**Centre name:** A designated centre for people with disabilities operated by St Michael's House

**Centre ID:** OSV-0003597

**Centre county:** Co. Dublin

**Type of centre:** Health Act 2004 Section 38 Arrangement

**Registered provider:** St Michael's House

**Provider Nominee:** Maureen Hefferon

**Lead inspector:** Sheila McKevitt

**Support inspector(s):** None

**Type of inspection**

Unannounced

**Number of residents on the date of inspection:** 7

**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.
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: 18 September 2014 10:30
To: 18 September 2014 16:30

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

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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 six 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.

The centre provides care to residents who require both nursing and social care needs to be met. The inspector met with four 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 appeared to be happy 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 three of the nine outcomes inspected against. Improvements were required in areas such fire evacuation and provision of fire training to non permanent members of staff. Some staff also
required refresher training on safe administration of medicines and food hygiene practices. Also, the statement of purpose 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 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):
This was the centre’s first inspection by the Authority.

Findings:
Each resident’s wellbeing and welfare was maintained by a high standard of evidence based care and support. They had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

The inspector reviewed two resident’s files. Both had comprehensive assessments in place which reflected the individuals met on inspection. The assessment included the residents' personal likes and preferences. There was evidence that the resident, their key worker and members of the inter-disciplinary team were involved in the assessment.

Each resident had a personal plan in place for 2014 and had set two to three personal goals set. These had been set with the assistance of their key worker and there was evidence that both residents’ were in the process of achieving their goals by the end of 2014. For example, one resident's goal was to take up swimming and do swimming lessons. The inspector saw evidence that this resident was been taken to swimming once per week by staff. The resident indicated to the inspector that he enjoyed swimming.

Judgment:
Compliant
**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):**

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

**Findings:**

The location and layout of the centre was suitable for its stated purpose and met residents’ individual and collective needs in a comfortable and homely way.

The semi-detached house was located on a site with two other centres' run by the St Michaels House organisation. The front area of the house allowed for car parking. There was a safe and secure garden to the rear of the house.

The large bright kitchen/living room which opened into the garden with an adjoining sitting/television room, just large enough to facilitate seven residents. This also had a sliding exit door which lead into the garden. The inspector was informed that the second quite sitting room had been converted into a seventh bedroom in order to accommodate a seventh resident.

The house had the facilities to care for seven residents' in individual bedrooms. There were two large bathrooms for residents use. One contained a large assisted bath and a shower, the other a large open shower which could facilitate a shower trolley and had a ceiling hoist in-situ. There were an adequate number of assisted toilets to meet residents' needs.

Staff confirmed they and the inspector saw that they had all the required assistive equipment available to them to enable them to meet the needs of all residents including the two wheelchair dependent residents.

**Judgment:**
Compliant

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**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**
Effective Services
Outstanding requirement(s) from previous inspection(s):
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 available. The emergency plan in place was detailed and included the procedures to be followed in the event of all potential emergencies. The risk management policy met the legislative requirements. Detailed records of all accidents and incidents were available for review, including those which involved challenging behaviour. There were no patterns of concern. Infection control practices were in place to prevent the spread of infection.

All staff had up-to-date manual handling training in place. Manual handling assistive equipment required for use by residents' was available in the centre. Manual handling practices were not observed on this inspection.

Records were available to confirm that fire equipment including fire extinguishers, the fire blanket, emergency lighting and the fire alarm had all been tested by professionals within the required time frame. All permanent staff had completed fire training within the past year. The two staff on duty on the day of inspection (one employed from an agency and the other from the relief panel) did not have fire training in place. However, the inspector was informed within 24 hours post this inspection that both staff were booked in for fire training on 23 September 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. However, evacuation procedures at night time required review, the inspector noted from records reviewed of the last fire drill that the time recorded to carry out the fire drill was slower than previously recorded due to a number of factors. For example, records showed that two residents re-entered the building, one of the two staff members on duty did not have fire training and it was the first fire drill since the seventh resident entered the house. This fire drill had taken place on 25 July 2014 and there was no evidence that any of the above mentioned factors had been addressed or that a repeat practice drill had taken place.

Judgment:
Non Compliant - Moderate
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. Staff had up to date mandatory safeguarding vulnerable adults training in place and those spoken with had a clear understanding of how to safe guard residents'. The front door of the house had a keypad in place to prevent those vulnerable residents with no road safety awareness leaving the house without staff. Residents had access to an enclosed rear garden. 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. Five residents who at times displayed self injury behaviours had detailed, up-to-date wellbeing assessments and behavioural support plans in place. The inspector saw that staff kept individual records of each episode of behaviour that may be challenge in each resident's file and worked closely with inter-disciplinary team members to ensure patterns of such behaviours did not escalate.

There were three residents' who used a form of restraint when seated in their chairs and one when in bed. Access to the kitchen was restricted for short periods on an infrequent basis. This was in place to assist one resident maintain her special diet when staff were not in the room to observe. There was a record maintained of when this form of restraint was put in place, it reflected as did each residents' risk assessment when, how and for what period the restraint was used.

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):**
This was the centre’s first inspection by the Authority.

**Findings:**
Residents’ health care needs were met through timely access to allied health care professionals, appropriate treatment and therapies.

As mentioned, under outcome 5 individual residents’ health needs were appropriately assessed and met by the care provided in the centre. Allied health care services were available to residents some of whom had diverse care needs. For example, one resident with a skin condition had been referred to a dermatologist and was facilitated to attend all follow-up appointments. The care delivered encouraged and enabled residents to make healthy living choices.

