

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by St Michael's House
<b>Centre ID:</b>	OSV-0002391
<b>Centre county:</b>	Co. Dublin
<b>Email address:</b>	karen.harrold@smh.ie
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St Michael's House
<b>Provider Nominee:</b>	Maureen Hefferon
<b>Lead inspector:</b>	Sheila McKeivitt
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	6
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

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

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

From: 15 July 2014 10:00 To: 15 July 2014 17:00

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 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). Ten outcomes were inspected against and the centre was found to be in compliance with four of the ten outcomes. The inspector found the management team had made considerable efforts to comply with The Health Act 2007 (Care and support of residents in designated centres for persons (Children and adults) with disabilities) Regulations 2013.

The centre is home to six residents. The inspector met with three of the residents and staff. The inspector observed practices and reviewed documentation such as comprehensive assessments, personal plans, fire records, policies and medication records.

Overall the inspector found there were no immediate risks to residents. Residents stated they enjoyed living in the centre. All residents' had a key worker, who promoted, encouraged and facilitated their independence, assisting them in every way possible to achieve their personal goals and lead a meaningful life.

The inspector found that improvements were required in six of the ten outcomes inspected against. Improvements were required in areas such as the statement of

purpose, contracts of care, the complaints policy, comprehensive assessments, personal plans and risk assessments for restraint use. Medication prescription practices required review.

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 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:**

Residents' rights and dignity were respected. Residents' were consulted with about the running of their home and their care. Residents met twice per week to discuss their plans for the coming week and weekend. At these meetings they planned their menus and shopping lists, individual and group activities, staff support required, transport required and any planned visitors. Two of the resident spoken with told the inspector they were given choice in relation to how they wished to live their life. They were happy that their choices were respected.

There was a complaints policy in place, it was available in written and pictorial format accessible to residents and was displayed on the notice board in the kitchen. The inspector was informed there were no complaints. However, the policy in place required review to ensure it met the requirements of Regulation 34. For example, it did not clearly state the nominated person to investigate all complaints, who the appeals person was or the nominated person responsible for overseeing the complaints process.

Residents could receive visitors to their home and there was a small private room available to them to use if they wished.

Residents retained autonomy of their own life. The inspector met three residents' and the inspector saw they were enabled to take risks within their day to day lives; they were not impeded from participating in anything they choice to do. For example, during the inspection one resident explained how she was off to the shops and requested some of her money to spend; staff were observed facilitating this request and accompanying the resident to the local shop.

**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:**

Residents had contracts in place which included details about the support, care, welfare and services the resident would be expected to receive. They also included the weekly fee to be charged. Each contract was signed by the resident and the person in charge. Improvements had been made to the document however further review of its wording was required as in several places within the body of the document reference was made to the monthly fee to be charged when in actuality residents were charged a weekly fee.

There was an admission policy in place which clearly outlined the role of the person in charge in the admission process.

**Judgment:**

Non Compliant - Minor

**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:**

There were assessments and personal plans in place for the six residents. However, some sections of these documents were incomplete and other sections lacked specific detail required.

The person in charge informed the inspector that new documents to record residents' comprehensive assessments' and personal plans had been introduced in the centre five days prior to this inspection. Staff had completed these documents' to the best of their ability in the absence of training. Each residents' key worker had completed the documents in consultation with the resident. The inspector reviewed two resident files and found that some sections of the comprehensive assessment were incomplete and other sections did not reflect the actual needs of the resident. For example, on one residents' comprehensive assessment the medical history section was blank another lacked detail about restraints in use.

Personal plans were in place for all six residents. Each resident had up to three goals set. However, the personal plans reviewed did not include details of how actions would be completed or who was responsible to complete these actions to ensure the resident goals were met within the time frame set.

**Judgment:**

Compliant

**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:**

The health and safety of residents, visitors and staff was promoted and protected. The risk management policy in place met the legislative requirements. The person in charge completed risk assessments on a monthly and annual basis and health and safety checks were completed on a quarterly basis with the service manager. Accidents and incidents were reviewed on average every two months by the person in charge and the service manager. There was an up-to-date localised health and safety statement in place. The emergency plan in place was detailed and included the procedures to be followed in the event of all potential emergencies.

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. The inspector saw evidence that records of emergency lighting annual checks were in the process of been developed to ensure more detailed

records were kept in the centre. All staff had completed refresher fire training in July 2014. Staff spoken with had a good, 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.

**Judgment:**

Compliant

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

**Findings:**

Measures were in place to protect and safeguard residents which included a policy and procedure on 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 how to safe guard residents'.

The six residents living in the house had access to a safe and secure rear garden and outdoor paved area. Two residents' spoken with told the inspector the centre was a safe and secure home to live in. All the exit/entry doors could be secured by locking and the house was alarmed. Residents could lock their bedroom door if they wished. The inspector saw bathroom and toilet doors had secure locks and there were curtains on bedroom windows.

Communication between residents and staff was respectful. Three residents who at times displayed behaviours that may be challenging had detailed, up-to-date wellbeing assessments, behavioural support plans and detailed records of each episode of behaviour that may be challenging in place.

There were two residents' who used a form of restraint when seated in their chairs. Neither of the two residents had a risk assessment completed to reflect the need for the use of restraint. Documents outlining the reasons why lap belt were used, were signed by members of the multi disciplinary team and senior managers. However, the inspector noted that these documents were contradictory of each other and were not in line with

the National Policy. For example, one stated that the lap strap used for a resident was not used as a form of restraint yet the memo outlining reasons for its use stated that it was used for safety reasons, to stop the resident falling forward.

