<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>A designated centre for people with disabilities operated by St Michael's House</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0002339</td>
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<td><strong>Centre county:</strong></td>
<td>Dublin 13</td>
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<tr>
<td><strong>Type of centre:</strong></td>
<td>Child Care Act 1991 Section 10 Assistance</td>
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<td><strong>Registered provider:</strong></td>
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<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Catherine Whelan</td>
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<tr>
<td><strong>Lead inspector:</strong></td>
<td>Paul Tierney</td>
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<tr>
<td><strong>Support inspector(s):</strong></td>
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<tr>
<td><strong>Type of inspection</strong></td>
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</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
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<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
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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: 10 July 2014 09:00
To: 10 July 2014 18:30

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

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
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<tbody>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 08: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 12. Medication Management</td>
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<tr>
<td>Outcome 13: Statement of Purpose</td>
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<tr>
<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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Summary of findings from this inspection

This monitoring inspection took place over one day. As part of the inspection the inspector met with the head of unit who was person in charge (PIC) of the centre, the service director and staff at the centre. One of the children met with the inspector as part of the inspection and one parent was also spoken with. The inspector viewed children's files, staff files and policies and procedures relating to the running of the centre. Six children, all males, between the ages of twelve and seventeen years were resident in the centre on the day of inspection.

All of the children had been placed in the centre by their families by voluntary agreement with the centre with the exception of one child who was on a full care order through the courts. The centre was located in a suburban residential area of north Dublin and was opened in 2008. It was purpose built as a house for children or adults with a disability. Five of the children lived downstairs at the centre and one child lived in an upstairs apartment. Each of the children had separate bedrooms.

The inspection found that children at the centre were well cared for and that families were involved in planning for the care of their children. Two children did not have family members involved as there was no contact with them. The physical layout of the centre was suitable for the needs of children who used wheelchairs and the centre was bright and spacious.

Personal plans were in place for the children but there was disproportionate focus on medical needs as opposed to the social needs of the children. Some children were in
placements that did not meet all of their needs and the provider was reviewing the appropriateness of these placements. There were some measures in place to safeguard children but they were in need of improvement.

The management of risk at the centre was carried out by assessing a variety of risks. Assessment of risks at the centre was not robust and required enhancement. Medication management practices were compliant with regulations. There was inadequate focus on the supervision and support of staff at the centre and training opportunities needed to be developed. Some staff files did not contain An Garda Síochána vetting. Management systems were in place but they were not robust and needed strengthening.

These findings will be discussed in more detail throughout the report.
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:
Children resident at the centre had personal plans but there was excessive focus in the plans on the medical and health needs of the children and not enough focus on their social and emotional needs.

Assessments of need for the children were undertaken by multi disciplinary staff provided by the provider and other agencies. The inspector viewed documentation in the plans that contained multi disciplinary assessments of the children's needs. Families had been involved in drawing up these plans along with other key personnel. The head of unit told the inspector that the model used at the centre was based on the twelve activities of daily living that gave an overall view of the needs of the child.

Files were maintained for all of the children and information across a range of headings including their personal profiles, health care, risk assessments, transport, incidents or accidents, and expenditure records was contained in the files. Personal evacuation plans for each child were also contained in the children's files and were displayed in the hallway beside the centre office. The files were well maintained and it was possible to access relevant information quickly.

There was fragmentation in the process of developing personal plans for children at the centre. Each of the children had a personal plan and this consisted of three different processes where plans were generated separately. One of these was a wellbeing meeting and a second was an individual education plan (IEP) developed at the child's school. A third strand of the overall plan was a nursing care plan. These three plans were the basis for the personal plan for each of the children attending the centre. There was evidence on files of plans being reviewed and amended but actions agreed in plans were not always specific in terms of who was responsible for delivery of the action. One child was in the care of the state and the most recent review of his care took place in
November 2013.

The wellbeing meeting is a recent initiative in its first year of use. It considered the overall social, health and emotional needs of the children and it was coordinated by the child's key worker each year and reviewed after six months. The inspector viewed a number of wellbeing outcome review documents and they were general rather than specific in terms of who was responsible for different actions and the timeframes for the actions being completed. This meant that some actions were delayed because there was not sufficient clarity about what needed to happen and who was responsible for the actions required.