Residents were actively encouraged to take responsibility for their own health and medical needs. However, for those residents' who required assistance or prompting this was given by staff. For example, one resident who required a special diet, needed positive encouragement and diversion therapy to assist her to maintain this diet. Staff had ensured the resident was continuously followed up by a dietician and all recommendations made were implemented.

Food available to residents appeared nutritious, appetizing, varied and available in sufficient quantities. The inspector saw staff preparing meals at times suitable to residents. For example, staff were available to prepare lunch for one resident who decided not to attend day care on the day of inspection and were seen preparing and cooking a nutritious evening meal for residents'. Residents who choice to were supported to assist in the preparation of meals. Staff were available to assist resident to eat their food and did so in a sensitive and appropriate manner. For example, one resident who required assistance to eat was seated at the dining table with others with the staff member seated by the residents’ side, thus ensuring this resident was involved in what appeared like quite a social event.

**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:**
Medication management practices were in line with best practice. There were written operational policies relating to the ordering, prescribing, storing and administration including self administration of medicines. These were in the process of been updated to reflect the new positive change in practices.

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; 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 to reflect new changes in practices.

Resident medication prescription charts were reviewed. Each medication was prescribed by a medical officer and contained an original signature. The residents GP was identified on the prescription chart and all sections of the chart were completed in full. The inspector saw that each resident had their medication prescription reviewed within the previous 24hrs.

**Judgment:**
Compliant
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 reviewed on inspection. It included details of the services and facilities provided. It also contained most of the information as required in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013.

However, the following needed to be reviewed and included:
- number, age range and gender of the residents for whom the centre is intended to meet
- specific care needs to be met in the centre
- the size of rooms in the centre
- the total staffing complement in full-time equivalents
- local organisational structure
- admission criteria for the centre
- nominated providers experience to date
- nominated providers and person in charge: dates of qualifications
- arrangements to engage in social activities, hobbies and leisure.

A copy of the statement of purpose was available to residents and their representatives. The residents had developed their own pictorial statement of purpose which was on display on the wall in the entrance hallway. Each resident had displayed by use of pictures what living in the house meant to them. The inspector saw that the new resident had been given the opportunity to add to this colourful display.

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):
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 inspector saw from the statement of purpose that 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 seven years. She was not on duty on the day of this unannounced inspection and therefore the inspector did not meet her. However, the inspector saw she was involved in the governance, operational management and administration of the centre on a regular and consistent basis. For example, the inspector saw written evidence that she was actively involved in the recent admission of one resident to the centre.

In the absence of the person in charge there was a nominated person from the management team to support the staff on duty in the house. The inspector was satisfied that there were robust system in place to meet the needs of residents.

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.

<table>
<thead>
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<th>Theme:</th>
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<tr>
<td>Responsive Workforce</td>
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**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 seven residents.

The inspector reviewed the staff roster and saw that there were enough staff on duty during the day and night to meet the care needs of the seven residents. Education and training records were reviewed for each staff named on the roster and these records showed that all permanent staff had mandatory training in place. However, as mentioned under outcome 7, two staff who worked less than full time hours did not have the required mandatory fire training in place and five required refresher training in relation to food safety.

There were no volunteers working in the centre. Staff files were not reviewed on this inspection.

**Judgment:**  
Non Compliant - Minor
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 McKevitt
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider's response to inspection report

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<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Michael's House</th>
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<td>Centre ID:</td>
<td>OSV-0003597</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>18 September 2014</td>
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<tr>
<td>Date of response:</td>
<td>10 October 2014</td>
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Requirements

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

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Adequate arrangements were not in place for evacuating all persons from the centre in a timely manner and bringing them to safe location at night time.

Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
1. The PIC has updated the day and nighttime evacuation produces for each resident.
2. A full night fire drill have been carried out on the 29th of Sept with all service users and staff evacuated in a time of 3:30 minutes to assembly point.
3. Additional guidelines are in place to prevent re entry of any service user to the building in the event of a fire.
4. All staff have been informed of the updated evacuation plans.
5. Fire evacuation plans will be discussed at the next staff meeting 24/101/4.
6. All staff have completed fire safety training on the unit.

**Proposed Timescale:** 24/10/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Two non permanent staff working in the centre on a continuous basis did not have fire training in place.

**Action Required:**
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

Please state the actions you have taken or are planning to take:
The two staff have completed fire training on 24/9/14,
All staff are fire safety trained.

**Proposed Timescale:** 24/09/2014

**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 contain all the required information as outlined in schedule 1.

**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 is presently reviewing and amending the following in the statement of purpose:
• Number and age and gender of all residents
• Specific care needs of all who reside in the house
• Getting the measurements of all the room in the centre
• The total staffing complement in full time equivalents
• Admission criteria for the centre
• Experience and Qualification of nominated provider, service provider and PIC.
• The arrangements to engage in social activities, hobbies and leisure.

**Proposed Timescale:** 31/10/2014

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**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some staff require refresher training on food hygiene practices.

**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:**

- Food Safety Refresher
  1. The list of staff requiring food safety refresher training in the unit will be forwarded to staff training and Development Dept by the 10th of Oct 2014.
  2. Food Safety Refresher training is scheduled for delivery across the organisation from the middle of Nov 2014.
  3. The Food Safety Manual is currently with Senior Management for approval, once approved the roll out for training will commence.
  4. In addition to ensure staff have access to appropriate training the staff training and Development Dept will be asked to complete a TNA with all staff on the unit by the 24th of Oct 2014.
  5. A training plan will be in place for staff by the end of Dec 2014.
  6. In the interim all staff in the unit will be required to continue participating in all training for their posts.

**Proposed Timescale:** 31/12/2014