<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>A designated centre for people with disabilities operated by St Michael's House</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0002374</td>
</tr>
<tr>
<td><strong>Centre county:</strong></td>
<td>Dublin 9</td>
</tr>
<tr>
<td><strong>Type of centre:</strong></td>
<td>Health Act 2004 Section 38 Arrangement</td>
</tr>
<tr>
<td><strong>Registered provider:</strong></td>
<td>St Michael's House</td>
</tr>
<tr>
<td><strong>Provider Nominee:</strong></td>
<td>John Birthistle</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Sheila McKevitt</td>
</tr>
<tr>
<td><strong>Support inspector(s):</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Type of inspection</strong></td>
<td>Announced</td>
</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>5</td>
</tr>
<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
<td>0</td>
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About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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**

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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</thead>
<tbody>
<tr>
<td>12 November 2014 10:30</td>
<td>12 November 2014 17:00</td>
</tr>
<tr>
<td>13 November 2014 10:30</td>
<td>13 November 2014 16:30</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tbody>
<tr>
<td>Outcome 02: Communication</td>
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<tr>
<td>Outcome 03: Family and personal relationships and links with the community</td>
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<tr>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<tr>
<td>Outcome 05: Social Care Needs</td>
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<tr>
<td>Outcome 06: Safe and suitable premises</td>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<tr>
<td>Outcome 08: Safeguarding and Safety</td>
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<tr>
<td>Outcome 09: Notification of Incidents</td>
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<tr>
<td>Outcome 10: General Welfare and Development</td>
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<tr>
<td>Outcome 11: Healthcare Needs</td>
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<tr>
<td>Outcome 12: Medication Management</td>
</tr>
<tr>
<td>Outcome 13: Statement of Purpose</td>
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<tr>
<td>Outcome 14: Governance and Management</td>
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<tr>
<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
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<tr>
<td>Outcome 18: Records and documentation</td>
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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. 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 and policies and procedures. The views of residents, relatives and staff members of the centre were also sought.

As part of the application for renewal of registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the
Authority). All documents submitted by the provider for the purposes of application to register were found to be satisfactory. However, two documents one in relation to planning compliance and the other relating to fire compliance remain outstanding and are required to be submitted to the Authority before a recommendation for registration can be made by the inspector.

The nominated person on behalf of the provider had made improvements within the centre since the last inspection. The fitness of the person in charge was assessed through interview and during the inspection process to determine his fitness for registration purposes. He was found to have satisfactory knowledge of his role and responsibilities under the legislation and sufficient experience and knowledge to provide safe and appropriate care to residents. The nominated person on behalf of the provider was interviewed prior to the inspection.

The centre was established to provide care for a maximum of five adults with physical and/or intellectual disabilities who have both nursing and social care needs. On inspection there were five residents living in the centre long term, all were met on inspection and appeared comfortable and relaxed in their home. Three relatives’ questionnaires were received by the Authority during the inspection process. The opinions expressed through the questionnaires were broadly satisfactory with services and facilities provided. However, two relatives expressed concern about the lack of staff employed to care for five residents'.

Six of the eight non compliances from the last inspection had been addressed. The two that remained non compliant related to premises, staff numbers and skill mix. Evidence of some good practice was found across all 18 outcomes, 10 outcomes inspected against were found not to be in substantial compliance with the Regulations. The management of medications was an issue on this inspection together with the completion of assessment of residents with nursing care needs. The bus been used to transport residents had failed a recent National road safety test and was still in use. Policies outlined in Schedule 5 were not available for review and records were not always easy to retrieve. Personal plans reflecting the social needs of residents did not include those responsible or time scales and there was no evidence that actions arising from complaints were been drawn up or implemented to prevent recurrence.

The action plans at the end of this report identifies those areas 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):
No actions were required from the previous inspection.

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

Minutes of residents meetings held every Monday evening were reviewed. At these meetings residents’ planned their weekly activities, discussed the weekly menu and fire evacuation procedures. Visits to and from family homes and pre-arranged visitors to the centre were also discussed at these meetings. There was a small private sitting room where residents could receive visitors in private.

Resident’s privacy and dignity was respected. The bathroom/shower room and toilet doors had privacy locks in place. All windows had blinds and curtains in place.

