and secure in their home. They had a large enclosed rear garden, all the exit/entry doors could be secure by locking and the house was alarmed. This house alarm included a perimeter alarm for added security. Residents told inspectors that they could lock their bedroom door if they wished; they had access

to bedroom door keys. The inspector saw bathroom and toilet doors had secure locks and there were curtains on bedroom windows.

Communication between residents and staff was respectful. Residents who at times displayed behaviours that may be challenging had detailed, up-to-date behavioural support plans in place. One resident used a form of restraint when mobilising with mobility aids, this resident had a risk assessment and care plan in place to reflect when, how and for what period the restraint should be used.

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

Judgement:

Compliant

Findings:

The health care needs of residents were being met. The inspector reviewed three residents' files and saw evidence that residents were facilitated to visit their general practitioner (GP) and to seek appropriate treatment and therapies from allied health care professionals when required. The inspector was satisfied that the allied health services available to residents' met their needs. Records reviewed confirmed one resident had recently been assessed by a dietician, a psychiatrist and a psychologist.

Residents' spoken with told the inspectors that they assisted with writing the weekly shopping list, participated with the food shopping and the cooking of meals. They were satisfied that they had access to adequate quantities and a good variety of foods to meet their needs. Residents had access to a dietician. The inspector saw recorded evidence that one resident had recently availed of this service.

Outcome 12. Medication Management

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

Theme:

Health and Development

Judgement:

Non Compliant - Major

Findings:

There were written operational policies relating to the ordering, prescribing, storing and administration including self administration of medicines. However, the prescribing practices were not in line with best practice.

The practices observed in relation to ordering, storing and disposal of medication were in line with the policies. There was a safe system in place for the ordering and disposal of medications and the inspector saw records which showed that all medications brought into and out of the centre were checked by staff. An audit of each resident's medications was completed on a weekly basis by staff; any discrepancies were identified and reported to the service manager by completion of an error form. This was reviewed and recommendations made were fed back to the Social Care Leader who was given a set period of time to implement the recommendations made.

The prescribing of medications was not in line with best practice and therefore social care workers could not administer medications in line with the Safe Administration Medication (SAM) guidelines. For example, the SAM guidelines stated to check the frequency however, the prescriptions did not reflect a frequency, it also stated that when medication was discontinued that a pencil should be used to draw a line through it, write D/C and initial. This is not in line with safe or best practice.

Resident medication prescription charts were reviewed and the findings were as follows:

- the allergy section was not completed for all residents- the residents General Practitioner (GP) name was not identified on the chart
- the first name of medical officers only appeared on a number of the prescription charts
- the frequency that each medication was to be administered was not written on medication chart
- each medication was not individually prescribed by either the medical officer (MO) or the residents GP

The inspector saw that each of the five residents living in the main house had their prescribed medications reviewed by the MO within the past month. Three of the six residents' self administered their medications, they had been risk assessed by staff and deemed safe to take their own medications safely.

Staff had up-to-date Safe Administration Medication (SAM) training in place.

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

Judgement:

Non Compliant - Minor

Findings:

A copy of the statement of purpose was given to the inspector on inspection. It included details of the services and facilities provided. It contained the majority of the information as required in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013.

However, some additional details were required as follows:

- the specific care and support needs the designated centre is intended to meet
- criteria used for admission to the designated centre, including the designated centre's policy and procedures (if any) for emergency admissions

A copy of the statement of purpose had not been made available to date to residents or their representatives.

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

Judgement:

Non Compliant - Minor

Findings:

There was a clearly defined management structure that identified the lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced registered Intellectual Disabilities nurse with authority, accountability and responsibility for the provision of the service. She was the named Person in Charge, employed full-time in the centre. The inspector observed that she was involved in the governance, operational management and administration of the centre on a regular and consistent basis. Residents knew her well. However, the inspector observed from a review of staff rosters that she had 19 hours protected management time to date in 2014. This was not adequate to enable her to fulfil her role as person in charge. This was evidenced by the fact that the centre was non compliant with five of the eight outcomes inspected against.

