Health Information and Quality Authority
Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Michael's House</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002363</td>
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<tr>
<td>Centre county:</td>
<td>Dublin 5</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<td>Registered provider:</td>
<td>St Michael's House</td>
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<tr>
<td>Provider Nominee:</td>
<td>John Birthistle</td>
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<tr>
<td>Lead inspector:</td>
<td>Nuala Rafferty</td>
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<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>4</td>
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<td>Number of vacancies on the date of inspection:</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: 03 June 2014 10:00  To: 03 June 2014 17:30

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 this 6 bed centre for persons with disabilities. The centre forms part of a diverse number of services nationally delivered by the provider St Michaels House Group. As part of the process the inspector met with the, person in charge, the services manager, staff and residents and reviewed documentation such as clinical care records, policies and procedures and rosters. The purpose of the inspection was to assess the level of compliance with the Health Act 2007 (Care and Support of Residents in Designated Centre’s for Persons (Children and Adults) with Disabilities 2013 and the standard of care delivered to residents in the facility.

Throughout the inspection it was noted that there was an emphasis on delivering safe suitable and appropriate care in a relaxed and unhurried manner. Daily routines for each resident reflected their general status following assessment by staff and the pace of care delivery tailored accordingly. There was a deliberate lack of routine which allowed care to be provided within a low key atmosphere of domesticity and socialization. Staff were found to deliver effective care in an unobtrusive and respectful manner.
The findings from this inspection are detailed under each outcome in this report. Although in general evidence of good standards of practice were found improvements were noted to be required in some aspects of service delivery such as; staffing care planning, governance and suitable premises. Where non compliances are identified an action plan is included under each outcome and identifies areas where improvements are required to comply with the regulations and Authority's standards.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident’s privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Findings:
Evidence that residents were consulted with and enabled to participate in decisions about their care and about the organisation of the centre was found on this inspection. However, issues were found relating to suitable premises did not facilitate staff to meet residents choices in full and this is discussed under outcome 6 further in this report.

Regular weekly meetings took place and minutes of these meetings outlined discussions and decisions taken on activities and meal planning. Daily routines respected individual choice and preferences such as times for rising or returning to bed. Promotion of independence was strongly supported by staff and was reflected in facilitating residents to access local amenities and services alone such as going for walks, coffee or shopping where this was assessed as appropriate and safe. Risk management processes whereby staff had knowledge of approximate whereabouts and expected time of return were established.

It was found that resident’s privacy and dignity was respected through personal care practices, maintaining private communications and contacts with relatives and friends and maximising independence. Locks were available on all bedroom doors and residents were provided with their own key. Use of CCTV or other monitoring devices were not in use in the centre at this time.

Staff were observed to facilitate residents’ capacity to exercise personal autonomy and residents were enabled to exercise choice and control in their daily lives in accordance with their preferences. Independence was promoted and encouraged through development and maintenance of life skills.

Systems to safeguard finances were in place and supports to facilitate residents to safely manage their finances were reviewed. It was found that resident’s belongings and finances were protected on this inspection. A robust system which involved recording, balancing and auditing three separate account records was in place consisting of an expenditure record, receipts and bank account statements. Each aspect of the three
records were reconciled for every lodgement, withdrawal or transaction conducted. These were audited by the person in charge monthly. Records indicated full reconciliation and corroboration of purchases/payments with receipts expenditure records and bank statements.

There was a written operational policy and procedure relating to the making, handling and investigation of written complaints. The procedure identified the nominated person to investigate a complaint and the appeals process. There was a nominated person who held a monitoring role to ensure that all complaints were appropriately responded to and records were kept. However, the process was not displayed, reflected a generic approach for the overall organisation and was not specific to the centre. It was also noted that residents were not facilitated to have access to advocacy services. At the time of this inspection no complaints had been received in the centre.

**Judgment:**
Non Compliant - Minor

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

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**
Effective Services

**Findings:**
All lines of enquiry in relation to this outcome were not reviewed on this inspection, the inspector focused specifically on the admission and discharge processes in place. Evidence that residents’ admissions were determined on the basis of criteria in accordance with the current Statement of Purpose was found with the exception of the current decision on emergency admissions. Improvements were also noted to be required to the Statement of Purpose this is referenced under outcome 13 further in this report.