The rights of residents’ were respected. One resident told the inspector she had choice and retained autonomy of her own life. The inspector met all five residents' over the two day inspection. Residents’ were free to make choices about their daily routine and when needed were facilitated by staff. For example, one resident explained how she got up and went to bed at times chosen by her. The inspector saw a copy of the charter of rights published by the National Advocacy Committee was accessible to residents as a copy was on display in both the front and back hallway of the centre.

There was a policy and procedure for the management of residents monies by staff and a procedure on personal possessions. The inspector went through one resident's finances with the person in charge and found there were clear, concise records and
receipts in place to reflect the individuals outgoing and incoming cash. Safe and secure storage was available. The process in place reflected the policy. All five residents were unable to manage their finances independently. However, one resident who was capable of managing some areas of her finances was encouraged and facilitated by staff to do so.

There was a complaints policy in place. It was accessible to residents in written and pictorial formats. Both were on display in the front and back hallway of the centre and a copy was included in the residents guide. The person in charge explained how he had talked each resident through the process of making a complaint and sent a copy of the complaints policy to their next of kin. The written complaints policy had been updated and it met the legislative requirements. The inspector reviewed the one complaint received to date in the centre. Records of the complaint, investigation, outcome and level of satisfaction of the complainant were all recorded, but there was no record of what follow up actions were taken by management to ensure the issues within the complaint did not re-occur.

**Judgment:**  
Non Compliant - Minor

**Outcome 02: Communication**  
*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**  
Individualised Supports and Care

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

**Findings:**  
Residents were able to communicate at all times.

Three residents' could communicate verbally two could not. However, staff communicated with these two residents using verbal and non verbal means. The inspector saw that staff spoke with and listened to residents in a patient, quite, kind and respectful manner. Pictorial aids were used in some incidents to prompt residents memory. For example, the complaints policy included pictures of those to whom residents could complain to. Also, pictures of staff on duty were posted by signs of day and night duty so residents could easily see who was on duty. However, the inspector saw scope for further development, supply and implementation of non verbal communication aids to assist staff to communicate more effectively with residents’.

The inspector saw all residents had access to a television in their bedroom and in the main sitting room. Some had their own music system and one resident showed the inspector his guitar which he was learning to play. Another resident informed the
inspector how she was in the process of learning to use a computer through her day care facility. There were two portable telephones accessible to the three residents who could communicate verbally.

**Judgment:**
Non Compliant - Minor

<table>
<thead>
<tr>
<th>Outcome 03: Family and personal relationships and links with the community</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
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</tbody>
</table>

**Theme:**
Individualised Supports and Care

<table>
<thead>
<tr>
<th>Outstanding requirement(s) from previous inspection(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>No actions were required from the previous inspection.</td>
</tr>
</tbody>
</table>

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

Residents' had participated in developing their own visitor's policy and they had placed no restrictions on visitors. The inspector was informed that each resident could have visitors to their home when they so wished. Residents were facilitated by staff to visit their family home, one resident told the inspector about her recent over night stay to her mother's house. Residents’ who had chosen for their families to be involved in their care had been invited to attend the residents’ recent individual wellbeing assessment. There was a family contact sheet in each resident's file where staff recorded all contact with the residents’ family.

Residents used facilities in the local community. The inspector was told that residents' regularly visited the local shopping centre and one resident used the local post office facility independently on a regular basis.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th>Outcome 04: Admissions and Contract for the Provision of Services</th>
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<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

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

Findings:
Admission and discharge to the service was guided by policy. Each resident had an
agreed written contract in place.

The admission procedure was in line with the statement of purpose and with the
admissions policy.

The inspector was told that each of the five residents’ had an individual contract of care
signed and dated by their next of kin in place. The inspector reviewed a random sample
of three contracts of care and found that they included details about the support, care
and welfare the resident would be expected to receive, details of the services to be
provided and of the fees to be charged. Each contract was dated and signed by either
the resident or their next of kin.

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:
The inspector was satisfied that the care supports provided to the residents were
appropriate to meet their assessed needs. Comprehensive assessments were now
completed for each resident however, specific assessment tools used to identify the
extent of risk to residents were not in place. Care plans were now in place to reflect the
clinical care needs of each resident and social care plans were in the process of being
developed.
The inspector reviewed two resident files and found that they had a comprehensive assessment in place which had been updated within the past year. However, residents who were identified as having a specific clinical care need did not have a detailed clinical assessment in place to determine the extent of this need. For example, one resident was identified in their comprehensive assessment as being at risk of developing pressure ulcers. However, this resident did not have a pressure ulcer assessment tool completed to identify the level of risk to the resident.