Parents and family members were also invited to the well being meeting and records showed that family members did attend. One child was actively involved in his wellbeing meeting. Two of the children had no close family members involved in their lives although staff were initiating contact with a relative of one of the children who also had a disability. Efforts were being made by staff to enable the children to have occasional contact with each other.

The IEPs were developed at the children's schools and these covered educational, health, social and family needs of the children. Different clinicians attended the two meetings and there was some overlap in the content covered in the meetings. This led to some fragmentation and a lack of overall focus in terms of having a central key document that guided the staff who cared for the child in the centre and the staff who were responsible for the child's education and care at their school.

The person in charge told that inspector that one of the children would be moving to adult services next year and that they were in the process of making arrangements for a suitable adult placement for this young person. This was confirmed by the service manager who said that there was active consideration being given to the needs of one child at the centre who would be eighteen next year. No placement had been finalised but options were being considered within adult services run by the provider.

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

Findings:
The management of risk at the centre was not robust and needed to be strengthened.
There was a policy on the management of risk at the centre but there was no site specific safety statement available. The inspector viewed a generic organisational safety statement from 2003 and this was reviewed in 2010. This meant that there was insufficient focus on the management of risk at the centre and that safety was not being prioritised to the required degree in order to ensure that staff had access to current good practice guidelines. The head of unit, who was the person in charge, told the inspector that s/he met with the service manager on a regular basis for support meetings at which issues to do with the management of risk were discussed.

The inspector saw documentary evidence of quarterly health and safety inspection checklists completed by the head of unit in January and April 2014. These inspections at the centre covered personnel, hazard identification and risk assessment, fire prevention and protection, accident and incident reporting, as well as emergency procedures and behaviours that challenge.

The management of risk at the centre was carried out by assessing a variety of risks. The inspector reviewed a range of risk assessments including, fire safety, challenging behaviour, food safety, vehicular transport, infection control, manual handling and working alone. Individual risk assessments were contained on each child's file and some were in need of review. The inspector saw evidence on two separate files of forms not dated and risk assessment forms needing review. A risk assessment matrix that considered likelihood and consequence was in use at the centre.

The structures in place to promote opportunities for learning from serious or adverse incidents in the centre were weak and in need of review. These incidents were noted and according to the head of unit, training would be arranged if necessary. The centre used an organisation wide on-line system for the completion of logging accidents or incidents. The head of unit told the inspector that s/he regularly reviewed incidents and ensured that items of learning were raised at team meetings. The inspector saw documentation from team meetings that dealt with outbreaks of infections at the children's schools.

The infection control policy was due for review in late 2014. Hand hygiene gel dispensers were located at different points in the centre. The inspector observed a number of discarded rubber gloves in an open bin in the utility room on the ground floor close to the stairs leading up to the apartment. This area was not accessible to the children resident downstairs but the head of unit confirmed that the child who lived in the apartment could access the area with supervision. This was brought to the attention of the head of unit during the visit.

Sharps and discarded needles were kept in a bin in the locked clinical room. The inspector saw that a protective guard was in place on the cooker in the kitchen area to prevent children from being able to access hot cooking utensils. A rusty handrail outside the entrance to the apartment needed to be replaced.

Arrangements were in place to manage the risk of fire and staff told the inspector that they were clear regarding actions needing to be taken in the event of a fire at the centre. Fire safety procedures were clearly displayed in the entrance hallway of the
centre as were evacuation plans for five of the six children which contained their photographs. This was a breach of the children's privacy at the centre as it was in full view of all visitors to the centre. The evacuation plan for the sixth child was located at the bottom of the stairs leading up to his apartment. An evacuation notice on the wall in the front hall beside the office needed to be replaced because it was not legible. Staff told the inspector that the child who lived in the apartment had recently taken part in an evacuation drill of the building.

The inspector checked fire extinguishers throughout the building and noted that they were last serviced in February 2014. A total of nine fire extinguishers and three fire blankets were viewed by the inspector during the visit. However, the fire extinguishers located in a storage unit in the hallway outside the upstairs apartment were obstructed by clothes, a sleeping bag and other objects. Items blocking access to the extinguishers needed to be removed on a permanent basis. The inspector viewed training records of two staff including the head of unit and a staff nurse who attended fire safety training in September 2013 and March 2014.

