

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by St Michael's House
<b>Centre ID:</b>	OSV-0003601
<b>Centre county:</b>	Dublin 5
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St Michael's House
<b>Provider Nominee:</b>	John Birthistle
<b>Lead inspector:</b>	Sheila McKeivitt
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	0

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of 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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

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

From:	To:
23 September 2014 10:00	23 September 2014 16:30
24 September 2014 09:30	24 September 2014 16:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This was an announced inspection and formed part of the assessment of the application for registration by the provider. The inspection took place over two days and as part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, accident logs, policies and procedures and staff files. The views of residents, relatives and staff members of the centre were also sought.

As part of the application for renewal of registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the

Authority). All documents submitted by the provider for the purposes of application to register were found to be satisfactory. However, two documents one in relation to planning compliance and the other relating to fire compliance remain outstanding and are required to be submitted to the Authority before a recommendation for registration can be made by the inspector.

The nominated person on behalf of the provider had made improvements within the centre since the last inspection. The fitness of the person in charge was assessed through interview and throughout the inspection process to determine fitness for registration purposes and was found to have satisfactory knowledge of their role and responsibilities under the legislation and sufficient experience and knowledge to provide safe and appropriate care to residents. The fitness of the nominated person on behalf of the provider will also be considered as part of this process.

The centre was established to provide care for a maximum of five adults with physical and/or intellectual disabilities who have both medical and social care needs. A number of relatives' questionnaires were received by the Authority prior to and during the inspection. The opinions expressed through the questionnaires were broadly satisfactory with services and facilities provided. In particular, relatives were very complimentary on the manner in which staff delivered care to their relative.

Evidence of good practice was found across all outcomes, with 13 out of 18 outcomes inspected against deemed to be in substantial compliance with the Regulations. Four outcomes were judged to be moderately non compliant, three related to records, specifically policies outlined in schedule 5 not been available, contracts of care not available for all five residents' and not including the fees charged and personal plans reflecting the social needs of residents not being available. The fourth moderate non compliant outcome related to lack of appropriate hand drying facilities for care staff. The one minor non compliance was in relation to the complaints policy which did not reflect all the legislative requirements detailed in regulation 34.

The action plans at the end of this report identifies those areas where improvements are required.

**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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 01: Residents Rights, Dignity and Consultation**

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

Residents' were consulted with and participated in decisions about their care. They were provided with information about their rights and each resident's privacy and dignity was respected.

Residents had a meeting every Monday evening where they planned their daily evening meal, each of the five residents selecting a meal of their choice for each evening of the week ahead. They also discussed and planned group and individual activities, individual appointments and personal plans for the week and weekend ahead.

Visits to family members and pre-arranged visitors/friends calling to centre were also discussed at these meetings. Staff facilitated residents' to visit their family home or/and meet friends by providing transport at the residents' request. Residents could receive visitors to their home and there was a small private room available. Resident's privacy and dignity was respected. Residents had access to their bedroom door key when and if they requested it and two residents had a key to the patio door leading from their bedroom. Each of the three bathroom/shower room doors had privacy locks in place. All windows had blinds and curtains in place.

The rights of residents' were respected. Residents had choice and retained autonomy of their own life. The inspector met four residents' over the two day inspection. Residents' were free to make chooses about their daily routine and when needed were facilitated by staff. For example, one resident choose to remain in the house to speak to the inspector. Staff facilitated this by driving the resident to attend day care later in the morning.

A copy of the charter of rights published by the National Advocacy Committee was available in the main sitting room and residents' had access to advocacy services. There was a policy and procedure for the management of service user's monies by staff and a procedure on personal possessions. These policies were reflected in practice. Residents' were facilitated to manage their finances and personal possessions. The inspector reviewed two residents' financial records and saw that there were clear, concise records and receipts to reflect each individuals outgoing and incoming cash. Safe and secure storage for monies held was available.

There was a complaints policy in place. It was accessible in a pictorial format available to residents within the residents guide. However, the written complaints policy did not meet the legislative requirements as it did not clearly identify the nominated person to investigate all complaints, the appeals person or the nominated person to oversee the complaints process. Also, the policy and appendices referred to a complaint record form that was no longer in use. The new complaint record form reviewed did not refer to the regulatory requirement "whether or not the resident was satisfied". The two complaints on file had been investigated by the person in charge in line with the current policy. Detailed records were available which included the outcome of the complaint.