There was evidence that the resident, their key worker/s, next of kin and some allied health care team members had been involved in their individual comprehensive assessment. The assessments reflected the residents' needs, interests and preferences and outlined how staff could assist the resident to maximise their opportunities to participate in meaningful activities. The clinical needs identified on assessment had a corresponding care plan in place. These care plans reflected the residents' identified need. For example, the resident identified as at risk of developing pressure ulcers had a corresponding care plan in place.

The inspector was informed that residents had just had their wellbeing assessment completed, all relevant personnel mentioned above were also involved in these assessments. Some residents’ had personal plans in place and the others were in the process of being developed. One of the two residents’ files reviewed had two personal goals set in September 2014. One of these goals included going on a holiday in Ireland and the other related to meeting with family outside of the centre. However, neither of these plans had been progressed to date.

Residents living in the centre attended a day care centre on weekdays and each resident had an activity plan in place for some evenings of the week. The individual plans included some group activities chosen by residents at their weekly meeting and some individual activities which reflected the residents’ individual preferences. For example, one resident had personalised music lessons and others had personalised art classes certain evenings each week in the centre.

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):
Some action(s) required from the previous inspection were not satisfactorily
Findings:
The location, design and layout of the centre was suitable for its stated purpose. The centre met the individual and collective needs of residents in a comfortable and homely way. The renovations of bathrooms outlined in the inspection report of 28 May 2014 had not been completed within the timescale set by the provider of 30 November 2014. Issues including cracked/stained wall tiles, flooring in the bathrooms; shower drain repair and rusty radiators all remained as the plan was to address these issues when renovations took place. The inspector was informed that renovation plans were being progressed but that work would not commence until early 2015.

Efforts to reflect residents' individuality and preferences in relation to colour and furnishings in bedrooms were noted and photographs, pictures and fixtures which reflected interests and hobbies were evident. Residents' spoken with expressed satisfaction with their bedroom.

All areas of the centre including the laundry area were found to be clean and tidy. All required assistive equipment was available to meet the needs of residents and was stored safely within the centre. The rusty rubbish bins and the rusty step ladder had been replaced. The blood sugar monitoring system had been replaced in October 2014.

The external ground provided accessible outdoor space including a garden and paved area for residents to enjoy. However, the inspector found that the paved, tarmac and cemented areas surrounding the centre had large deposits of green moss growing. The surface was therefore quite slippery in places posing a possible safety risk to residents'.

Judgment:
Non Compliant - Moderate

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

Theme:
Effective Services

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

Findings:
The inspector formed the view that the health and safety of residents, visitors and staff was promoted and protected within the house. However, the health and safety of residents was not been promoted as residents' were being transported in the centres bus which had recently failed the National Car Safety check.
There was a risk management policy in place which now reflected the legislative requirements. The person in charge completed risk assessments on a monthly and annual basis and health and safety checks were completed on a quarterly and six monthly basis with the service manager. Accidents and incidents were reviewed by the person in charge and the service manager.

There was an up-to-date localised health and safety statement in place and it was on display in the centre. An emergency plan had been developed and implemented. Additional equipment to effectively and safely respond to emergencies was now available including hi visibility jackets and space blankets.

Records were available to confirm that fire equipment including fire extinguishers, the fire blanket, emergency lighting and the fire alarm had all been tested by professionals within the required time frame. However, the records of fire emergency lighting checks were not detailed enough. This is discussed further under outcome 18. All staff had completed fire training within the past year and staff spoken with had a clear understanding of the procedure to be followed in the event of a fire. Residents had individualised fire evacuation plans in place. The records reviewed showed that fire drills were practiced on a regular basis during the day and night by both staff and residents.