**Judgment:**
Non Compliant - Moderate

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**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:**
There were some measures in place to safeguard children from abuse and neglect but they were in need of improvement.

The inspector spoke with the deputy designated liaison person who was the principal social worker for the service. S/he said that s/he was directly involved in the roll out of safeguarding training for staff at the centre and that there was an allocated social worker for children at the centre.

It was evident to the inspector from observing staff interactions with the children that the children were treated with respect and with sensitivity. There was a policy in place for the protection of children and adults from abuse and neglect that had been
developed by staff. This document was in use across all of the organisations care settings and guided staff in managing concerns about possible abuse or neglect of children.

Almost all of the staff at the centre needed training in the area of child protection. Only two of the 13 staff at the centre had attended Children First (2011) training and there were no plans for these staff to attend training. One staff member interviewed by the inspector did not know what Children First (2011) was or if she/he had attended child protection training. The head of unit and service director indicated that it had not been possible to arrange this training or to source appropriate trainers and they had contacted the Child and Family Agency to put this training in place for staff. During interviews with the inspector staff indicated a desire to attend child protection training if it was available.

The head of unit told the inspector that there had been no notifications of abuse or concerns to the Child and Family Agency in the last 12 months. The Authority had requested that the provider initiate a provider-led investigation report in May 2014 on foot of information received about allegations of abuse by staff in the previous 24 months. The provider responded to the Authority on May 14 2014 and confirmed that two separate allegations of abuse by staff had been investigated by the provider. One of the allegations was deemed after screening to not to constitute an allegation of abuse. A second allegation was investigated and found that there was no wilful neglect of the child on the part of the staff member.

Staff at the centre were trained to deal with behaviours that challenge. The inspector viewed the centre's positive behaviour support policy that was in place dated February 2013 and also viewed documentation in relation to one child at the centre where behaviour that challenged was a central issue. The child required occasional restraint as he engaged in self injurious behaviour and could be a risk to himself and to others at times of high arousal. The person in charge told the inspector that the child's parents had been included in making decisions with staff about the use of restricted practices. Some restrictive practices were approved for one child by the positive approaches monitoring group which oversaw restrictive practices at the centre.

All restrictive practices were considered by the positive approaches monitoring group which has organisational responsibility in relation to reviews and this group met every six weeks. The inspector was told by a principal social worker that the group had four key functions: to assess and approve restrictive practices, maintain a database on restrictive practices, monitor and review restrictive practices and advise and educate staff to explore alternatives to using restrictive practices.

The service manager told the inspector that the organisation had reviewed the service to two children living in the centre last year and that they wanted them to be able to live in more appropriate settings. The sourcing of these placements was being considered at the organisations residential approval meetings, chaired by the chief executive officer, but no plan was currently in place for more suitable placements for either child.

Judgment:
Non Compliant - Moderate

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 was an organisation-wide medication management policy in place at the centre.

There were centre specific procedures in place for medication recording and for medication safekeeping. The person in charge informed the inspector that the medication system was run by two staff at the centre and that both were trained nurses.

The medication cabinet was located in a clinical room off the main corridor in the centre in a room that had a bolt located at the top of the door. The medicines were located inside a locked cabinet which in turn could be accessed through a second locked door. Each of the children at the centre had their own shelf in the cabinet with their names attached. The apartment also had a locked medication cabinet located in the upstairs office in a room separate from the child's living area.

Each child at the centre had their own medication folder. The inspector viewed two of the folders with the head of unit. Details of the child medication needs, allergies, general practitioner, and family as well as a photograph were contained in the folder. The administration sheets contained the signature of the staff member who administered the medications and there were records of prescription sheets with the residents name and address, photograph and date of birth.

Drug error forms were completed by staff if errors were made in the administration of medication by staff. The inspector viewed two forms from April 2014 in relation to one child when a tablet was not given and in the second instance medication was not given to a child within the correct time frame. Records of these errors were discussed at team meetings and the inspector viewed recent team meeting minutes where drug errors was a topic on the agenda for discussion. The item also featured in individual supervision sessions with staff.

