

**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-0002358
<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>	Nuala Rafferty
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	6
<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 10:30	23 September 2014 18:30
24 September 2014 09:30	24 September 2014 17:00

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 is 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 and staff members were also sought.

As part of the application for 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 and person in charge demonstrated knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centre's for Persons (Children and Adults with Disabilities) Regulations 2013 throughout the inspection process.

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.

A number of residents' questionnaires were received by the Authority prior to the inspection. The opinions expressed through both the questionnaires and conversations with the inspector on site were broadly satisfactory with services and facilities provided. In particular, residents were very complimentary on the manner in which staff delivered care to them commenting on their good humour and respectful attitude.

Overall, evidence was found that residents' healthcare needs were met. Residents had access to general practitioner (GP) services and a full time medical officer as part of the overall services provided by St Michael's House Group. Access to allied health professionals such as physiotherapy speech and language therapists and to community health services were also available.

The inspector found there were aspects of the service that needed improvement such as risk management, care planning and policies and procedures.

The Action Plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the Authority's Standards.

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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):**

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

**Findings:**

This outcome was reviewed in full on the last inspection and found to be in minor non compliance in relation to the complaints management process.

On the last inspection visit it was found that systems were in place which ensured residents were consulted on an ongoing basis, privacy and dignity was respected, belongings and finances were valued and protected, individual preferences choices and diverse needs were enabled and there were opportunities for residents to participate in activities that were meaningful and purposeful and reflected their interests and capacities. These systems were noted to be consistently and effectively maintained on this inspection.

The complaints record was reviewed and it was found that processes to include verbal complaints and document them were addressed. On this inspection all verbal and/or written complaints were being recorded on the official complaints record. It was also noted that residents had access to advocacy services and pictorial and written prompts were available to residents on the services available.

**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:**

Evidence that staff were aware of the different communication needs of residents and that systems were in place including external professionals input where necessary, to meet the diverse needs of all residents was found.

Residents identified with verbal communication difficulties were supported and facilitated to communicate using alternative methods such as expressive body language and picture prompts. These individual communication requirements were included in personal plans and reflected in practice. Examples included, picture key rings which were small and easily transportable to use in different social settings. Staff were very familiar with the expressive body language prompts used by some residents to indicate a need, these included wriggling of the foot indicated shoe laces needed to be tied.

The centre is part of the local community and residents visit local shops, restaurants and leisure facilities on a very regular basis. Trips to the local shops and cafés were a daily event.

Residents had access to radio, television, social media, newspapers, internet and information on local events, and were facilitated to access, where required, assistive technology and aids and appliances to promote their full capabilities. All of the residents used a variety of technology such as tablet, laptop and smart phone devices, and were considering Skype as a further aid to maintaining communication with friends and family.

**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:**

Evidence that residents were supported to develop and maintain positive relationships with family and friends was found.

Arrangements were in place for each resident to receive visitors in private without restrictions unless requested by the resident.

Good communication systems were in place and families were kept informed of residents' well being and were involved in their personal plans. In conversation with some family members the inspector was told that they felt very supported by staff to be involved on a daily basis in the life of their relative.

Residents involvement in activities in the community were supported with some residents involved in social groups who met on a weekly basis

**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:**

It was found that residents' admissions were in line with the Statement of Purpose. The resident profile of the centre was found to be stable and there were no new or recent admissions.

On a sample of those reviewed it was found that each resident had a written contract agreed within a month of admission. The contract set out the services to be provided and all fees were included in the contract. Where additional charges pertained these were also included.

Although the contract was in written format an accompanying finance plan which referenced and included all of the fees contained in the contract was in a pictorial format for improved accessibility for residents understanding.

**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):**

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

**Findings:**

Although the actions required from the previous inspection had not been fully implemented there was evidence that resident's well being and welfare was maintained by a good standard of evidence-based care and support. Personal plans were in place to support resident's continued personal independence and life skills development

Personal plans reflected resident's wishes and preferences relating to family and community based contacts visits and outings. Evidence that opportunities for education, training and development were provided was found in that all residents were attending day services to maintain and develop life skills.

However, on review of a sample of clinical documentation it was found that improvements continued to be required to ensure that arrangements to meet each resident's assessed needs were set out in a personal plan that reflected their needs and capacities. A care plan was not in place for every identified healthcare need, such as, dementia and mobility and where plans were in place all were not sufficiently specific to manage the care needs identified in full for example risk of falls, weight loss or choking. All of the plans viewed were noted to have been updated in recent days and therefore effectiveness of ongoing reviews could not be determined.