In discussion with the person in charge and services manager the inspector learned that all referrals were considered by a New Referrals and Discharge Committee. All appropriate referrals were assessed by a clinical team who recommended placement to the person in charge and services manager who then input into the process by facilitating informal visits to the potential resident and their family/representatives. The referred person then met with the other residents’ whose views were considered before a final decision was made. In conversation with staff and residents the inspector learned that this process was currently being implemented in practice by the person in charge. There is a vacancy in the centre and a series of ‘getting to know you’ opportunities have been arranged to facilitate residents get to know the person under consideration for placement. These opportunities include informal visits to meet over a cup of tea and then progress to dinner and eventually an overnight stay.
The person in charge was clear that where it was believed a potential resident's needs could not be met or would not fit with the existing profile then the placement would not be facilitated. The protocol for filling vacancies also includes assessments associated with the suitability of the environment to meet potential resident's needs; level and skill mix of staff and familiarity with the local community and area.

As a result of learning derived from a negative experience involving accepting an emergency admission, the person in charge has taken the decision with the support of the services manager to cease the provision of respite and emergency admissions to any person previously unknown to staff in centre although this position is not currently supported by a centre specific policy on admissions to the centre. This is further discussed under outcome 18.

**Judgment:**
Compliant

### Outcome 05: Social Care Needs

*Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his/her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**
Effective Services

**Findings:**
Some evidence that resident's well being and welfare were maintained by a good standard of evidence-based care and support was found. Comprehensive personal plans that identified the supports to be provided to maximise each resident’s abilities to reach potential for personal development in all spheres of daily life, i.e. personal, social, health and education were in place for some residents. These plans were found to reflect resident's involvement to the extent that the resident was consulted in relation to their wishes and preferences on social needs relating to family and community based contacts visits and outings. Although plans were not in place for all of those viewed it was found that they were moving to an outcome rather than activity based focus to promote independence and life skills maintenance or development. Evidence that opportunities for education, training and development were provided was found in that most residents were attending day services to maintain and develop life skills. Those residents not attending day services were availing of other developmental opportunities such as pottery and art classes.
However on review of a sample of clinical documentation it was found that improvements were required to ensure that arrangements to meet each resident’s assessed needs were set out in a personal plan (or care plan) that reflected their needs and capacities.

Although in general care plans reflected the care delivered and some care plans were noted to be specific person centred and detailed further improvements were found to be required.

A care plan was not in place for every identified need, examples included, personal care and incontinence. In some instances where evidence of interventions of allied health professions were found, the guidance was not referenced in a care plan to ensure the recommendations or guidelines for care were implemented and reviewed to determine effectiveness. Although risk assessments on management of some care needs such as agitation and bed time routines were in place these were not linked to a comprehensive care plan to determine effectiveness of measures in place.

Judgment:
Non Compliant - Moderate

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

Findings:
All lines of enquiry in relation to this outcome were not reviewed on this inspection. However, it was found that the location, design and layout of the centre was not fully suitable to meet the current profile of residents’ individual and collective needs in a comfortable and homely way.

The centre is a six bedroom semi detached house which is linked internally to an adjoining building which is a separate day centre facility. The building was in general well maintained furniture fixtures and fittings were domestic in character and although décor appeared dated and worn in some aspects, all were neat, visually clean and clutter free. Efforts to reflect residents individuality and preferences in relation to colour and furnishings in bedrooms were noted and photographs pictures and fixtures which reflected interests and hobbies were evident.

Improvements were found to be required to each of the units in order that they meet the assessed needs of the current resident profile and to meet the aims and objectives of the centre going forward as determined by the statement of purpose.
Aspects of the environment which required to be addressed include;
- a sufficient number of suitable accessible toilets, baths and showers were not available. There was one non accessible shower, bath and two toilets upstairs,
- appropriate equipment including appropriate sluicing and cleaning systems to implement evidence based infection prevention and control principles for commodes or other receptacles was not available,
- one communal sitting room and dining area separated by double doors adjoining the kitchen area.

In addition the inspector viewed a large accessible shower room which also contained a shower trolley with overhead tracker hoist system, accessible bath and toilet with utility room containing a washing machine and tumble dryer. These rooms were located in the adjoining day centre accessed via a link door to the residential centre. However, these facilities were only available for use by residential staff and the residents each evening when the day service closed.