**Judgment:**  
Non Compliant - Minor

### **Outcome 02: Communication**

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

**Theme:**  
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
Residents were assisted and enabled to communicate at all times.

Two residents' had some degree of communicating verbally, three communicated using non verbal means of communication. These residents' communicated by making sounds, use of personal signals, gestures and/or movements. Staff knew the residents' well. They knew each residents personalised communication techniques and there meaning. Staff were observed communicating with residents' in a kind, calm and patient manner. Staff together with the speech and language therapist and family members had developed personalised pictorial communication aids for each resident. These were used as visual aids and assist residents to communicate when other non verbal means were not effective. For example, one resident had a personalised folder with photos of items, places, activities and feelings another had photos posted on a board displayed in the

residents bedroom. It was used by the resident who brought staff to it and pointed to photos to make his needs known.

One resident showed the inspector pictorial communication aids which staff had attached to the residents mobility aid to ensure the resident had it at hand at all times, hence, aiding the residents independence.

**Judgment:**  
Compliant

**Outcome 03: Family and personal relationships and links with the community**

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**  
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
Residents were supported to develop and maintain personal relationships and links with the wider community.

There were no restrictions on visitors. Residents had a small private sitting room available to them to accept visitors in private. Staff facilitated residents' to visit their families on request by providing transport to and/or from the family home. Residents' families who were closely involved in the residents' care and who the resident had chosen had been invited to attend the residents' recent individual wellbeing assessment. There was a family contact sheet in each residents' file where staff recorded all verbal contact with the residents' family and minutes' of resident weekly meetings showed that family and friends visits were discussed and planned in advance.

Residents used facilities in the local community. Residents' regularly visited the local coffee shops, used the local hairdressers and walked in the local park. The cinema and shopping centre was also regularly visited by residents.

**Judgment:**  
Compliant

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

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

**Theme:**  
Effective Services

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
There was an admissions policy in place which outlined the procedure to be followed including the involvement of the person in charge, the resident to be transferred and his/her next of kin. It stated that residents would be facilitated to visit the centre prior to their admission. There had been no admission to the centre for a number of years.

The inspector found that contracts of care were not available for all residents'. Two residents had contracts in place signed by the residents' next of kin and the person in charge. These contracts included details about the support, care and welfare the resident would be expected to receive and included details of the services to be provided. However, the fees to be charged were not included in the contract. The remaining three residents had no contracts of care in place. However, the inspector was informed that they had been given to each resident's next of kin to read and sign but had not been returned to date.

**Judgment:**  
Non Compliant - Moderate

**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):**  
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**  
The inspector was satisfied that the care supports provided to the residents was appropriate to meet their assessed needs. The inspector reviewed two resident files and found that they had a comprehensive assessment in place which had been updated in



2014. There was evidence that the resident and their key worker/s had been involved in this assessment. The assessments reflected the residents needs, interests and preferences and outlined how staff could assist the resident to maximise their opportunities to participate in meaningful activities. The clinical needs identified on assessment had a corresponding care plan in place. These care plans were detailed and reflected the residents' identified clinical need. For example, one resident who could not mobilise independently had a detailed mobility care plan in place which clearly outlined how the resident was to be assisted with transfers including assistive equipment to be used.

The inspector was informed that all five residents had just had their wellbeing assessment completed and the personal plans addressing the social aspect of their life were going to follow on from this. However, these were not yet in place for any of the five residents.

All five residents attended day care centres.

**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

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

No actions were required from the previous inspection.

**Findings:**

The location, design and layout of the centre was suitable for its stated purpose and met the residents' individual and collective needs in a comfortable and homely way. There was appropriate equipment for use by residents and staff which was maintained in good working order.

The inspector saw that the premises were well-maintained with suitable heating, lighting and ventilation. It was clean, tidy and suitably decorated. Residents had been involved in the decoration of their personal space. One resident showed the inspector her bedroom and told the inspector she had chosen the colour scheme and soft furnishings for her bedroom.