Evidence that all residents, their next of kin or nominated advocates were consulted and involved in the development of personal or healthcare plans was not available in all cases.

**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:**

Overall the design and layout of the centre was found to meet the needs of the current resident profile in line with the Statement of purpose. Efforts to provide furnishings, fixtures and fittings which created a personalised comfortable living space which also promoted residents' safety, dignity, independence and well being were noted. Adequate private and communal accommodation including sitting rooms, bathrooms and showers laundry facilities and small enclosed garden with safe access and egress was available.

The maintenance both internal and external was found to be of a good overall standard with suitable heating, lighting and ventilation. There was a good standard of hygiene and the centre was found to be visually clean and hygienic. The kitchen was fully operational with sufficient cooking facilities and equipment and was well organised. Appropriate assistive equipment was in place and available for use, service records were found to be up to date and maintenance contracts including domestic and clinical waste were in place. Adequate storage was found and corridors were uncluttered and safe for residents mobilising.

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:**

Although actions required further to findings of the last inspection under this outcome were addressed on this occasion, further improvements were found to be required.

The inspector found that in general good governance processes and safe practices implemented by the person in charge with staff promoted and protected the health and safety of residents. Processes and procedures in relation to; health and safety and moving and handling, in accordance with an up-to-date health and safety statement; safe evacuation of residents and staff in the event of fire; fire procedure was prominently displayed; there were regular fire drills and fire records included details of fire drills, fire alarm tests and fire safety equipment was found to be serviced on an annual basis.

However, it was found that a risk management policy was not available in the centre to guide staff on the identification and management of risks, the measures in place to control risks and arrangements for identification, recording, investigation and learning from serious incidents.

It was found that where accidents/incidents occurred this was recorded on a computerised form. However, it was noted that the form used did not contain causes, actions arising, control measures initiated or place for review of these controls in order to reduce or eliminate potential risks going forward. A standard process was not in place to guide staff in this regard and facilitate learning under an overarching risk management policy.

In addition, 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 has not been provided.

**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):**

No actions were required from the previous inspection.

**Findings:**

All lines of enquiry under this outcome were reviewed on the last inspection and found to be compliant.

In conversations with residents some expressed feeling safe and could tell inspectors the names of staff they were familiar with. Although all residents spoken with were unable to express feeling safe, the inspector observed they appeared comfortable with staff and did not exhibit behaviours associated with distress or anxiety.

Where some residents exhibited aspects of behaviour that is challenging on occasions, staff were familiar with potential triggers and efforts were made to identify and alleviate the underlying causes for each individual resident.

It was found that restrictive procedures were not in place for any resident on this inspection.

**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:**

An electronic record of all incidents occurring in the designated centre was found to be maintained and where required were notified to the Chief Inspector within the specified time frames.

**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:**

Evidence that an assessment process to establish each residents educational, employment or training goals in accordance with their wishes and capacities was found.

All residents were engaged in social activities internal and external to the centre to the extent that they wished to be. All attended day centres where they were supported to avail of a variety of classes which developed or maintained independent life skills such as; literacy; computers; cookery; financial planning and shopping. Some of the residents, due to health related problems did not attend the more developmental classes but enjoy a range of other activities designed to promote social interaction and relaxation such as arts and crafts, bingo music and massage.

Staff in the residential and day centres had established and maintained good communication processes to ensure residents benefited from the skills learned on an ongoing basis. One resident was developing road safety awareness using the green cross code and traffic lights in order to independently go to the local shops. Others were developing social skills such as independent dining. These all formed part of outcome based personal plans. Employment opportunities were also in place for some.

**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):**

No actions were required from the previous inspection.

**Findings:**

All lines of enquiry under this outcome were reviewed on the last inspection and were found to be compliant. Similarly on this inspection it was noted that individual residents' health needs were appropriately assessed and in general met by the care provided in the centre. It was noted that staff endeavoured to encourage and enable residents to make healthy living choices.

Evidence that residents' health care needs were met through timely access to General Practitioner (GP) services and other allied health care services and were provided with

appropriate treatment and therapies was found.

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

**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:**

All lines of enquiry under this outcome were reviewed in full on the last inspection and all actions arising were found to be satisfactorily addressed.

