

**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:	OSV-0002374
Centre county:	Dublin 9
Email address:	john.lawless@smh.ie
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	John Birthistle
Lead inspector:	Nuala Rafferty
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 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: 28 May 2014 10:00 To: 28 May 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 6 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; staffing care planning, medication management and governance. 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 were retained and viewed. The minutes outlined discussions and decisions taken on activities, meal planning and information sharing on issues such as the inspection visit or refurbishment of the house were discussed and agreed.

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 some though not all bedroom doors and residents had not been provided with their own key. However, staff told the inspector that both staff and residents were respectful of each other's privacy and this was observed throughout the visit. 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 viewed indicated full reconciliation and corroboration of purchases/payments with receipts expenditure records and bank statements. Financial safeguarding processes to protect both staff and residents included a small discretionary budget financed through fund raising to pay for staff accompanying residents on some social activities. The person in charge prioritised its use to fund staff accommodation whilst accompanying residents on overnight holiday breaks.

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. The inspector examined the complaints' record and this showed that a recent written complaint was promptly investigated, detailed the outcome for the complainant and indicated discussions to ascertain the satisfaction or otherwise of the complainant.

However, the process reflected a generic approach for the overall organisation and was not specific to the centre. It was noted that verbal complaints were not always considered 'formal' and where addressed locally not recorded on the official complaints record. It was also noted that residents were not facilitated to have access to advocacy services.

Judgment:
Non Compliant - Minor

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, although improvements were noted to be required to the Statement of Purpose this is referenced under outcome 13 further in this report.

In discussion with the person in charge and services manager 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 recommended placement to the person in charge and services manager who then input into the process by facilitating informal visits to the potential resident and their family/representatives. The referred person then met with the other residents' whose views were considered before a final decision was 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. However, it was noted that the current resident profile has been stable and no recent new admissions/ discharges have taken place.

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):

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 fulfil 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 from the perspective of social needs relating to family and community based contacts visits and outings. Although plans were not in place for all of those viewed it was found that they were moving to an outcome rather than activity based focus to promote independence and life skills maintenance or development. Evidence that opportunities for education, training and development were provided was found in that all residents were attending day services to maintain and develop life skills.

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 care planning system which ensures the comprehensive assessment of every identified healthcare need and includes the implementation of evidence based care protocols to manage those needs with ongoing review as required to reflect changes was not established. The person in charge was aware of the need for improvements to the care planning process within the centre.

A comprehensive risk assessment or care plan was not in place for every identified need, examples included, dysphasia, incontinence, limited mobility and infections. 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. Use of evidenced based risk assessment tools were not in use for every need. Examples included moving and handling and use of restraints. The inspector was informed that a review of the care planning system was under consideration and improvements to ensure a more person centred focus were planned.

In discussion with the person in charge and on review of sample clinical documentation it was noted that the profile of residents included several people with increasing physiological frailty. This has resulted in a change in the profile of residents with higher dependency levels and more complex needs. It was found that a robust comprehensive care planning system needs to be established in order for staff to deliver appropriate timely care and that this care is regularly reviewed to ensure effectiveness. A lack of nursing expertise within the centre was noted. Some aspects of nursing care assessment and delivery were found to require improvement. Concerns were raised by the manager of a day service with the person in charge relating to the standard of care provided to a resident to maintain appropriate levels of hygiene and skin care. These were investigated by the person in charge who believed that the standard of care within the centre was adequate. However, on review of the issues raised, such as frequency and level of shower or wash following episodes of incontinence, the inspector found that clinical nursing inputs to comprehensively assess the residents' needs in relation to personal care and hygiene was required.

These issues are further discussed under outcome 17.

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):

Findings:

All lines of enquiry in relation to this outcome were not reviewed on this inspection. In general it was found that the location, design and layout of the centre was suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. Efforts to reflect residents' individuality and preferences in relation to colour and furnishings in bedrooms were noted and photographs, pictures and fixtures which reflected interests and hobbies were evident.

However, most but not all aspects of the environment were 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 residents' 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 radiators, bins and step ladders. Maintenance of equipment was in place through regular servicing of beds, hoists, water heating and house alarm system, although it was found that some servicing issues for small equipment items such as blood sugar monitoring systems need to be established to ensure accurate readings.