The premises was free from significant hazards which could cause injury and the inspector saw that the corridors were wide enough to accommodate the mobility aids

used by a number of residents'. There were sufficient furnishings, fixtures and fittings to meet the individual needs of residents', including storage space in each residents bedroom. The communal areas included a well equipped kitchen/dining room, a large bright sitting room and a smaller chill out room. The laundry and cleaning storage room off the kitchen contained all required equipment. There were three toilets within three bathrooms/shower rooms, two of which were large enough to accommodate residents' using mobility aids. One of these bathrooms contained a shower trolley and a shower chair used by some residents. Other equipment required by residents were available to them such as hoists, motorised and non motorised wheelchairs and standing assistive devices. The inspector saw that these had all been recently serviced and were stored safely in a storage room.

There was a separate wash room which included a toilet, shower and wash hand basin available for staff.

Residents' had access to a rear garden via a number of patio door exits. The garden contained garden sheds, a paved area with table and chairs where residents could enjoy dining outside. The garden could be secured by closing all gates leading from it; hence it was a secure space that residents could access independently if they wished. Car parking spaces were available to the front of the building which included a number of clearly marked disability car parking spaces.

However, evidence that the building complies with the Planning and Development Act 2000-2013 signed by a suitably qualified competent person as required by Registration Regulation (5)(3)(c) was not provided.

**Judgment:**  
Compliant

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

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

**Theme:**  
Effective Services

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

The action(s) required from the previous inspection were satisfactorily implemented.

#### **Findings:**

The inspector formed the view that the health and safety of residents, visitors and staff was promoted and protected. There was a risk management policy in place which now reflected the legislative requirements. The person in charge completed risk assessments on a monthly and annual basis and health and safety checks were completed on a quarterly basis with the service manager. Accidents and incidents were reviewed on a bi-monthly basis by the person in charge and the service manager. There was an up-to-date localised health and safety statement in place and it was on display in the front

hallway. An emergency plan had been developed and implemented since the last inspection. It was detailed and included the procedures to be followed in the event all potential emergencies.

Records were available to confirm that fire equipment including fire extinguishers, the fire blanket, emergency lighting and the fire alarm had all been tested by professionals within the required time frame. All staff had completed fire training within the past year and those spoken with had a clear understanding of the procedure to be followed in the event of a fire. The inspector saw that each resident had an individual fire evacuation plan in place which included details of how they were to be evacuated during the day and night. The records reviewed showed that fire drills were practiced on a regular basis during the day and night by both staff and residents. Non ambulant residents' had means of escape via patio doors leading directly from their bedroom.

However, written confirmation from a properly and suitably qualified person with experience in fire safety design and management that all statutory requirements relating to fire safety and building control have been complied with as required in the registration regulations has not been provided.

There were infection control and hand hygiene policies in place. All staff had completed hand hygiene training and hand sanitizers were available to staff. However, hand drying facilities were not available at two wash hand basins, one in the staff toilet and the other in the residents' bathroom.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Measures were in place to protect and safeguard residents which included a policy and procedure on the prevention, detection and response to abuse. Staff had up to date mandatory safe guarding vulnerable adults training in place and those spoken with had a clear understanding of how to safe guard residents'.

The centre appeared safe and secure. Residents had access to an enclosed garden and an enclosed courtyard. All the exit/entry doors could be secured by locking and the house was alarmed. Residents had access to a key for their bedroom. The inspector saw bathroom and toilet doors had secure locks and there were blinds and curtains on bedroom windows.

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

All five residents' required use of some form of restraint at times. Records regarding restraint use had improved since the last inspection. Each resident had a risk assessment in place to reflect when, how and for what period the restraint should be used and had a corresponding care plan in place. For example, one resident had displayed exit seeking behaviour. Therefore, the front door was locked but only when this resident was at home. Two residents who could independently exit the house had been provided with a key to an exit door leading from their bedroom. This insured this restriction had minimum impact on their independence. Staff continuously reviewed the use of restraint and were currently in discussion with a resident and disciplinary team members involved in the residents care about the removal of a lap strap on the residents' motorised wheelchair as the resident had stated she no longer required or used it.