There were regular medication audits at the centre. Drug audits were undertaken on Fridays and Sundays of every week. The inspector viewed audit forms for medications taken by two children. The forms contained details of the medication and the dosage, the new stock, medication disposed of, medications administered and medications sent to other locations. The head of unit noted that the system worked well, delivery was taken from the pharmacy on Fridays and the stocking took place on Sundays. The
centre had been getting a month supply of medication but had recently changed this to a weekly supply. The head of unit said that this was a better arrangement for the purposes of audit. The pharmacy collected prescriptions from the general practitioners.

There was a system in place to ensure the safe disposal of medications and related materials. Discards and out of date medicines were put into a box and taken back by the pharmacy and there was a bin in the room for clinical waste. This was also where sharps or used needles were stored in advance of disposal. There was a fridge in place where medications were stored and this was also locked. Peg feeding materials and an oxygen cylinder were also stored in the clinical room where the medication was stored.

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:
The statement of purpose accurately described the service that was provided at the centre but some information needed to be removed from the document.

The statement was comprehensive and clear with details of all aspects of the centre, the services that it provides and how it provided those services. The document outlined the mission statement of the centre and the provider as well as their core values of the organisation. A map of the organisational structure identified the reporting relationships from the board of directors to clinicians and service managers in all settings.

The statement contained details of the centre shift patterns and provided information on the rosters and staffing arrangements. Short profiles of each of the children resident in the centre and their care needs needed to be removed from the statement of purpose. The document also contained a list of the specific medical, clinical and therapeutic support staff that were available to the children.

The layout of the centre was outlined in the statement as well as the precautions that were in place to prevent fire and relevant emergency procedures. Details of the complaints policy was contained in the statement as well as details of the admission procedure to the centre.
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:
Management systems were in place but they were not robust and needed strengthening.

The service manager was the line manager for the person in charge and s/he was accountable to the regional director and the regional management team. The regional director sat on the executive management committee which was chaired by the chief executive officer of the organisation. The chief executive officer was accountable to the board of the organisation.

The person in charge was the head of unit and had worked at the centre for six and a half years. S/he worked a 39 hour week with one management day each week and four days on the floor providing care. His/her professional background was in nursing and s/he also had a management qualification. The head of unit told the inspector that his/her line manager was the service manager and that they met formally every six weeks for support meetings which lasted about one hour. This was not called a supervision meeting and the service manager told inspectors that supervision was a very recent concept and at an early stage of development.

The inspector viewed documentary evidence of notes from meetings between the head of unit and the service manager from April, May and July 2014. The notes were brief in content and not comprehensive. The head of unit told the inspector that they were beginning to put in place a system to formalise the records of these support meetings. The service manager told the inspector that there were plans being developed by the human resources department to formalise performance management systems for staff in the organisation but that they were at present informal in nature. Staff interviewed by inspectors said that supervision was not available to relief staff at the centre.

The inspector viewed minutes from team meetings (March, May and June 2014) which took place each month and were attended by approximately ten staff members. Items
on the agenda for these meetings included risk assessments, recording and documentation, HIQA inspections, rostering, holidays, cleaning, menus, wellbeing reviews, drug errors, training and issues relating to the six children resident at the centre. The service manager told the inspector that audits aimed at ensuring quality assurance were undertaken on a quarterly basis and these covered finances for the children and centre finances. S/he also said that she was assured of the quality of the service provided by her regular contact with different staff who worked at the centre. However it was not clear to inspectors that comprehensive records were maintained to support this conclusion.

The head of unit and the service manager both had training in applied management to diploma and degree level respectively. The head of unit noted that the service manager was accessible and available for consultation whenever necessary.

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

Findings:
There was evidence of the centre being challenged to provide the required levels of staff and skill mix in caring for the children at the centre in a sustained way.

The service manager informed the inspector that one of the main items for discussion with the head of unit in recent times was staffing and the difficulty in getting suitably skilled staff to provide the service. S/he acknowledged a difficulty of recruiting staff due to funding. S/he said that the head of unit was skilled in assessing the best mix of staff available who were well tuned into the needs of the children.