The current resident profile includes persons who cannot access the upstairs shower or toilet facilities and can only use the day centre each evening. It was also found that the sitting room facilities in the day centre were also used on a daily basis as a quiet area as part of a behaviour that challenges care plan to maintain mood equilibrium for one resident. The inspector learned that this presents difficulties for staff ensuring a safe environment for residents due to the layout of both centres and this is discussed further under outcome 17 on staffing.

Other aspects of the environment which require to be reviewed included;
- lack of directional signs over the link door to the day centre and the double door in the downstairs bedroom which the inspector was told are also identified fire exits.
- low level lighting in the corridor leading to the link door to the day centre not working.
- confirmation that there are smoke detectors in the attic area is required.
- maintenance required to some aspects of doors, door frames, skirting boards and walls where wood and plaster were chipped exposed or required re-painting.

Judgment:
Non Compliant - Major

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Findings:
Although all aspects of the lines of enquiry for this outcome were not reviewed on this visit it was found that in general the health and safety of residents, visitors and staff was promoted and protected in that policies and procedures for risk management and health and safety were available and staff were aware of them.
Records were maintained regarding the regular servicing of fire equipment and fire officer’s visits. Fire escape routes were unobstructed. Fire equipment and alarms were tested and arrangements were in place for the maintenance of the system and equipment. Personal emergency evacuation plans for all residents were in place and were sufficiently specific to guide staff.

Staff had received annual training in fire safety as required under the legislation and although staff spoken with demonstrated knowledge of the procedures to be followed in the event of a fire, these procedures were not displayed.

Arrangements were also in place for responding to emergencies including procedures and policies covering responses in the event of a resident being absent or missing without staff knowledge. In conversation with them it was found that staff were aware of these procedures.

Evidence of effective review of the systems in place to assess and manage all risks associated with response to emergencies was found. A centre specific emergency plan to direct and guide staff in response to any major emergency such as power failure, flooding or other form of emergency was available and had recently been reviewed. The plan now identified all resources available to ensure residents safety such as alternative accommodation. Some additional equipment to effectively and safely respond to emergencies was available such as search torches, blankets and lists of emergency numbers.

Accident and incident records reviewed indicated systems were in place to derive learning, improve standards of care and improve safe systems in place to prevent recurrence.

**Judgment:**
Non Compliant - Minor

### Outcome 08: Safeguarding and Safety
*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

### Theme:
Safe Services

### Findings:
Measures were in place to protect residents from being harmed or suffering abuse. There was a policy which provided guidance for staff to manage incidents of elder abuse. In conversation with some staff members, the inspector found they were
competent in their knowledge regarding reporting mechanisms within the centre and what to do in the event of a disclosure about actual, alleged or suspected abuse. In conversations with them some residents expressed feeling safe and could tell inspectors the names of staff they were familiar with. Although all residents spoken too were unable to express feeling safe, the inspector observed they appeared comfortable with staff and did not exhibit behaviours associated with distress or anxiety.

Although a restraint-free environment was observed to be promoted within the centre, and behavioural supports to manage behaviour that challenges was not observed during this visit. It was found that restrictive measures such as use of bed rails and lap belts were noted to be in use for some residents, specifically those persons with balance or sitting difficulties who had limited mobility. However although alternative, less restrictive measures may have been considered or trialled prior to the use of these methods documentation referencing the need for these restraints did not identify whether the restraint used was suitable for the residents needs without restricting the resident unnecessarily and was used for the shortest duration possible. Improvements to clinical documentation were noted to be required and this is discussed under Outcome 5

**Judgment:**
Non Compliant - Moderate

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**Outcome 11. Healthcare Needs**
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**
Health and Development

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

Residents were provided with food and drink at times and in quantities adequate for their needs. All meals were prepared in the centre and residents were encouraged to be involved in the preparation of evening meals in the centre as appropriate to their ability and preference. Food was properly served and was hot and well presented. The evening meal was found to be a relaxed and sociable affair. Residents were facilitated to enjoy their meal independently, privately and at their own pace, where assistance was required it was offered in a discreet and sensitive manner. Serviettes and condiments were on the table.
Judgment:
Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Findings:
Evidence that the processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation were found and systems were in place for reviewing and monitoring safe medication practices. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and appropriate procedures for the ordering, storing and returning medication including unused and out-of-date medicines.