**Judgment:**

Non Compliant - Minor

**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:**

The health care needs of residents were being met. The inspector reviewed two residents' files and saw evidence that they were facilitated to access 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 were availed of promptly to meet residents' needs. Completed referral forms were available for review in residents' files and written evidence of relevant reviews were also available. For example, one resident had recently visited a dentist and social care workers had written a note in the residents file reflecting the treatment provided. Records were on file to reflect recent reviews by a psychologist and a psychiatrist.

One resident spoken with told the inspector they had a choice of a wide variety of food. Staff did most of the cooking, but residents' often assisted with the shopping and the preparation of meals. A resident told the inspector they planned the weekly evening meal menu at their meetings and how they enjoyed eating out at weekends. The inspector saw that residents' had access to adequate quantities and a good variety of nutritious food to meet their dietary needs. Staff had a good knowledge of the different food consistency required by the residents' and the inspector saw their knowledge was reflected in the resident individual assessment records. Snacks were available and staff all had up-to-date food hygiene training in place.

**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:**

There were written operational policies relating to the ordering, prescribing, storing and administration including self administration of medicines. However, the prescribing practices although improved 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. Controlled medications were not in used in this centre.

All care staff had up-to-date refresher Safe Administration of Medication (SAM) training in place.

Resident medication prescription charts were reviewed and the findings were as follows:  
- each medication was not individually prescribed by either the medial officer (MO) or the residents GP

The inspector saw that each of the residents had their prescribed medications reviewed by the MO the week prior to inspection.

**Judgment:**

Non Compliant - Major

**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:**

There was a written statement of purpose available which accurately reflected all the services and facilities provided in the centre. However, it did not contain all 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. For example, the document did not reference that the centre had the facility of its own bus and the size of rooms were not included.

The person in charge had explained the document to residents and provided them with a user friendly outline of the document within the residents guide.

**Judgment:**

Non Compliant - Minor

**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:**

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 social care worker with authority, accountability and responsibility for the provision of the service. She was the named person in charge (PIC) and was employed full-time. She had held the post of head of unit/social care leader of the centre since November 2013. The inspector observed that she was involved in the governance, operational management and administration of the centre on a regular and consistent basis. For example, she explained how she was responsible for managing a pre-set budget. Residents knew her well. She confirmed that sufficient dedicated management time was allocated to her to ensure she could carry out her role as person in charge.

During the inspection she demonstrated a good knowledge of the legislation and of her statutory responsibilities. She was committed to her own professional development and

was supported in her role within the centre by a team of social care workers and health care assistants. She reported directly to a Service Manager who reported to a Regional Director (also nominated person on behalf of the provider). She had scheduled minuted meetings with the service manager every 4-6 weeks and the nominated person on behalf of the provider attended the centre occasionally. Both attended the feedback meeting at the end of this inspection.

**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:**

The numbers and skill mix of staff were adequate to meet the needs of the six residents. Education and training had been provided to staff within the past twelve weeks. The inspector viewed staff training sign in sheets, training received included mandatory training, food safety and SAM.

There were no volunteers working in the centre and there was minimum use of agency staff as the centre had a full complement of staff. Health care workers were supervised by the head of unit. The recruitment process in place was safe and robust. Two staff files reviewed included all the required documents outlined in schedule 2.

**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:***

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

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by St Michael's House
<b>Centre ID:</b>	OSV-0002391
<b>Date of Inspection:</b>	15 July 2014
<b>Date of response:</b>	11 August 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 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 procedure did not clearly identify who was responsible for investigating complaints.

**Action Required:**

Under Regulation 34 (2) (a) you are required to: Ensure that a person who is not involved in the matters the subject of a complaint is nominated to deal with complaints by or on behalf of residents.

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

The Registered Provider will update the complaints policy to ensure it includes information about the person nominated to investigate complaints. This will not be a

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

person who is involved in the matters the subject of the complaint. A copy of the updated policy will be available for review.

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

**Theme:** Individualised Supports and Care

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

The complaints policy did not clearly state who was the nominated person to oversee all complaints.

**Action Required:**

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

The Registered Provider will update the Complaints Policy to ensure it includes information about a nominated person to oversee the complaints process and to ensure that all complaints are appropriately responded to and records of complaints are maintained. A copy of the updated policy will be available for review.

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

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

**Theme:** Effective Services

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

The wording of the contract required review to ensure the agreement for the provision of services was consistent throughout the contract.

**Action Required:**

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

The Registered Provider has revised the Contract of Care to meet the requirements. The PIC will ensure the contracts of care are signed and available for review.

**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:**

Personal plans did not reflect changes in circumstances and new developments to date to reflect actions taken to date to assist the resident achieve his or her goal.

**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 PIC and key-workers will work to include changes in circumstances and new developments in Personal Plans. The PIC will access training for the staff to ensure this.

**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:**

The comprehensive assessment did not reflect all the residents needs.

**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 PIC will access clinical support and training to assist key-workers in the process to comprehensively complete the assessment of needs.

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

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Residents with restraint in use did not have supporting documents in place in line with the National Policy.

**Action Required:**

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

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

Risk Assessment for usage of seatbelt on a wheelchair has been completed 25th July 2014 by PIC. The relevant form has been sent to the Positive Approaches Monitoring Group for approval.

**Proposed Timescale:** 31/07/2014

**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:**

The medications prescribed were not individually signed by a doctor.

**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 Registered Provider will review the Safe Administration of Medication Policy to ensure it includes the residents GP on the prescription chart.

The Registered Provider will review the practice of individual medications being signed electronically by doctors. The practice will be updated to meet the Regulations.

The new policy will be available for review by inspectors.

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

**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 include all 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.

**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 PIC will revise the Statement of Purpose to meet Schedule 1 of the Regulations.

**Proposed Timescale:** 31/08/2014