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):

Findings:

Although all aspects of the lines of enquiry for this outcome were not reviewed on this visit 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.

A health and safety statement was in place dated 2009.

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. In conversation with them it was found that staff were aware of these procedures.

Evidence of effective review of the systems in place to assess and manage all risks associated with response to emergencies was found.

A centre specific emergency plan to direct and guide staff in response to any major emergency such as power failure, flooding or other form of emergency was available and had recently been reviewed. The plan now identified all resources available to ensure residents safety such as alternative accommodation. Some additional equipment to effectively and safely respond to emergencies was available such as search torches, although hi visibility jackets or space blankets were not yet available.

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):

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. In conversations with them some residents expressed feeling safe and could tell inspectors the names of staff they were familiar with. 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.

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 Although as stated above, behaviour that challenges was not noted, the inspector learned that there were concerns that one resident was vulnerable to bullying behaviour from other more assertive residents. Some incidents had been noted which the person in charge was monitoring and has sought inputs from senior clinicians to manage the interpersonal relationships and prevent any further negative interactions.

Judgment:
Compliant

Outcome 11. Healthcare Needs

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

Theme:
Health and Development

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

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 opticians, dentists and chiropody services was found. However, all information in relation to reviews of residents health status by medical officers or other allied health care such as palliative care specialists or speech and language were not held in the centre, although this had been noted by the person in charge who had recently instigated a clinicians note section in each file to facilitate improved information sharing and provision of a complete record of each residents current health status.

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. Food was properly served and was hot and well presented. The evening meal was found to be a relaxed and sociable affair. Residents were facilitated to enjoy their meal independently, privately and at their own pace, where assistance was

required it was offered in a discreet and sensitive manner. Serviettes and condiments were on the table.

Menus were displayed in word and pictorial format and were compiled with consideration of the preferences and nutritional needs of each service user. Drinks such as juices, milk, tea and coffee were freely available and there were ample stocks of fresh food and larder stores to facilitate snacks or meal alternatives as required.

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 not found and systems were not in place for reviewing and monitoring safe medication practices. Medication was being administered by social care staff who received 'safe administration of medication' training. Although there were written operational policies relating to the ordering, prescribing, storing, administration disposal and self administration of medications, it was found that prescribing, administration storage and disposal practices were not in line with best practice or professional guidance.

Examples included;

1. original prescriptions or in house prescription kardex with general practitioner or medical officer original signature not in place for all medications.
2. a medication prescribed twice daily was noted to be administered only once daily by staff. However on review of the label on the medication container the pharmacy label stated that the drug was for administration once daily. This indicated an error on the prescribing sheet. In discussion with the person in charge it was found that this error had not been previously noted and a system was not established to cross check the centre's prescription sheets against the medication received from pharmacy.
3. administration of a specific transdermal medication did not reflect the guidance contained in the information leaflet supplied with the medication or with medication management reference guidance books. The guidance stated that the medication should be applied to the skin using three specific sites- abdomen, hip and buttock. These sites to be rotated to ensure drug effectiveness and prevent irritation and each site not to be re used within a seven day period. However, only two sites were being used and alternated every three to four days.

4. appropriate processes to ensure safe storage of discontinued medication whilst awaiting disposal were not in place and discontinued drugs were found to be held in open baskets stored in the same storage area as current medication thus presenting a risk of error.

Judgment:

Non Compliant - Moderate

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. 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;

- size of all rooms,
- criteria used for admission including policy and procedures for emergency admissions,
- range of needs and the facilities and services available to meet those needs,
- arrangements for review of personal plans,
- details of any specific therapeutic techniques used and arrangements for their supervision.

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:

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, this centre formed part of a larger service provider with a complex management structure and associated levels and lines of authority and accountability. These lines of accountability were not clear. Additionally, the person in charge and service manager referred to other people with responsibility for clinical governance that they report to or relied upon for support. For example, the person in charge identified an issue relating to interpersonal issues between a number of residents and was acting as an advocate for one particularly vulnerable person by seeking a review from a psychology clinician. The person in charge had initially requested this in February 2014 with follow up in early May 2014 but to date had not received a response.

