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

## Centre ID:
OSV-0002363

## Centre county:
Dublin 5

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

## Registered provider:
St Michael's House

## Provider Nominee:
John Birthistle

## Lead inspector:
Leone Ewings

## Support inspector(s):
None

## Type of inspection
Announced

## Number of residents on the date of inspection:
4

## Number of vacancies on the date of inspection:
2
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: 28 October 2014 10:00
To: 28 October 2014 17:00
29 October 2014 09:30
To: 29 October 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 an announced inspection and formed part of the assessment of the application for registration by the provider, and was the second inspection by the Health Information and Quality Authority (the Authority). The inspection took place over two days and as part of the inspection, practices were observed and relevant documentation reviewed such as personal plans, health care 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 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 some improvements within the centre since the last inspection on 3 June 2014, relating to non-compliances found on that 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 six residents, on the day of the inspection four residents were living at the centre. The Person in Charge and staff provided social care on a continuous basis, and one staff member provided sleepover cover at night. At the time of the inspection all residents were female, but residents male and female were welcome following an appropriate admissions process. Three feedback questionnaires from residents/service users were received by the Authority on inspection. The opinions expressed through the questionnaires was good, in particular, residents confirmed that their rights were upheld and were very complimentary about the manner in which staff provided support to residents.

The inspector found that the action plans relating to the nine non compliant outcomes from the last inspection which took place on 3 June 2014 had been addressed, or were in the process of being addressing by the provider and person in charge. Time frames agreed relating to works on the premises were still in progress. On this inspection evidence of good practice was found across all outcomes, with 15 out of 18 outcomes inspected against deemed to be in substantial compliance with the Regulations. Non-compliances related to premises, statement of purpose and schedule 5 policies.

The action plan at the end of this report identifies three outcomes where improvements are required
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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Further to the last inspection residents had been provided with information about accessing independent advocacy services, and a meeting had been held to further outline how to access a named service. Information was also readily available to guide residents and relatives/representatives.

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. The centre was found to be managed in a way that maximises residents' capacity to exercise personal autonomy and choice in their daily lives.

Regular weekly meetings took place and minutes of these meetings outlined discussions and decisions taken on activities and included 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. Choices about day trips and outings were individually facilitated by staff and the centre had the part time use of a transport mini bus, as well as nearby public transport options.

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. For example, residents confirmed they could easily use
the telephone when required and were afforded privacy. Locks were available on all bedroom doors and residents were provided with their own key as required. The use of CCTV or other monitoring devices was not required in the centre at this time. Independence was promoted and encouraged through development and maintenance of life skills.

Systems to safeguard finances were well established and supports to facilitate residents to safely manage their finances were reviewed. It was found that resident's belongings and finances were fully protected on this inspection, residents confirmed access to their own funds. 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. At the time of this inspection one complaint had been received in the centre. The inspector reviewed the relevant records and found that it had been managed in a robust and meaningful way, in line with policy and procedure in place. 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. The complaints process was clearly displayed, contained photographs of the key people and was specific to the centre.

**Judgment:**
Compliant

**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 able to communicate their needs at all times. Individual communication assessments were in place for all residents.

The inspector met with residents who could communicate verbally, and non-verbally. The inspector saw that all staff spoke with and listened to each resident in a patient and respectful manner. Pictorial aids were used in some incidents to prompt residents' memory. For example, one resident has objects of reference associated with activities of living shown prior to commencing some aspects of care. The staff had detailed
communication plans relating to appropriate responses when a resident may express a worry or concern which allowed for consistency and reassurance to be offered at this time.

The inspector saw both residents had access to music systems and televisions in their bedroom and living room. There were portable telephones accessible in the house. Further to a request the person in charge was facilitating the use of a broadband communication system to enable residents to speak to and see relatives and friends on the computer. This was not yet in place and required connection to broadband services.

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. Families were well informed relating to residents wellbeing and significant events, in accordance with the wishes of the residents.

There were no restrictions on visitors. Residents told the inspector that they had visitors of their choice visit them in their home and invited them for lunch or dinner if they so wished. Residents’ had chosen for their families to be involved in their care and family members had been invited to attend a meeting to discuss the resident's personal plan for 2014. There was a family contact sheet in each residents' file where staff recorded all verbal communication with family members. Family contacts were also recorded on the daily report sheets the residents also made at the end of each day. Contact via telephone was also maintained. For example, arrangements to meet up or visit relatives. Each resident had personal family photographs and mementoes in their own rooms.