Medication was being administered by social care staff who received 'safe administration of medication' training. In general, the inspector found evidence of safe medication management practices with policies in place being implemented in practice, although some improvements were found to be required such as;

- original prescriptions or in house prescription kardex with general practitioner or medical officer original signature not in place for every medication
- a signature sheet which identified the signature of all staff who administer medication was not in place.

Judgment:
Non Compliant - Minor

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

Findings:
A written statement of purpose was available which broadly reflected the service provided in the centre. On review it was found that some improvements were required to ensure the document contained all of the information required by Schedule 1 of the Regulations.
Information which requires to be included in the statement of purpose includes;
- the specific care and support needs the centre intends to meet
- the criteria used for admission including policy and procedures for emergency admissions
- range of needs and the facilities and services available to meet those needs
- details of any specific therapeutic techniques used and arrangements for their supervision.

It was also noted that the document needs revision to ensure aspects of resident's personal information is not included as it may represent a potential breach of their privacy, dignity and rights to protection of confidentiality under the Data Protection Act 1988 & 2003.

**Judgment:**
Non Compliant - Moderate

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**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

**Findings:**
While all lines of enquiry in relation to this outcome were not reviewed on this inspection the inspector formed the view that within the centre there was evidence of good management systems to support and promote the delivery of safe care services. However, this centre formed part of a larger service provider with a complex management structure and associated levels and lines of authority and accountability. These lines of accountability were not clear. Additionally, the person in charge and service manager referred to other people with responsibility for clinical governance that they report to or relied upon for support.

The centre was managed by a full time person in charge who demonstrated good leadership skills and sufficient knowledge to ensure suitable and safe care was delivered to residents. All staff were familiar with each resident's personal and social interests, background and history. Residents’ were familiar with all staff including the person in charge on sight, those who could communicate verbally called staff by name and the interactions between all staff and residents displayed warm and mutually respectful and caring interpersonal relationships.

Although the services manager and person in charge had a comprehensive knowledge about the centre and were involved to some degree in decisions such as agreeing
suitability for admission, they were not involved in all aspects of this or other key decision making. For example, the protocol for emergency admissions was managed by the social work department of the St Michael House organisation and where vacancies existed in centres these were utilised at short notice to facilitate admissions. However, the inspector learned through conversations with several residents and staff that a traumatic incident involving a person admitted on an emergency basis occurred some time ago which has left all of the residents very nervous about new people coming to live in their home. As a direct result the person in charge has taken the decision not to accept further emergency admissions of persons unknown to staff or the other residents at short notice. This decision although supported by the senior services manager has not yet been formally agreed by the corporate organisation. Other decisions regarding significant expenditures such as additional staffing resources were also made by members of the management team other than the person in charge.

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

Judgment:
Non Compliant - Moderate

**Outcome 17: Workforce**
*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**
Responsive Workforce

**Findings:**
It was found that at the time of this inspection, given there were two long term vacancies in the centre, the levels and skill mix of staff were sufficient to meet the needs of residents and staff were supervised appropriate to their role. The inspector observed staff and residents interactions and found that staff were respectful patient and attentive to residents needs. It was noted that staff provided reassurance to residents by delivering care to them in a quiet confident manner.

However, judgements based on findings previously detailed under outcomes 5, 6 and 14 in relation to residents complex needs, care planning processes design and layout of the premises and governance, indicate a need for a review of the staffing levels and skill mix to ensure residents needs are fully met.
The person in charge formed part of the overall direct care staffing provision and has little protected time to fulfil the management functions of the person in charge role such as, developing and reviewing the quality and safety of the service or supervision of practice. Examples include issues identified under outcome 5 where improvements were required in care planning and assessment and also the risks associated with lack of time to review risk management processes to ensure the systems in place were sufficiently robust and staff were implementing them in full.