Each of the five residents' now had detailed intimate care plans in place which identified their needs.

**Judgment:**  
Compliant

### **Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**  
Safe Services

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
A record of all incidents occurring in the designated centre was maintained and where required, notified to the chief inspector. A detailed record of all incidents and accidents occurring in the centre was maintained by staff. One notifiable incident had been notified to the Chief Inspector within three working days. Quarterly reports had also

been submitted to the chief inspector in a timely manner.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

Resident's opportunities for new experiences, social participation, education and training were facilitated and supported. However, none of the five residents' had the capacity to take up employment. All five residents' attended day care facilities, three attended five days and two, four days per week. One resident also attended the Irish Wheelchair Association facility one day per week. Activities selected by residents' were planned each week. These included individual and group activities. For example, two residents assisted in preparing meals and /or had baking classes 2-3 evenings per week. They informed the inspector they planned to prepare and bake cupcakes after the inspector left. On Tuesday evenings a musician came to the house and played music with residents' which some confirmed they enjoyed. Individual activities included taking a resident for a walk in the local park, playing football in the garden and doing some artwork.

Residents' were facilitated to go on holiday by staff if and when they requested. For example, one resident showed the inspector photos of her last trip to Lourdes. The inspector saw that all activities completed by residents were recorded in their daily reports.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The health care needs of residents were being met and records reflecting this were now available for review in the centre.

The inspector reviewed two residents' files and saw evidence that they were facilitated to access their general practitioner (GP) and to seek appropriate treatment and therapies from allied health care professionals when required. The inspector was satisfied that the allied health services were availed of promptly to meet residents' needs. Completed referral forms were available for review in residents' files and written evidence of relevant reviews were also available. For example, one resident had recently visited her GP. Records were on file to reflect this visit together with records of a recent visit to the dentist.

The inspector saw that residents' had access to adequate quantities and a good variety of nutritious food to meet their dietary needs. Each resident had an individual diet plan in place which had been developed in conjunction with the residents' dietician. Staff had a good knowledge of these individual plans and pictures of different food consistencies were posted on the notice board as reminders for staff. The service of food had improved with different food groups being served separately on a plate/bowl. Staff did most of the cooking. However, two residents' who were capable and expressed a wish to be involved in food preparation and the cooking of meals were provided with this opportunity on different days throughout the week. One resident told the inspector she had a choice of evening meal and the staff were preparing chicken for her as she did not like fish which other residents had chosen for their evening meal. A variety of snacks were available. Staff all had food hygiene training in place, the content of refresher training had just been finalised and the person in charge was awaiting specific dates for refresher training to be provided. She stated this training was to commence role out in November 2014.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

There was a new operational policy available in draft format which included the ordering, storing, administration and prescribing of medicines. There was a separate policy on self administration of medicines. The inspector found that practices regarding drug administration and prescribing had improved since the last inspection and were now in line with these policies although medication administration was not observed on this inspection.

The practices in relation to ordering, storing and disposal of medication were also in line with the draft policy. There was a safe system in place for the ordering and disposal of medications and the inspector saw records which showed that all medications brought into and out of the centre were checked by staff. An audit of each resident's medications was completed on a weekly basis by staff; any discrepancies were identified and reported to the service manager by completion of an error form. This was reviewed and recommendations made were fed back to the person in charge who was given a set period of time to implement the recommendations made.

Safe Administration Medication (SAM) guidelines were under review and were available in draft format. All non nursing staff had up-to-date SAM training in place.

The inspector saw that each of the residents had their prescribed medications reviewed by the Medical Officer within the past week.

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The statement of purpose had been revised since the last inspection and a copy was submitted to the Authority and reviewed prior to this inspection. It included details of the services and facilities provided. It also contained the information as required in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013.

There was a copy of the statement of purpose available to residents in the communal sitting room. The person in charge stated a copy had been sent to each resident's next



of kin or their representative and one residents' next of kin confirmed this to the inspector. Residents with the assistance of staff had developed their own statement of purpose in a format accessible to them. What was important to them was displayed on branches of a tree painted on the wall in the front hallway of the house; it included words such as coffee, bus, GAA, cake and shop.