During the inspection she demonstrated a good knowledge of the legislation and of her statutory responsibilities. She was committed to her own professional development. She was supported in her role within the centre by seven social care workers. She reported directly to a Service Manager who reported to a Regional Director (also nominated person on behalf of the provider). The person in charge had regular scheduled minuted

meetings with the service manager and the nominated person on behalf of the provider attended the centre approximately once per month.

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

Judgement:

Non Compliant - Moderate

Findings:

There was adequate staff numbers and skill mix on duty to care for residents'. However, the centre was short at least 1.5 full time equivalent staff. Relief staff were currently being employed to cover these vacant shifts. This led to a lack of continuity of care for residents'.

The person in charge explained that the centre had changed from night staff sleeping over to been awake two years previously and additional staff had not been employed to resource this change.

Two residents informed the inspector that there were no staff in the house between 10:00hrs and 14:00hrs on Tuesdays and Thursdays and they were not happy with this arrangement. They had concerns that there was no one in the house if they got sick and had to come home.

There were no volunteers or students working in the house and agency staff were seldom recruited.

Staff informed the inspector and training records reviewed confirmed that staff had up-to-date mandatory staff training in place. Staff files reviewed contained all the required documents as outlined in schedule 2.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Sheila McKeivitt
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

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:	ORG-0008506
Date of Inspection:	21 May 2014
Date of response:	25 June 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.

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:

Each resident did not have a comprehensive assessment completed.

Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive 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 Person in charge and the staff team are in the process of completing a comprehensive assessment of need and individual plans for each person living in the residential unit. Following this allied health professionals will assess each resident as appropriate. The comprehensive assessment and individual plans will be reviewed as

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

needed. All Individual Plans will be fully reviewed annually.

Proposed Timescale: 30/09/2014

Theme: Effective Services

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

Personal plans did not contain details of actions taken to date to show the residents personal goals were in the process of being achieved.

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:

A process is now in place to record all the actions /supports provided to individuals to achieve their individual goals. This will include updating records as appropriate. This process will be completed by August 1st.

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:

Medication prescription charts were not completed in accordance with best practice for the following reasons:

- the allergy section was not completed for all residents- the residents General Practitioner (GP) name was not identified on the chart
- the first name of medical officers only appeared on a number of the prescription charts
- the frequency that each medication was to be administered was not written on medication chart
- each medication was not individually prescribed by either the MO or the residents GP

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:

Saint Michael's House has developed a revised system for recording how medication is administered that includes a section to record allergies, the General Practitioners full

name, medical officers full name and the frequency that medication is to be administered. The new process was implemented on 16/6/14.

Proposed Timescale: 16/06/2014

Theme: Health and Development

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

Safe Administration Medication Guidelines were not in line with safe or best practice.

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:

Saint Michael's house is developing a revised system to ensure that medication is administered safely and in line with best practise. The system is currently being piloted in a number of St. Michael's House's residential centres. It is anticipated that the new system will be in place in the centre by August 30th, 2014.

Proposed Timescale: 03/08/2014

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:

Not all information as required in Schedule 1 was included in the statement of purpose.

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:

The Statement of Purpose has been amended as per the recommendations in the Inspectors Report.

Proposed Timescale: 05/06/2014

Theme: Leadership, Governance and Management

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

A copy of the statement of purpose was not available to residents or their representatives.

Action Required:

Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

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

A copy of Statement of Purpose will be made available to all residents and their representatives on or before July 30th.

Proposed Timescale: 30/07/2014

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 has not been allocated adequate protected management time to carry out her role.

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:

The centre's roster has been adjusted to include protected management time for the Person in Charge.

Proposed Timescale: 01/06/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

Residents' were not receiving continuity of care as relief staff were been used to cover 1.5 full time posts for the past two years.

Action Required:

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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

St Michael's House is subject to the National Public Service Embargo on Recruitment since March 2009. Under the rules governing the embargo St. Michael's House are not allowed to recruit permanent staff.

Proposed Timescale: 25/06/2014

Theme: Responsive Workforce

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

Staffing levels on Tuesdays and Thursdays between 10:00hrs and 14:00hrs needed to be kept under constant review to ensure the needs of all residents are being met at all times.

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:

To ensure residents needs are met the Person in Charge has put in place a system to monitor staffing levels on Tuesdays and Thursdays between 10:00hrs and 14:00hrs

Proposed Timescale: 01/06/2014