The centre was staffed with appropriately skilled and qualified staff. The total staffing, in whole time equivalents (WTE) for the centre was 12. The composition of the staff group was made up primarily of staff nurses and care assistants. The centre was divided into two areas. The downstairs area had living accommodation for five children. The upstairs apartment for one child was staffed with two staff during the day. At night there was two waking night staff, one supervising each area. The person in charge told the
inspector that rosters were done on a four week cycle and that these were communicated to families and to the residents. The rosters were designed around the medical and social needs of the children and ensuring that they were able to participate in clubs or appointments. A staff nurse was rostered on duty to meet the medical needs of the children.

There was evidence that staffing levels impacted negatively on opportunities for the children to experience stimulating activities. One member of staff interviewed by the inspector suggested that inadequate staffing levels prevented the children from being able on occasions to go on outings outside of the centre. One parent noted the difficulties caused by the use of agency staff in that they did not know the children. This parent said that regular staffing in the centre was an issue and that staff were changing all the time. One of the children told the inspector that he would like to be able to get out of the centre more often and engage in diverse activities but that this was not always possible because of staffing reasons.

The inspection found evidence that supervision of staff was not afforded the level of priority it required at the centre. The head of unit said that s/he supervised the staff at the centre. These meetings took place every six weeks. However they were only for 15 minutes duration. S/he suggested that staff needed to hear what they were doing well and that action plans helped all of the staff to do their job. However s/he said it was very difficult to get the time to supervise the staff as the centre had a vacancy for a Clinical Nurse Manager (CNM 1) staff member and there were two staff on probation.

The service manager indicated to the inspector that supervision was a recent concept in the organisation as a whole and that it was an area which needed development. There was no template for it across the organisation. One relief staff member interviewed by the inspector noted that no supervision sessions were planned for relief staff. The centre did not use volunteers.

Staff files were not in line with the requirements of Schedule 2 of the Regulations. The inspector viewed staff files and An Garda Síochána vetting documentation was not included in two of the four staff files viewed. There was documentary evidence in the staff files of communication with staff in relation to requirements of the regulations. The files viewed by the inspector did contain some of the required details as outlined in Schedule 2 of the disability regulations but the job description and hours of work were not contained in two of the sample files seen by the inspector.

The inspector observed training records for staff that covered behaviours that challenge, manual handling, and life limiting conditions but no training needs analysis had been undertaken with staff at the centre.

**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:

Paul Tierney
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<td>10 July 2014</td>
</tr>
<tr>
<td>Date of response:</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 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 plan reviews are weak and need to be strengthened.

**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.

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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:
The Person in Charge will ensure that a comprehensive and holistic assessment of each Individual child is carried out. This is called the Personal Wellbeing Assessment Tool and will be informed by the Wellbeing review meetings. Personal specific Care Plans will then be formulated and guided by this assessment of need. These Care Plans will encompass all the Medical/ Nursing/ Social/ Emotional and Educational needs of the individual. The assessment will be held in conjunction with families and clinicians where relevant. The individual child will be part of the process as per his/her own wishes. The Key Worker will be responsible for leading out on this assessment and updating information throughout the year. Each assessment of need and subsequent personal Care plan will have a named person responsible for it and will be reviewed annually or more frequently as required.

The development of these plans will be discussed at a staff meeting on 16/10/2014 and will thereafter be a set item on the agenda at all Staff Meetings. In the event of an unplanned change in circumstance or need of a child, the Assessment will be reviewed and up-dated accordingly. The Person in Charge will monitor this process.

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:
Actions and decisions arising from personal plans and reviews are not specific.

Action Required:
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:
An Action Plan template has been developed by the Person in Charge to ensure that all existing personal plans are reviewed and actioned on in a timely manner by a specific person. This has been discussed at a staff meeting on 16/9/2014. This Action Plan will be completed by the Key Worker/PIC after all reviews whether scheduled or unplanned and given to all relevant parties.
The Action Plan includes
(a) The Action (this is numbered if more than one)
(b) Who is responsible for carrying out the action. This may be more than one person.
(c) Time frame.
(d) Comments. To allow notes on progress if relevant.
(e) Signature and date of completion.

Individual Wellbeing Assessment Tools and subsequent Personal Care Plans will be completed by 30th Oct 2014 and updated to reflect any change.
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<th><strong>Proposed Timescale:</strong> 16/10/2014</th>
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**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:
The system for recording adverse incidents and ensuring that learning took place from them was weak.