Although staff endeavoured to deliver direct care in a safe and timely manner to the current resident profile improvements were found to be required. Due to the design and layout of the centre and the dependence on the adjoining day service to meet residents needs in relation to quiet areas for relaxation and de stimulation, there were limited staff available to ensure adequate and safe levels of supervision of all residents. There were four residents in the centre with a mix of dependency levels. Each requiring assistance ranging from high to medium and low. Some though not all required assistance by two staff with all activities of daily living and most required assistance by one staff. As previously mentioned in outcome 6 the design and layout of the centre does not facilitate staff to meet residents needs in relation to all personal care at a time of their choosing each day. This means that both morning and evening staff are engaged in assisting with personal hygiene requirements. The inspector also learned that staff have found small but significant indicators of increasing levels of monitoring and/or assistance with activities of daily living required by such as mobility. Additionally each evening the sitting room in the adjoining day service is utilised by residents which necessitates two staff having to monitor distinctly separate areas at an exceptionally busy period when staff must also assist residents to prepare, cook and clean up after the evening meal, time is also required for social activities and/or community outings.

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

The inspector observed staff and residents interactions and found that staff were respectful, patient and attentive to residents needs. It was noted that staff provided reassurance to residents by delivering care to them in a quiet confident manner.

A sample of training records indicated that all staff had received training in all required mandatory areas, fire safety, moving and handling and prevention of abuse. Further training specific to the current residents profile was also found to be required to ensure staff competency and ensure residents needs are fully met, specifically in; positive behaviour strategies and assessment and care planning.

**Judgment:**
Non Compliant - Moderate
Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

Findings:
Although not all records were reviewed on this inspection, it was found that general records as required under Schedule 4 of the Regulations were maintained including key records such as, accident and incidents, nursing and medical records. All records required under Schedule 3 of the Regulations were maintained in the centre however, further improvements were required in respect of maintaining clinical records in accordance with professional standards and establishing a comprehensive care planning system to ensure care needs were appropriately and regularly assessed managed and reviewed. This is referenced in detail under Outcome 5 of this report.

All of the written operational policies as required by Schedule 5 of the Regulations were available such as emergency admissions policy. However, the policy in place is an overarching organisational policy and is not centre specific. The policy does not reflect the current management decision to cease emergency admissions and requires to be reviewed to ensure sufficient guidance to staff in this area.

Some improvements were found to be required to ensure records were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. On review of records relating to an incident of behaviour that challenges which both residents and staff remember as particularly difficult, it was noted that dates times and signatures were omitted and measures implemented to prevent occurrence were not reviewed to determine their effectiveness.

Judgment:
Non Compliant - Moderate
**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

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

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<td>Date of Inspection:</td>
<td>3 June 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>25 July 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 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Residents were not facilitated to have access to advocacy services.

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

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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:
On the 15/07/14 a house meeting was held and all residents were informed of the National Advocacy Service for People with Disabilities. This document is now on display in the residents living area.

Proposed Timescale: 15/07/2014
Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints policy was not displayed.

Action Required:
Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

Please state the actions you have taken or are planning to take:
On the 15/07/14 a house meeting was held and all residents were informed of the St. Michaels House policy and Procedure for Resolving Complaints and Concerns of Service users and Families. This document is now on display in the residents living area. The steps involved in making a complaint is displayed on the kitchen wall with additional photographic images of the appropriate people involved in this procedure, including the person in charge; service manager and provider nominee.

Proposed Timescale: 15/07/2014

Outcome 05: Social Care Needs
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A personal plan was not in place for every identified need.

Action Required:
Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident’s personal development in accordance with his or her wishes.

Please state the actions you have taken or are planning to take:
Individual personal care plans are currently under review in conjunction with allied health professionals to identify personal needs.

Proposed Timescale: 22/08/2014
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<th>Theme: Effective Services</th>
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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Reviews of personal or care plans in place were not sufficiently comprehensive, linked to assessments and did not determine their effectiveness.

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

**Please state the actions you have taken or are planning to take:**
The appropriate clinical documents that accompany care plans are being collated to ensure that all needs are identified, reviewed and effectiveness of clinical inputs are monitored.

**Proposed Timescale:** 22/08/2014

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<th>Theme: Effective Services</th>
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**Outcome 06: Safe and suitable premises**

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The design and layout of the premises did not fully meet the needs of the current resident profile

**Action Required:**
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

**Please state the actions you have taken or are planning to take:**
The Registered Provider (in consultation with the Person in Charge, allied health professionals and technical services) is carrying out a comprehensive review of the premises and scheduling remedial works to be carried out to ensure the premises meet the needs of residents. Further details submitted to inspector.