**Judgment:**  
Compliant

**Outcome 14: Governance and Management**

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

**Theme:**  
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**

There was a clearly defined management structure that identified the lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced Clinical Nurse Manager 2 (CNM2) with authority, accountability and responsibility for the provision of the service. She was the named Person in Charge (PIC), employed fulltime, spending .5 of her time in the centre and the other .5 in the centre situated directly next door. The inspector observed that she was involved in the governance, operational management and administration of the centre on a regular and consistent basis. Residents knew her well.

During the inspection she demonstrated sufficient knowledge of the legislation and her statutory responsibilities. Records confirmed that she was committed to her own professional development. She was supported in her role within the centre by a Clinical Nurse Manger 1 (CNM1). She reported directly to a Service Manager who reported to a Regional Director (also nominated person on behalf of the provider). The PIC and CNM1 had regular scheduled minuted meetings with the service manager and the nominated person on behalf of the provider attended the centre approximately once per month.

Management systems had been developed to ensure that the service provided were safe, appropriate to residents' needs, consistent and effectively monitored. The service manager had visited the centre and together with the person in charge conducted a review of the health and safety and quality of care and support provided to residents' within the centre. They identified areas for improvement and issues which required



follow-up, by whom and within what time line. The inspector was informed that this information would be used to inform the annual review of the service, a format for which was being developed by management.

**Judgment:**  
Compliant

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**  
Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The Chief Inspector had not been notified of the proposed absence of the person in charge of the centre to date. However, the inspector was satisfied that arrangements were in place for the management of the centre during her absence. As mentioned under outcome 14, the clinical nurse manager spoken with on inspection demonstrated she had a good clinical knowledge of residents' and had the required experience and qualifications to manage the centre in the absence of the person in charge.

**Judgment:**  
Compliant

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**  
Use of Resources

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

No actions were required from the previous inspection.

**Findings:**

The centre was sufficiently resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose. The resources available within the centre are appropriately managed by the person in charge to meet the needs of

residents'. For example, the person in charge ensured that somebody who could drive the bus (shared between both centres) was always on duty either in this centre or the one next door.

**Judgment:**  
Compliant

**Outcome 17: Workforce**

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

**Theme:**  
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**

The numbers and skill mix of staff were adequate to meet the needs of the five residents. Staffing included the two clinical nurse managers, six staff nurses and three care assistants. There was always at least one staff nurse on during the day and one awake member of staff on duty each night with two staff including a staff nurse on duty in the centre next door if assistance was required.

The inspector reviewed staff training records and saw evidence that all staff had up-to-day mandatory training in place and those spoken with had a good knowledge of procedures to follow. Care staff had received updated Safe Administration of Medications training in May 2014 and refresher food safety training was due to be rolled out to staff in November 2014. Most staff had now attended positive behaviour support training the remaining two staff were booked in for the next available date in 2015.

The recruitment process was found to be was safe and robust on the last inspection therefore it or staff files were not reviewed on this inspection.

**Judgment:**  
Compliant

**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

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

No actions were required from the previous inspection.

**Findings:**

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Residents and Adults) with Disabilities) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

An insurance certificate was submitted as part of the registration pack and it showed that the centre was adequately insured against accidents or injury to residents, staff and visitors. It also confirmed that the bus used to transport residents was adequately insured. There was an electronic directory of residents available which included all the required information.

The centre had some of the written operational policies as outlined in schedule five available for review, some were in draft format, some in place did not meet the legislative requirements such as the complaints policy, mentioned under outcome one. Those not developed to date included the following:

- communication with residents'
- visitors
- monitoring and documentation of nutritional intake.
- provision of information to residents'
- creation of, access to, retention of, maintenance of and destruction of records'

The review date on some newly developed policies was not within a three year time scale and therefore was not meeting the legislative requirement of review within three years. For example, the policy and procedures for the management of service users' monies by staff, effective from November 2012 had a review date in 2017.

The inspector that some policies had not been adopted in full by staff. For example, the policy and procedures for the management of service users' monies by staff stated that a maximum amount of petty cash should be held in house for each resident. However, a sum in access of this maximum amount was being held for one resident.