**Action Required:**
Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:
Section 4.2 The Health and Safety Policy has been updated 23rd Sept 2014. The policy now reflects the HIQA requirements on Risk Management. The Person in Charge will ensure that all permanent/relief and agency staff have read/signed and dated the newly updated Health and Safety policy. The family/guardian will continue to be contacted and informed of all accidents/incidents relating to their child and a record of this communication will be kept in the Family Contact Record in the individual child’s personal file. All necessary interventions following any adverse event involving a resident will be organised and implemented in a timely fashion.

Adverse incidents such as activation of the fire system (planned or unplanned), Accidents, Near misses and incidence of Challenging Behaviour are logged to the organisational system of reporting and recording using e forms as part of the process. A copy of each form will be kept in the individual’s personal file on the unit. The PIC and Health and Safety Officers will investigate all trends or patterns arising. Where appropriate relevant members of the clinical team will also be involved in reviewing the trends or patterns.

The learning from any adverse event will be communicated to staff through individual Supervision Sessions and on the agenda for each staff meeting. Outstanding actions will be agreed and assigned to the relevant parties with a date for completion.

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<th><strong>Proposed Timescale:</strong> 23/09/2014</th>
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**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Risk assessment forms were in need of review or undated.
There was no site specific safety statement in place at the centre and the statement in use was out of date and in need of review.
Action Required:
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:
The Organisational Health and Safety Statement has been updated in line with the Regulations. Person In Charge attended a briefing in relation to this on 23/9/2014. There is a system in place on site for responding to all emergencies, which indicates alternative accommodation where necessary.

Risk Assessments will be reviewed and updated yearly or as required by the PIC. A Site specific Safety Statement will be developed and in place by 30/09/2014.

Proposed Timescale: 30/09/2014
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Access to the fire extinguisher in the apartment was blocked.

Action Required:
Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:
All items that were blocking the access to the fire extinguisher in the apartment were removed and new signage put in place to keep area clear on 10/7/2014. This was also discussed at a staff meeting on 16/9/2014 where staff were informed that all fire equipment must be accessible and visible at all times. Anything untoward is to be attended to immediately and reported to Person In Charge.

Proposed Timescale: 10/07/2014
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Information on emergency evacuation of the resident in the apartment needed to be located in that area.

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.
Please state the actions you have taken or are planning to take:
The emergency evacuation plan of the resident in the apartment will be located in a red folder above the fire extinguishers on the upstairs landing. The plan will be fully visible and accessible at all times. This will be communicated to staff on 24/09/2014. All new staff, agency or relief staff will be made aware of the details of this plan during their induction to the unit. A copy is filed in the Fire Fact File and the individuals personal file.

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

### 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:**
Several staff at the centre had not attended Children First (2011) training.

**Action Required:**
Under Regulation 08 (8) you are required to: Ensure that where children are resident, staff receive training in relevant government guidance for the protection and welfare of children.

**Please state the actions you have taken or are planning to take:**
All staff names were forwarded to the Staff Training and Development Department for Children First (2011) training in May 2014
The Head of the Social Work Department has been in contact with the HSE and TUSLA (the main providers of Children First Training) and are awaiting dates regarding roll out of training and or the organisations involvement in a Train the Trainer Programme for Children’s First. The CEO has written to the Federation of Voluntary Bodies to have the absence of Children’s First Training highlighted within the HSE.
In the interim all staff are required to attend Safe-Guarding Service User training, which refers to Children’s First Guidelines. All staff will have received Safe-Guarding Service User training by 24/11/2014

**Proposed Timescale:** 24/11/2014

### 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:**
There is a section in the Statement of Purpose that contains excessive detail relating to the needs of the children and needs to be removed. (Page 12 The Range of Children’s needs)

**Action Required:**
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
The Statement Of Purpose has been amended following Inspection. All excessive detail has been removed. In replacement this paragraph now includes an overview of the range of supports and services that can be delivered by the residential setting. This was amended on 16/9/2014

**Proposed Timescale:** 16/09/2014

**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:
Provider had not ensured that the service is being effectively monitored.