**Proposed Timescale:** 31/12/2014
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Evidence that all aspects of the premises, facilities and equipment such as those outlined in the body of the report were meeting the needs of residents or were maintained in a good state of repair was not available.

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

**Please state the actions you have taken or are planning to take:**
The Person in Charge in consultation with the Technical Services manager and allied professionals has reviewed all equipment and facilities and a schedule of works has been agreed. These include
- Alteration and refurbishment of bathroom and shower room facilities
- Improvements to laundry facilities
- The following works has been completed
  - Directional signage has been installed.
  - Low level lighting has been repaired.
  - Verified that there are working smoke detectors in the attic area

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

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

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Centre specific fire procedures were not displayed.

**Action Required:**
Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

**Please state the actions you have taken or are planning to take:**
Since 12/07/14 daytime and night time evacuation plans have been displayed in hallway. Also displayed are the contact details for the house and fire alarm monitoring company.

**Proposed Timescale:** 12/07/2014
**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:
Where physical restrictions were in place evidence that alternative, less restrictive measures may have been considered or trialled prior to the use of these methods was not available.

**Action Required:**
Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

**Please state the actions you have taken or are planning to take:**
A full clinical review of physical restrictions has been undertaken by the person in charge and the occupational therapy services to evaluate current practices. Documentation related to this review will be incorporated in care plans.

**Proposed Timescale:** 22/08/2014

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**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:
Original prescriptions or in house prescription kardex with general practitioner or medical officer original signature not in place for every medication - a signature sheet which identified the signature of all staff who administer medication was not in place.

**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:**
A signature sheet that identifies the signature and initials of all staff responsible for administration of medication is now in place in individual safe administration of medication folder. All medication administration sheets have been reviewed and updated in the unit by the medical officer and include original signatures for each medication.

**Proposed Timescale:** 31/08/2014
Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose required to be reviewed to ensure it contained all of the information required by Schedule 1 of the Regulations.

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

Please state the actions you have taken or are planning to take:
The Statement of Purpose is being reviewed to ensure that:
1) Residents’ personal information is not included.
2) The specific care and support needs the centre intends to meet are outlined
3) Clarification on admission and emergency admissions.
4) Therapeutic techniques used will be outlined.

Proposed Timescale: 31/07/2014

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The management structure in place did not clearly define the lines of authority and accountability or specific roles and responsibilities of each manager for all areas of service provision.

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

Please state the actions you have taken or are planning to take:
The emergency admissions protocol reflects that the person in charge in fully involved in all aspects of admissions and emergency admissions. A local management structure is now in place and available for review in the unit

Proposed Timescale: 24/07/2014
<table>
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<tr>
<th><strong>Outcome 17: Workforce</strong></th>
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<td><strong>Theme:</strong> Responsive Workforce</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Staffing levels were not adequate to ensure the safe effective delivery of quality care to service users.

**Action Required:**
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
The Person in Charge and service manager will review the staffing support levels in the centre. If the review identifies times when additional support is required, the roster will be adjusted to provide adequate levels of support for all service users at all times. A review of the centre will also take place to assess the needs of the residents and that the suitability and layout of the building is appropriate.

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

| **Theme:** Responsive Workforce |

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Education/training did not ensure staff competency in areas such as positive behaviour strategies and assessment and care planning.

**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:**
All staff training records are being reviewed. The person in charge is carrying out a complete training need analysis with the organisation training department and required training will be scheduled. 2 staff have been scheduled for Positive Behaviour support training on the 15/09/2014

**Proposed Timescale:** 30/09/2014
### Outcome 18: Records and documentation

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The policy on emergency admissions does not reflect the current management decision to cease emergency admissions and requires to be reviewed to ensure sufficient guidance to staff in this area.

**Action Required:**
Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

**Please state the actions you have taken or are planning to take:**
The registered provider is currently reviewing this policy and procedure in accordance with best practice.

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

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**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some improvements were found to be required to ensure records were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

**Action Required:**
Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

**Please state the actions you have taken or are planning to take:**
The person in charge will ensure that all records are reviewed and updated if necessary to ensure completeness, accuracy and ease of retrieval.

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