A closed single dose individualised medication administration system was recently established which was supported by appropriate documentation. An explanation booklet with pictorial written and easily recognised symbols was provided to each resident to facilitate and encourage understanding and compliance with taking medications.

Operational policies relating to the ordering, prescribing, storing and administration of medicines to residents were found to be safe and in accordance with current guidelines and legislation.

**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:**

A written statement of purpose was available which broadly reflected the service provided in the centre. On review it was found that the document contained all of the information required by Schedule 1 of the Regulations. Copies were available for residents in the centre.

**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):**

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

**Findings:**

Evidence that management systems within the centre were in place to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored was found

The person in charge engaged with the process to determine fitness as part of the inspection and demonstrated sufficient knowledge of the legislation and statutory responsibilities associated with the role. It was found that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis, provided good and consistent leadership to staff, support to families and was clearly resident focused.

An annual review of the quality and safety of care in the designated centre had not yet been conducted although a report on a six month quality review by the service manager was carried out in conjunction with the person in charge. This incorporated aspects of service such as; staff training; equipment maintenance; emergency procedures and

planning; transport maintenance; restrictive practice review; nurse manager on call supports; safeguarding and medication management.

An action plan on areas identified for improvement was incorporated. It was noted that this was the first review conducted to comply with the regulations and efforts to improve the quality and safety of care was ongoing however, the management team were reminded that this six monthly review should be prepared further to an unannounced visit and subsequently used to inform the annual review.

**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:**

There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge.

A senior care worker was identified to replace the person in charge and was noted to be familiar with residents' social and healthcare needs and aware of the responsibilities of the role in relation to notifications and protection of residents.

**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:**

Evidence that resources were available and directed towards supporting residents to achieve the goals set within their individual personal plans was available. Examples include the provision of extra staffing resources three evenings per week to facilitate residents' access to social outings in the local community, including; cinema; bowling; meals; pub and shopping.

Overall, the facilities and services in the centre reflect the 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):**

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

**Findings:**

All lines of enquiry were reviewed in full on the last inspection and some actions were found to be required.

It was found that some actions such as those relating to the provision of mandatory training to staff in fire safety, moving and handling and safeguarding were implemented and practice in place reflected competence in these areas. An actual and planned rota was in place and effective recruitment procedures that included checking and recording all required information was previously found to be in place.

The inspector found supervision of staff practice by the person in charge in conjunction with supports to provide learning and development were reviewed and monitored on an ongoing basis. The person in charge worked alongside staff on a regular basis and regular team meetings to discuss improvements and ongoing developments were held.

Additional staffing remains in place on night shift in response to risks identified on the last inspection, a full review of staffing levels and skill mix was required to ensure the safe effective delivery of quality care to service users. The time frame for this review was not expired at the time of this inspection but due within a week of conclusion. The report was subsequently received and indicates appropriate levels and skill mix was

available to meet the needs of the current resident profile. The report also stated that staffing would be monitored on an ongoing basis and as the needs of residents changed.

**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:**

In a sample of those reviewed it was found that general records as required under Schedule 4 of the Regulations were maintained including key records such as the statement of purpose and function, resident's guide, complaints and notifications as required under Regulation 31. However improvements were found to be required to some records such as those relating to residents discharge, transfer or times when not residing in the centre.

Similar findings in relation to records required under Schedule 3 were also found. Records were maintained in respect of accident and incidents, nursing and medical records and improvements further to the last inspection were found to have been made with documentation of reviews and recommendations by clinicians now retained in the centre. However, the records of medical nursing and allied assessments interventions or recommendations which together gives an up to date picture of the persons overall condition although available required further improvements to ensure clarity of entries so that anyone reading the records could determine when and by whom the entry was made.

In addition it was found that a directory of residents to be established under regulation 19 (1) and containing all of the information specified under Schedule 3 point 3 (a) - (e) and schedule 4 Points 7,8 and 9 was not in place.

All of the policies required to be maintained under Regulation 4 and listed in Schedule 5

were not available, including policies to guide staff on; risk management, visitors, nutrition, records management and communications.

**Judgment:**  
Non Compliant - Moderate

### **Closing the Visit**

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

### **Acknowledgements**

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

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

Nuala Rafferty  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# 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-0002358
<b>Date of Inspection:</b>	23 September 2014
<b>Date of response:</b>	04 November 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 05: Social Care Needs

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

A plan was not in place in relation to every identified healthcare need for all residents. Where plans were in place, all were not sufficiently specific to manage the needs identified.