**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:**
There will be six weekly (and more often if needed) protected supervision meetings between the Person in Charge and the Service Manager, minutes of these meetings will be signed by both parties and kept on a confidential file at the house.
The Person in Charge will schedule supervision meetings 6 weekly with all staff to include regular relief staff. These meetings will be documented and a file will be kept in the unit.
All supports, formal and informal, given to staff will be documented and kept on file at the house.

**Proposed Timescale:** 16/10/2014

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
No date was in place for the review of the quality and safety of care at the centre.

**Action Required:**
Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care
and support is in accordance with standards.

Please state the actions you have taken or are planning to take:
A review meeting for the quality and care in the centre is scheduled for 13/10/2014. This will be reviewed every six months going forward at a date that will suit rosters/schedules.

Proposed Timescale: 13/10/2014

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
No information available on how residents or their representatives would be consulted.

Action Required:
Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

Please state the actions you have taken or are planning to take:
Children will be supported to be involved in their own personal care plans using any communication tool individual to them. This consultation will inform the review of the quality and safety of care and support they have in their home. Residents representatives will be consulted via telephone and Wellbeing review meetings. Documented records of this consultation will be kept in the individual childs personal file.

Proposed Timescale: 13/10/2014

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Performance management structures were not in place for staff at the centre.

Action Required:
Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

Please state the actions you have taken or are planning to take:
Regular supervision meetings will be scheduled for all staff including regular relief and agency staff. The Person in Charge will develop a template for these meetings and all records will be kept on file on the unit.
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff required additional training opportunities in child protection.

Action Required:
Under Regulation 23 (3) (b) you are required to: Facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.

Please state the actions you have taken or are planning to take:
Person in Charge will ensure staff are aware of and understand their responsibility in relation to reporting concerns that would affect the quality and safety of the care and support provided to the resident. All staff will sign off and date that they have read and understand the policy and procedures for the protection of children and adults from abuse and neglect.
All staff names have been forwarded to the Staff Training and Development Department for Children’s First (2011) training (May 2014).

Proposed Timescale: 30/09/2014

Outcome 17: Workforce
Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Provider had not ensured that An Garda Síochána vetting was in place for all staff.

Action Required:
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

Please state the actions you have taken or are planning to take:
The PIC has been in contact with HR requesting that all files have Garda vetting in place and to be notified when this is complete.

Proposed Timescale: 19/09/2014

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Provider had difficulty in ensuring that suitably skilled staff were available to work at the

Page 23 of 25
centre.

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

**Please state the actions you have taken or are planning to take:**
A date has been set for interviews to fill the CNM1 vacancy, 02/10/2014. The person in Charge has requested senior management that a care assistant post be converted to a Social Care Worker post. This has been agreed. The Social Care Worker will be integrated into the staffing complement with a view to improving the focus on the social care needs in the house. St Michael’s House is currently in the process of recruiting suitable Social Care Workers.

**Proposed Timescale:** 30/11/2014  
**Theme:** Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider did not maintain consistent staffing at the centre.

**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 provider is in the process of recruiting staff with a view to filling current vacancies. This includes the recruitment of a Social Care Worker. Going forward all staff vacancies will be considered for conversion if appropriate.

**Proposed Timescale:** 30/11/2014  
**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A training needs analysis was not in place for the centre.

**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:**
Request sent to Staff Training and Development on 19/9/2014.
All staff in the unit to complete a Training Needs Analysis by 1/11/2014.
Targeted plan for staff training to be formulated by the end of December 2014.
In the interim period staff will continue to attend all Mandatory Required Training

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<td><strong>Theme:</strong> Responsive Workforce</td>
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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff at the centre were not appropriately supervised.

**Action Required:**
Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

**Please state the actions you have taken or are planning to take:**
Performance Management supervision meetings will be held every six weeks with staff. This will be based on the Job Description for their particular post and will support staff in their role.
Staff’s performance will be monitored and supported in the areas of:
- General Performance
- Key Working
- Specific Responsibilities
- Education and training.
- Professional Development.

Supervision Meetings will be guided using a template. An action plan will be completed stating specific actions required, who will carry them out within an agreed timeframe, which will be followed up by the Person in Charge and signed off once complete. All meetings and follow up will be documented and kept in a confidential file on the unit.

| Proposed Timescale: 16/10/2014 |