Residents used facilities in the local community. For example, the local shops, church, ATM, and coffee shop. They told the inspector they regularly visited the local hairdressers, shops and bank. They walked or used the bus or house transport to the local shops to purchase clothing and items of their choosing. The local shopping centre and friends and family living locally were also regularly visited.

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

**Findings:**
Contracts of care were available for all residents. Two contracts were reviewed were signed and dated by the resident and the person in charge. The contracts included details about the support, care and welfare the resident would be expected to receive, details of the services to be provided and the fees to be charged.

In discussion with the person in charge and service manager the inspector confirmed 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. At the time of the inspection there was one vacancy in the centre and a series of 'getting to know you' opportunities had 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.

Evidence that existing residents’ admissions were largely determined on the basis of criteria in accordance with the current Statement of Purpose was found. However, the current use of the service for respite admissions was not fully outlined within the Statement of Purpose as discussed in Outcome 13 of this report.

The inspector reviewed the revised admission, transfer and discharge processes in place, further to the findings from the last inspection. The service manager and person in charge held a discussion with the inspection and clarified the changes and improvements which had taken place since June 2014. The person in charge now has a documented role in the admissions policy. The procedure to support this policy is almost completed and was in draft format at the time of this inspection. The person in charge confirmed that although there had been no long term admissions since the date of the last inspection, that both he and the residents and staff of the centre would retain a clear role in any decision to admit, transfer or discharge residents in collaboration with the named persons responsible within the policy framework.

The person in charge was clear that where it was believed a potential residents 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 emergency admissions to any person previously unknown to staff in the centre, further to the last inspection and this is now supported by the written policy.

**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

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Improvements had taken place to the clinical documentation since the time of the last inspection. Care plans were in place with regard to wellbeing and any identified healthcare needs. Residents were found to have been fully supported with hospital admissions from a social perspective and the subsequent rehabilitation and recovery processes. The involvement of the majority of residents was confirmed by each resident's initials or signature on the documentation which relates to their individual care supports in place.

The inspector was satisfied that the care supports provided to the residents were appropriate to meet their assessed needs. Each resident had a comprehensive assessment in place which reflected their personal interests and preferences and outlined how staff could assist the resident to maximise their opportunities to participate in meaningful activities. Each resident's assessment had been reviewed annually. There was evidence that the resident and their key workers' were actively involved in this assessment and ongoing evaluation. Close links were maintained with residents attending day care services and placements, and communication with staff took place on a daily basis.

Residents had a corresponding outcome based personal plan in place which set
individual personal goals they aimed to achieve by the end of 2014. For example, one resident explained how she wanted to go on holiday and spend time alone at the centre. Staff outlined supports in place to achieve the goals set by residents and also adaptations which were facilitated by staff when goals changed.

The staff within the centre encouraged, facilitated and promoted both residents independence by coming up with innovative and practical solutions to resolve difficulties the residents came up against. For example, amending personal goals where changing healthcare needs did not fully facilitate the original goal.

One resident told the inspector she worked at a day care centre in the part of Dublin where she was local too. She stated that she loved her time spent there and had maintained it for a long time, and took two buses to get there each day. Another resident had completed a numeracy course in a local college to assist with managing money.

**Judgment:**
Compliant

### Outcome 06: Safe and suitable premises

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

**Theme:**
Effective Services

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

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

**Findings:**
The location, design and layout of the centre was not found to be fully suitable to meet the current profile of residents’ individual and collective needs in a comfortable and homely way.

The centre is a six bed roomed 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 resident.s 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.

At the time of the last inspection in June 2014 improvements were found to be required to the centre 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
At the time of the inspection the agreed time frame for the works was 31 December 2014. The provider evidenced that a review of premises had taken place by the technical services department in consultation with the person in charge and allied health professionals. A schedule of works had been agreed which includes; refurbishment of bath and shower facilities on first floor and improvements to laundry facilities. Works completed to date confirmed at the time of this inspection included directional signs, and low level lighting now in place. The provider also confirmed that smoke detectors were present in the attic area.

