

**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-0003599
Centre county:	Dublin 13
Email address:	hazel.mulligan@smh.ie
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	John Birthistle
Lead inspector:	Sheila McKeivitt
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 12 August 2014 09:30 To: 12 August 2014 12:30

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

Outcome 02: Communication
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). Nine outcomes were inspected against and the centre was found to be in compliance with seven of the nine 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.

This centre is home to five residents and there is currently one vacancy in the house. During the inspection the inspector met with two of the residents and staff and was informed that residents and staff had a day trip planned therefore the inspection was carried out over 3 hours. 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 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 two of the nine outcomes

inspected against. Medication prescription practices required review and two staff did not have mandatory training in place for protection of the vulnerable resident.

The action plan at the end of the report reflects this non compliance 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 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

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

Findings:

Residents' communication needs were met.

The staff member on duty was fully aware of the communication needs of the two residents. The inspector observed the staff member communicating with both residents in a manner which met the residents individual needs. For example, one resident did not have clear speech, but had vocal sounds and gestures/ signs which staff clearly knew how to interpret. Notice boards in the communal kitchen/dining room had written and pictorial notices displayed thus meeting communication needs of all residents in the centre.

One resident spoken with informed the inspector that she had her own tablet computer and both residents in the house on the day of inspection had their own mobile phones. These communication needs were reflected in their comprehensive assessments.

Residents had access to a communal television in the large sitting room of the house and the two residents who showed the inspector their bedrooms had their own television and music systems in their bedroom. There was a communal portable telephone accessible to residents if required.

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

Theme:

Effective Services

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

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

Findings:

There were comprehensive assessments and personal plans in place for each of the five residents.

The inspector saw that each resident had a detailed comprehensive assessment completed. Records reviewed showed that members of the allied health care team were involved in the assessment. One resident gave the inspector permission to read her personal file, which she stored in her bedroom. The assessment reflected the resident needs. For example, the assessment stated that the resident could self administered her medications. The resident confirmed this and showed the inspector the guidelines and safe storage practices in place to facilitate this practice.

Each resident had a personal plan in place with two to three goals set. The plans reviewed reflected the residents' personal goals for the year and actions in place to assist the resident achieve these goals were included in an action plan. For example, one resident had a goal to live independently, there was written evidence that staff together in both the centre and the day care facility were providing life training skills to the resident to enable this to happen in the future.

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):

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

Findings:

The inspector formed the view that the health and safety of residents, visitors and staff was promoted and protected. 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 a bi-monthly basis 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 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. Staff had not completed fire training within the past year. However, the inspector was informed that this was planned for two days post this inspection. The person in charge submitted evidence that all five staff employed completed fire training on 14 August 2014. 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):

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

Findings:

Measures were in place to protect and safeguard residents which included a policy and procedure on the prevention, detection and response to abuse. However, the inspector found that 2 of the 5 staff working in the centre did not have mandatory safe guarding vulnerable adults training in place.

Residents' were safe and secure in their home. They had an enclosed rear garden and access to a paved area at the front of the house. All the exit/entry doors could be secure by locking and the house was alarmed.

Communication between residents and staff was respectful. Two residents who at times displayed behaviours that may be challenging had detailed behavioural support guidelines in place. There was two residents' who used a form of restraint, both had risk assessments in place and there was evidence that the restraints used were as minimally restrictive and used for the shortest time possible. The resident and their next of kin were aware of why the restraint was used and the inspector was satisfied that the need

for restraint was reviewed on a regular basis. One resident had self control of the restraint used.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

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. For example, one resident had recently been facilitated to visit her GP when feeling unwell. Records were available to reflect this assessment together with records of a recent review by the residents dentist.

One resident spoken with told the inspector they had a choice of food. Staff and residents' prepared, cooked and served meals together. However, some residents were independent in preparing their meals. The inspector observed one resident getting breakfast independently. Access to the kitchen was not restricted. The inspector saw that residents' had access to adequate quantities and a good variety of nutritious food to meet their dietary needs. Three staff did not have up-to-date refresher food training in place. However, the inspector was informed that training dates for food hygiene training had been scheduled for all three staff for a date in mid October 2014.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

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.

Safe Administration Medication (SAM) guidelines were under review and were available in draft format.

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

- the residents GP name was not identified on the chart
- each medication was not individually prescribed by either the medical officer (MO) or the residents GP
- the allergy section was blank
- the printed first name only of the medical officer appeared on the chart.

2 of the 5 staff employed in the centre did not have up-to-date SAM training in place. However, the inspector was informed that training was scheduled for both for a date in mid October 2014.

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):

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

Findings:

A copy of the statement of purpose was submitted to the Authority and reviewed post inspection. It included details of the services and facilities provided. It also contained 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.

A copy of the statement of purpose had been made available to residents and their representatives.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

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 for 5 years. The inspector observed from reviewing staff rosters, centre and resident documents that she was involved in the governance, operational management and administration of the centre on a regular and consistent basis.

She was not on duty during this unannounced inspection. However, the statement of purpose contained details of her professional development and provided evidence that she was supported in her role within the centre by a team of social care workers and direct support workers. 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.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The numbers and skill mix of staff were adequate to meet the needs of the five residents. The inspector viewed staff training records and found that as mentioned throughout the report refresher staff training was outstanding but scheduled for some staff and mandatory training in safeguarding of vulnerable residents was not in place for two staff as mentioned under outcome eight.

Staff files were not reviewed on this inspection.

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:

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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-0003599
Date of Inspection:	12 August 2014
Date of response:	12 September 2014

Requirements

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

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

2 of the 5 staff were not in receipt of appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

The Person in Charge in consultation with the Training department has arranged for the two staff to attend Safeguarding service users training. One staff is scheduled to attend training on Friday 3rd October and the second staff is scheduled for training on

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

Monday 24th November 2014.

Proposed Timescale: 24/11/2014

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:

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

- the residents GP name was not identified on the chart
- each medication was not individually prescribed by either the medical officer (MO) or the residents GP
- the allergy section was blank
- the printed first name only of the medical officer appeared on the chart.

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 person in charge in consultation with the medical officer has reviewed and updated each resident's medication administration sheet. They have ensured that each medication sheet now identifies each resident GP, that each medication is prescribed individually, the allergy section has been completed and that the full name of the medical officer now appears.

Proposed Timescale: 14/08/2014