<b>Judgment:</b> Non Compliant - Moderate
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### **Closing the Visit**

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

#### **Acknowledgements**

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

#### ***Report Compiled by:***

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

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	A designated centre for people with disabilities operated by St Michael's House
<b>Centre ID:</b>	OSV-0003601
<b>Date of Inspection:</b>	23 September 2014
<b>Date of response:</b>	23 October 2014

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of 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:**

Records of complaints investigated to date did not include details of whether the resident was satisfied with the outcome or not.

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

**Action Required:**

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

The complaints policy was updated on the 13/10/2014 to reflect all regulatory requirements and available on site for review

**Proposed Timescale:** 13/10/2014

**Theme:** Individualised Supports and Care

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

The complaints procedure in place did not reflect the legislative requirements and it did not clearly identify who had the responsibility to oversee the complaints process in the centre.

**Action Required:**

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

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

The complaints policy was reviewed on the 13/10/2014 and makes reference to the person in charge in the new amended version. Available for review on site

**Proposed Timescale:** 13/10/2014

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

**Theme:** Effective Services

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

Three residents did not have agreements made in writing with them, or their representative where the resident is not capable of giving consent, the terms on which each resident were residing in the centre.

**Action Required:**

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

New contracts of care were issued to all residents and families and have been returned compliant with regulation requirements. Contracts available for inspection on site since the 30/9/2014

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

**Theme:** Effective Services

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

The two contracts of care in place did not include the fees to be charged.

**Action Required:**

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

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

The contracts of care were re issued to all residents and families and have been returned compliant with regulation requirements as of 30/9/2014

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

**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:**

Residents did not have personal plans in place reflecting their social care needs.

**Action Required:**

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

Plans to reflect residents social care needs are being developed with dates scheduled for planning meetings by the end of Oct 2014

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

## 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:**

Appropriate hand drying facilities were not available for staff use at two wash hand basins.

**Action Required:**

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

Appropriate hand drying facilities are now in place at all sinks in designated centres. and are Visible for inspection on site

**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:**

All policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were not prepared in writing. Those not available included policies on the following:

- communication with residents'
- visitors
- monitoring and documentation of nutritional intake.
- provision of information to residents'.
- creation of, access to, retention of, maintenance of and destruction of records'.

**Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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:**

Visitors Policy:

The registered provider has developed a visitor's policy for the designated centre. A staff briefing on the implementation of the policy will be held on the 23/10/ 2014 The Policy and minutes of the staff meeting will be available for review.

Completed by: 23/10/2014



**Nutrition Policy:** The registered provider is developing a nutrition policy. The policy will be completed by December 1st 2014 and will be available for review.

**Records Management:**

The registered provider has established a working group to develop the 'Creation of, access to, retention of, maintenance and destruction of records policy' as required in the legislation. The Policy will be in line with the Data Protection Act. This will be a significant organisation policy with many stakeholders including service users, staff, administrative functions and clinical supports. A first draft of the policy will be developed by 15th December. The final draft will be completed by March 31st 2015. A copy of the policy will be available for review.

Completed By: Phase 1: 15th December 2014 Phase 2: March 31st 2015

**Communications and Provision of Information to Residents:** The registered provider is in the process of developing a Communications Policy and a Provision of information to residents policy as required in the legislation. The Policies will be discussed at a staff meeting to ensure all staff have up to date knowledge on the policy. The Policies and minutes of the staff meeting will be available for review when completed.

Completed by: December 15th 2014.

**Review of service users money policy:** The registered provider will review the service users money policy and will ensure that the review date will be brought in line with the regulatory requirement to review policies within a three-year time frame.

The new policy will be reviewed at a staff meeting to ensure staff have up to date knowledge. The Policies and minutes of the staff meeting will be available for review when completed.

**Proposed Timescale:** 19/11/2014

**Theme:** Use of Information

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

The review date on some newly developed policies was not within a three year timescale.

**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 will ensure that all new policies are developed with a review date of within the required three year time frame. All existing policies will be brought in line with the requirement for a three year review period as they come up for review.

**Proposed Timescale:** 30/10/2014