Restricted access to an assisted bathroom, toilet and quiet space on the ground floor was provided in the day centre environment. The day centre contained a large shower room with shower trolley with overhead tracker hoist system, and toilet with utility room containing a washing machine and clothes 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, and at weekends when the day service was closed.

The bedroom for a resident who was a wheelchair user was modified with a ceiling track hoist, adequate storage and a profiling bed for comfort and moving and handling purposes. An additional door was in place to the staff room for observation overnight if required. An emergency exit from this room allowed for the bed to exit should the need arise. Staff were familiar with this process when discussed.

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 communal areas included a spacious kitchen and dining room, and a sitting room which contained sufficient seating for all residents and others.

The rear garden was safe and secure, a small area adjacent to the dining room doors was fenced off to ensure privacy for residents. Car parking spaces were available on the spacious drive to the front of the house which were shared with staff and transport for the day service.

Evidence that the building (inclusive of day centre space utilised) complied with the Planning and Development Act 2000-2013 signed by a suitable qualified competent person as required by Registration Regulation (5)(3)(c) was not provided.

**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

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

Findings:
Overall, 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. Improvements had taken place since the last inspection with regard to display of day and night evacuation plans in a prominent place in the hallway of the centre. Contact details of the alarm monitoring company were also present beside the fire panel.

Records were readily available and found to be well 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. Individual 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 all staff spoken with demonstrated a good knowledge of the procedures to be followed in the event of a fire, and the contents of the emergency plan.

There was an up to date safety statement in place which was dated June 2014. 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 fully 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 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.

There was an infection prevention and control policy in place and practices throughout the house were safe.
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.

**Judgment:**
Compliant

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**Outcome 08: Safeguarding and Safety**

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

**Theme:**
Safe Services

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**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 residents from being harmed or suffering abuse. Improvements to clinical documentation had taken place since the time of the last inspection. The person in charge and occupational therapy service had completed a full clinical review to evaluate practices in place following the last inspection and found to be satisfactory. There had been no reports relating to allegations of abuse or adult safeguarding issues identified since the time of the last inspection.

There was a written safeguarding policy which provided guidance for staff to manage incidents of abuse. In conversation with some staff members, the inspector found they were knowledgeable and competent 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 not all residents spoken to were unable to express feeling safe, the inspector observed they appeared comfortable with staff and did not exhibit behaviours associated with distress or anxiety.

A restraint-free environment was observed to be promoted within the centre in line with best practice. Behavioural supports to manage behaviour that challenges were not observed during this inspection. It was found further to a recent quarterly notification that restrictive measures such as use of bed rails and a lap belt were noted to be in use, specifically for a resident with balance or sitting difficulties who had limited mobility. Improvements had been made to records of alternative, less restrictive measures which may have been considered or trialled prior to the use of these methods documentation referencing the need for these restraints clearly identified whether the restraint used.
was suitable for the residents' needs without restricting the resident unnecessarily and was used for the shortest duration possible.

**Judgment:**
Compliant

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**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. The inspector reviewed all notifications prior to this inspection. Quarterly reports had been submitted to the Chief Inspector in a timely manner. No incidents' notifiable within three working days had occurred to date.

**Judgment:**
Compliant

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**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:**
Residents; opportunities for new experiences, social participation, education and training were facilitated and supported by staff. Residents had a full individualised weekly schedule which included work, attending day centre/care facilities.

Some residents were capable of travelling independently by bus; one explained how she took two bus routes into her job in the city centre. Residents were facilitated to go on holiday by staff if and when they requested. A day trip was planned for the following week with residents' involvement. Residents told the inspector that they liked attending concerts and local events in the community.
Judgment:
Compliant

Outcome 11. Healthcare Needs
Resident 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):
No actions were required from the previous inspection.

Findings:
The health care needs of residents were being met and records reflecting this were available for review in each residents' file. Further to the last inspection additional documentation and recording of clinical interventions has taken place, and the person in charge had fully implemented a communication sheet held on each file to improve information sharing and provision of adequate records to fully reflect the residents' health care status.