**Action Required:**

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

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:**

The Person in Charge will review all Care Plans against each Resident's Assessment of Need. Following this Key Workers will in conjunction with residents and where appropriate clinical staff and family members amend existing plans and or develop new plans.

**Proposed Timescale:** 01/12/2014

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Evidence that all residents, their next of kin or nominated advocates were consulted and involved in the development of personal or healthcare plans was not available in all cases.

**Action Required:**

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

Key workers will discuss with each resident their level of satisfaction with family involvement in their care and will develop a plan that is consistent with their response.

In parallel to this the Person in Charge will discuss with key family members their level of satisfaction with their current input into Care Planning and will develop a plan that is consistent with individual residents needs and family preferences.

**Proposed Timescale:** 01/12/2014

**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:**

A risk management policy which included the arrangements for identification, recording, investigation and learning from serious incidents was not available in the centre.

**Action Required:**

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management

policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

The registered provider has established a working group to bring together all the elements of risk management into one policy. The policy will include the process for identifying, recording, investigating and learning from serious incidents. The policy will also include measures to control identified risks.

First draft 15th December 2014 Final draft March 31st 2015

**Proposed Timescale:**

**Theme:** Effective Services

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

A risk management policy was not available in the centre to guide staff on the identification and assessment of risks.

**Action Required:**

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

The registered provider has established a working group to bring together all the elements of risk management into one policy. The policy will include the process for identifying, recording, investigating and learning from serious incidents. The policy will also include measures to control identified risks.

Proposed Timescale: First draft: 15th December 2014 Final draft: March 31st 2015

**Proposed Timescale:**

**Theme:** Effective Services

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

A risk management policy which included the measures in place to control risks was not available in the centre.

**Action Required:**

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management

policy includes the measures and actions in place to control the risks identified.

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

The registered provider has established a working group to bring together all the elements of risk management into one policy. The policy will include the process for identifying, recording, investigating and learning from serious incidents.

first draft: 15th December 2014 Final draft: March 31st 2015

**Proposed Timescale:**

**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 of the policies required to be maintained under Regulation 4 and listed in Schedule 5 were not available, including policies to guide staff on; risk management, visitors, nutrition, records management and communications.

**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:**

**Risk Management.**

The registered provider has established a working group to bring together all the elements of risk management into one policy. The policy will include the process for identifying, recording, investigating and learning from serious incidents. The policy will also include measures to control risk.

The first draft of the policy will be developed by 15th December with the final draft being completed by March 31st 2015.

**Visitors Policy**

The registered provider in conjunction with the Person in Charge has developed a visitor's policy for the designated centre. All staff have signed have been briefed on the Policy.

Completed by: October 25th

**Records Management:**

The registered provider has established a working group to develop a policy to in relation to the creation, maintenance, access and destruction of records.

The policy will developed in consultation with all stakeholders including residents, staff and clinical personal. The first draft of the policy will be developed by 15th December with the final draft being completed by March 31st 2015.

**Communications:**

The registered provider is in the process of developing a Communications Policy. The Policy will be discussed at the designated centre's staff meeting in January. Following this local practises and policies will be amended in line with the organisational policy.

Completed by: February 1st 2015.

**Nutrition Policy:**

The registered provider is developing a nutrition policy. The first draft of the policy will be completed by December 1st with the final draft being completed by Jan 31st 2015. The Person in Charge will ensure that all policies and practices in the designated centre are in line the organisational policy on February 28th 2015.

**Proposed Timescale:**

**Theme:** Use of Information

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

A directory of residents was not established.

**Action Required:**

Under Regulation 19 (1) you are required to: Establish and maintain a directory of residents in the designated centre.

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

The Person in Charge has developed a Directory of Residents.

**Proposed Timescale:** 25/10/2014

**Theme:** Use of Information

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

Ensure the directory contains all of the information required under schedule 3 point 3 (a) - (e) and points 7,8 and 9 of schedule 4 of the regulations.

**Action Required:**

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 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 has developed a Directory of Residents to include schedule 3 point 3 (a) - (e) and points 7,8 and 9 of schedule 4 of the regulations.

**Proposed Timescale:** 25/10/2014