The centre was managed by a full time 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.

Although the services manager and person in charge had a comprehensive knowledge about the centre and were involved in decisions such as agreeing suitability for admission, they were not involved in all aspects of other key decision making. For example, decisions regarding significant expenditures or additional staffing resources were made by other members of the management team other than the person in charge.

The inspector discussed the roles and responsibilities of the provider and person in charge under the Health Act during the inspection process to ensure there was a complete understanding of their roles and legal responsibilities in relation to the overall governance and management of the centre under the Care and Welfare Regulations.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the

needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

Findings:

It was found that at the time of this inspection, the levels and skill mix of staff required review to ensure they sufficient to meet the needs of residents. 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.

However, judgements based on findings previously detailed under outcomes 5, 12 and 14 in relation to residents complex needs, care planning processes and medication management indicate a need for a review of the staffing levels and skill mix to ensure residents' needs are fully met.

The person in charge formed part of the overall direct care staffing provision and has little protected time to fulfil the management functions of the person in charge role such as, developing and reviewing the quality and safety of the service or supervision of practice. Examples include issues identified under outcome 5 where improvements were required in care planning and assessment and also the risks associated with lack of time to review risk management processes to ensure the systems in place were sufficiently robust and staff were implementing them in full.

Although it was found that staff endeavoured to deliver direct care in a safe and timely manner, it was also noted that there was a lack of clinical guidance and direction for staff on the management of complex care needs. Supervision of staff was not reviewed in full on this inspection however, it was noted that there were few occasions when there were more than one staff member on duty thereby limiting any opportunity to monitor staff performance and guide staff practices.

A full review of staff levels and skill mix is required to ensure the safe effective delivery of quality care to service users. Such review should also take account of the purpose and function of the centre in relation to criteria for admission and the specific care needs the centre is intended to meet.

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.

A sample of training records indicated that all staff had received training in all required mandatory areas, fire safety, moving and handling and prevention of abuse. Further training specific to the current residents profile was also found to be required to ensure

staff competency and ensure residents needs are fully met, specifically in; positive behaviour strategies; moving and handling; diabetes; medication management and assessment and care planning.

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:

Non Compliant - Moderate

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 report¹

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002374
Date of Inspection:	28 May 2014
Date of response:	

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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The complaints process did not facilitate access to an advocacy service.

Action Required:

Under Regulation 34 (1) (c) you are required to: Ensure the resident has access to advocacy services for the purposes of making a complaint.

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

Each resident has access to the National Advocacy Service for people with Disability. The person in charge will ensure that information in relation to the Advocacy Service is available to families and to residents (in an accessible format) and that all staff are familiar with the service and how to access it.

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

Proposed Timescale: 31/08/2014

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 comprehensive risk assessment of all identified health needs were not in place.

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:

A revised Comprehensive Assessment of Need is being developed by St. Michael's House. The person in charge will ensure that this is implemented and that assessments are reviewed annually or as needs arise.

Proposed Timescale: 30/09/2014

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 identified 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 Person in Charge is in the process of reviewing all plans and identified risks in line with individual Assessment of Need and will ensure that care plans are linked to needs, goals and choices. This process will be completed by 15/11/2014.

Proposed Timescale: 15/11/2014

Theme: Effective Services

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

A personal or health care 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 Person in charge in charge together with residents and individual key workers is in the process of developing personal / health care plans for each resident in-line with the revised assessment of need being developed by St. Michael's House.

Proposed Timescale: 30/10/2014

Theme: Effective Services

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

Although reviews of plans were in place, they did not in all instances determine their effectiveness.

Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

The person in charge will ensure that all recommendations and guidelines contained in care plans for residents are reviewed to determine their effectiveness on an annual basis or as needs arise.

Proposed Timescale: 30/08/2014

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.

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 Person in Charge is in the process of reviewing all areas of the house and will organise deep cleaning as required. Arrangements are being put in place for all areas to be deep cleaned annually or as required.

Plans are being advanced to renovate the two bathrooms and kitchen. It is anticipated that this will be completed by 30/11/2014

Proposed Timescale: 30/11/2014

Theme: Effective Services

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

Systems in place to ensure all equipment was serviced and maintained in good working order was not in place.

Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

The Person in Charge has reviewed the policy and procedures for the maintenance and servicing of all equipment and has amended these to include small equipment such as the Blood Sugar Monitor.

Proposed Timescale: 30/07/2014

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 fire procedures were not prominently 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 person in charge will meet with the St. Michael's House Fire officer to review the fire evacuation procedures for the house. When completed the Person in Charge will ensure that they are prominently displayed.

Proposed Timescale: 30/07/2014

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:

Appropriate processes to ensure safe storage of discontinued medication whilst awaiting disposal were not in place and discontinued drugs were found to be held in open baskets stored in the same storage area as current medication thus presenting a risk of error.

Action Required:

Under Regulation 29 (4) (c) 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 out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

The Person in Charge has revised the procedures for storing discontinued drugs and has put in place a more robust system. This includes the provision of separate safe storage and for the regular disposal of medication.

Proposed Timescale: 15/07/2014

Theme: Health and Development

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

Medication administration and prescribing practices were not in line with relevant best practice or professional guidance and systems in place for reviewing practices were not sufficiently robust to limit risk of medication errors.

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:

St. Michael's House Medication Administration Group have revised the organisations' practices and policies for the prescribing and administration of medication in line with best practice. The Person in Charge in the process of implementing these and is

reviewing local practices to minimise the risk of drug error.

Proposed Timescale: 30/08/2014

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:

The Statement of purpose did not contain all of the information required by Schedule 1 of the Regulations.

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 person in charge will review and update the statement to ensure it complies with the requirements under the Health Act 2007.

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 management structure in place did not clearly define the lines of authority and accountability or specific roles and responsibilities of each manager for all areas of service provision.

Action Required:

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

Currently the Person in charge has regular meetings with the Service Manager in relation to the quality and standard of care, resource allocation and staff. Each house has it's own budget and the Person in Charge in consultation with the Service Manager has considerable discretion within this. The Person in Charge is fully involved in all decision making processes including admissions.

The organisation is in the process of reviewing the management structure in relation to clarifying the authority of the Person in Charge and their accountability and responsibility under the Statutory Instruments 366 and 367.

Proposed Timescale: 30/10/2014

Theme: Leadership, Governance and Management

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

Management systems currently in place were not effectively meeting all residents needs and requests for clinical inputs by the person in charge were not addressed.

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:

To promote more effective access to clinical services a new system is being launched in September 2014. This system provides for a Senior Clinical Manager to be allocated to a group of units. This person has responsibility for ensuring that priority referrals are responded too thus ensuring an effective and targeted response.

The issues identified in this report are being addressed by the Principal Psychologist.

Proposed Timescale: 30/09/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

Evidence was not found that staffing levels or skill mix were sufficient to ensure the safe effective delivery of quality care to all residents.

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:

The Person in Charge is reviewing each residents individual needs using the St. Michael's House "Independent Service Users Personal Wellbeing Supports Assessment Tool" and the designated centre's Statement of Purpose. This will be carried out by the

Head of Unit with the assistance of a senior nurse who has been identified for this task.

Following this the Person in Charge, Service Manager and other senior staff member (e.g. senior nurse / clinician) will undertake a review of the number, qualifications and skill-mix of staff required and will report their findings to the Provider.

In the interim the staff roster has been amended to ensure adequate staffing at all times. An experienced nurse has been provided to identify and plan for individual's identified nursing needs.

Proposed Timescale: 30/09/2014

Theme: Responsive Workforce

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

Evidence that education and training provided ensured staff competence and meets the full needs of residents in areas such as positive behaviour strategies; moving and handling; diabetes; medication management and assessment and care planning was not available.

Action Required:

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

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

The Person in Charge has reviewed all permanent staffs mandatory training requirements and where necessary has arranged for updates and or refresher training.

A copy of the training records for permanent staff is now held in the centre.

The Person in Charge is in discussion with St. Michael's House Human Resource Department in relation to obtaining the training records for St. Michael's House relief staff and the details of the type of training undertaken by occasional agency staff.

Proposed Timescale: 30/10/2014