The residents showed the inspector evidence that they were facilitated to access and to seek appropriate treatment and therapies from allied health care professionals when required. They were satisfied that the allied health services were availed of promptly to meet their needs. For example, some residents had inputs from the public health nurse and occupational therapy services. Written evidence of relevant reviews were available and informed care planning. All residents' had visited their General Practitioner (GP) prior to this inspection. The Influenza vaccine had been offered, accepted and been administered by the visiting GP. Evidence of this was available in residents' files.

The inspector saw that residents had access to adequate quantities and a good variety of nutritious food to meet their dietary needs. Some residents had particular dietary requirements, which were fully catered for. For example, one resident required a modified consistency diet and written guidance was in place, to inform menu planning and facilitate appropriate foods from the dietician and speech and language therapist. the inspector noted that when meals were refused that supplementary foods were provided by staff which had been prescribed by the GP. Staff also facilitated another resident by assisting her to make healthy food choices to ensure her blood sugar levels were maintained at a healthy level.

Most residents were encouraged and actively involved in planning, preparing, cooking, serving and cleaning up after their meals with supports from staff. A large dining table and chairs with adequate space for wheelchair users was used each day for meals at the centre. The kitchen was well equipped and staff had received training in basic food hygiene.
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:
Improvements had taken place since the time of the last inspection and had been implemented in full by the provider. The original prescriptions or in house prescription Kardex with GP or medical officer original signature was in place for every medication prescribed, and a signature sheet which identified the signature of all staff who administer medication was now in place. The inspector noted that no residents were formally involved with self medication at this time.

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. The inspector found evidence of safe medication management practices with policies in place being implemented in practice. For example, one resident on a variable dose medication had blood tests and her book was returned by post with results and confirmation of the required dose. The resident was found to be involved with the receipt of the book and management of her medication.

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

Findings:
A written statement of purpose was available which reflected the service provided in the centre which was dated July 2014. Improvements had been made since the time of the last inspection relating to the admissions, discharge and transfer policy which had been reviewed since this time. However, the provider had not fully addressed all aspects of the requirements of the Schedule in the action plan response.

Further to a review of the document it was found that some improvements and clarity was 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 including respite admissions
- range of needs and the facilities and services available to meet those needs
- the ongoing use of the day care services and premises is not reflected in the current document

Judgment:
Non Compliant - Moderate

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

Findings:
Further to the last inspection improvements had taken place with regard to ensuring a clear management structure was in place, and the specific roles and responsibilities of each manager for all areas of service provision. Aspects of the role of the person in charge in the decisions to admit, transfer or discharge residents within the governance framework had been clearly outlined in the draft procedure shown to the inspector which was in the process of being finalised by the organisation. There had been no long term admissions to the centre since the time of the last inspection. However, respite
admissions had been accommodated within the framework of the revised policy for residents known to the other residents and person in charge/staff.

There was now a clearly defined management structure that identified the lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced social care worker who has been nominated as the person in charge, with authority, accountability and responsibility for the provision of the service. He was the named person in charge, employed full-time to manage this centre. The inspector observed that the person in charge was involved in the governance, operational management and administration of the centre on a consistent basis. He had a good knowledge and understanding of each resident having worked with them for a number of years. All residents knew him well.

During the inspection the person in charge demonstrated sufficient knowledge of the legislation and of his statutory responsibilities. Records confirmed that he was committed to his own professional development. He was supported in his role by a team of social care workers who worked between the two centres. Three of whom have been nominated to manage both centres in his absence. He reports directly to a service manager who report to a regional director (also nominated person on behalf of the provider). The inspector was informed by the person in charge and saw evidence that regular scheduled minuted meetings took place with the service manager. The nominated person on behalf of the provider attended the centre occasionally.

The fitness of the person in charge was determined by the inspector further to interview and during the course of the two day inspection and additionally the regulatory response to date. The inspector held a discussion with the service manager and the person in charge about aspects of the statement of purpose and function which required review to more accurately reflect service provision at the centre, improvements required was outlined in Outcome 13.

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, and any future service improvements.

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 and the inspector was satisfied that arrangements were in place for the management of the centre during her absence. As mentioned under Outcome 14, three social care workers all of whom were met on inspection demonstrated a good clinical knowledge of residents’, 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 to residents in accordance with the Statement of Purpose. The resources available within the centre were appropriately managed by the person in charge to meet the needs of residents. For example, the person in charge ensured that there was enough staff allocated to ensure the social care needs of residents were met. Overall, resources were deployed to be person centred, and the facilities and services reflected the current statement of purpose.

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:
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. A full review of staff levels and skill mix had taken place to ensure the safe effective delivery of quality care to the current number and profile of service users. The review has also taken 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. Further improvement relating to the current purpose and function inter-related to the week day use of the day care services is required particularly relating to resident use of day space, assisted shower room and toilet facilities of the day care services on a regular and consistent basis.

Improvements had taken place since the time of the last inspection in relation to care provision to meet residents' complex needs, care planning processes and governance. Supports were in now fully in place from staff rostered at a nearby centre to attend twice a day to assist with the personal care and hygiene needs for a resident, and facilitate the needs of the other residents at the centre. This arrangement was currently working well according to staff who were interviewed as part of this inspection.

There were four residents living at 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 fully facilitate staff to meet residents needs in relation to all personal care at a time of their choosing each day, or allow access to toilet facilities during the night for residents on the ground floor.

The inspector observed staff and residents interactions and found that staff were respectful and attentive to residents at all times. It was noted that staff provided reassurance to residents by delivering care to them in a quiet confident manner. Further to a review of previous rosters for 2014, a small amount of agency staffing was evidenced on a very occasional basis, staff confirmed that unanticipated leave was covered internally, or through the use of regular agency, and agency staff did not take overall charge of a shift.

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.

<table>
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<tr>
<th>Theme: Use of Information</th>
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| Outstanding requirement(s) from previous inspection(s): |
| The action(s) required from the previous inspection were satisfactorily implemented. |

| Findings: |
| The emergency admissions policy which had been updated further to the last inspection. |

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.

The inspector 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.

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 5 available for review, some were in draft format and the service manager provided a written update as to time frames when the policies would be finalised.

Those not developed to date included the following:
- communication with residents'/provision of information to residents’
- nutritional policy
- creation of, access to, retention of, maintenance of and destruction of records’.

| 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:

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Michael's House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002363</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>28 October 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>21 November 2014</td>
</tr>
</tbody>
</table>

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 06: Safe and suitable premises

Theme: Effective Services

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

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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:**
A comprehensive review of the premises has been completed and a detailed program of works has been drafted and copy provided to HIQA inspector during registration inspection to ensure that the premises meet the needs of residents. The Provider Nominee and Person in Charge will ensure works are carried out to meets the service objectives and needs of residents.

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

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All the requirements of Schedule 6 have not been complied with particularly relating to parts 4 and 8 of the Schedule.

**Action Required:**
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

**Please state the actions you have taken or are planning to take:**
The Registered Provider in consultation with the Person in Charge and other significant stakeholders are carrying out a comprehensive service review and planning process. This will ensure that all requirements of Schedule 6 including adequate communal space and bathroom facilities meet all residents’ needs. In the interim, the facilities of the adjoining day centre will continue to be utilised.

**Proposed Timescale:** 31/03/2015  
**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 and actioned in the agreed schedule of works had been fully addressed as yet by the provider.

**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:**
A schedule of works has been agreed which includes refurbishment of bath and shower facilities on the first floor and improvements of laundry facilities. A copy of this plan
was provided to the Inspector on the day of inspection.

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

### 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:**

Information not included in the statement of purpose includes;

- the specific care and support needs the centre intends to meet including respite admissions
- range of needs and the facilities and services available to meet those needs
- the ongoing use of the day care services and premises is not reflected in the current document

**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 Person in Charge will review and update the Statement of Purpose to ensure all relevant information is included

- the specific care and support needs the centre intends to meet including respite admissions
- range of needs and the facilities and services available to meet those needs
- the ongoing use of the day care services and premises is not reflected in the current document

This document will be available for review

**Proposed Timescale:** 30/11/2014

### 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 procedure set out in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were not prepared in writing.

- communication with residents’/provision of information to residents’
- nutritional policy
- 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:

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 Final Draft : 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: Phase 1: 15th December 2014 Final Draft : March 31st 2015

Proposed Timescale: 31/03/2015