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

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

The inspector was informed and saw evidence that the bus being used to transport residents to and from the centre had failed the National Car Safety check at the end of September 2014, the inspector was informed that repairs to the vehicle had been completed early November 2014 however, the bus had not been returned to the National Car Testing centre for re-testing and was still been used to transport residents'. Thus, putting the residents' at potential risk. The inspector requested that the bus was not used to transport residents' until it had passed the National Car Test and was given verbal assurances of this at the end of the inspection. This was followed by written assurances from the provider nominee within 24hrs of the inspection.

Judgment:
Non Compliant - Major
### 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:**

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

The centre appeared safe and secure. Residents had access to a rear garden and paved area. All the exit/entry doors could be secured by locking and the house was alarmed. The inspector saw bathroom doors had secure locks and there were blinds and curtains on bedroom windows.

Communication between residents and staff was respectful. One resident who infrequently displayed behaviour that may challenge had a positive behavioural support plan in place. The resident’s psychologist had been involved in the development of the plan. There was a minimum use of restraint in the house. Those residents who had restraint in use had been assessed by an occupational therapist and records of this assessment provided clear evidence of why less restrictive methods were not suitable for use at this time.

**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. A detailed record of all incidents and accidents occurring in the centre was maintained by staff. 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

Outcome 10. General Welfare and Development
Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

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

Findings:
Resident's opportunities for new experiences, social participation, education and training were facilitated and supported by staff. All residents’ attended day care facilities four to five days per week. There was evidence that staff facilitated residents' to maintain and develop their personal interests within and outside the centre. For example, one resident who had an interest in playing the guitar was having private lessons once a week in the house where staff were available to support the resident if required. Two of the residents’ attended local clubs on certain evenings of the week and staff transported residents to and from these clubs using the transport available. One resident told the inspector how she was being taught how to use a computer in her day care facility and how she was currently doing a course on advocacy.

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
Findings:
The health care needs of residents were being met and records reflecting this were now available for review each residents file. The inspector reviewed two residents’ files and saw evidence that they were facilitated to access and to seek appropriate treatment and therapies from allied health care professionals when required. The inspector was satisfied that the allied health services were availed of promptly to meet residents’ needs. Completed referral forms were available for review in residents' files and written evidence of relevant reviews were also available. For example, one resident had recently been assessed by an occupational therapist for a new shower chair and another had attended a foot clinic to be assessed for new shoes. Records were on file to reflect these visits. All residents' had visited their General Practitioner (GP) or the Medical Officer prior to this inspection where they had been offered, accepted and been administered the Influenza Vaccine. Evidence of this was available in each resident's file.

The inspector saw that residents’ had access to adequate quantities and a good variety of nutritious food to meet their dietary needs. None of the residents required special diets. Those residents who could and showed an interest in participating in the preparation, cooking and serving of food were encouraged and supported to do so. Staff were observed preparing a nutritious roast meal for the residents evening meal.

Judgment:
Compliant

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

Theme:
Health and Development

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

Findings:
There was a new operational policy which included the ordering, prescribing, storing, administration and prescribing of medicines. There was a separate policy on self administration of medicines. The inspector found that practices regarding drug administration and prescribing had improved since the last inspection. However, the inspector saw one incident where a staff member had recently transcribed a drug onto the residents prescription chart. The inspector was informed that the drug had been prescribed by a visiting out of hours doctor and there was a faxed copy of this prescription available. The medication management policy did not cover the practice of transcribing by staff.
The practices in relation to ordering, storing and disposal of medication were in line with the policy. There was a safe system in place for the ordering and disposal of medications and the inspector saw records which showed that all medications brought into and out of the centre were checked and recorded. There were two secure disposal containers for medications. An audit of each resident's medications was completed on a weekly basis by staff; any discrepancies were identified and reported to the service manager by completion of an error form. This was reviewed and recommendations made were fed back to the person in charge who was given a set period of time to implement the recommendations made. The inspector was informed there had been two medication errors since the last inspection and these were recorded and reported to senior managers.

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

The inspector saw that each of the residents had their prescribed medications recently reviewed by a Medical Officer.

**Judgment:**
Non Compliant - Moderate

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**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**
Leadership, Governance and Management

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

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

The inspector saw a copy of the statement of purpose was accessible to residents and their family as a written copy displayed in the hallway of 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

### Findings:
There was a clearly defined management structure that identified the lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced Social Care Worker with authority, accountability and responsibility for the provision of the service. He was the named Person in Charge, employed full-time to manage the 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 the residents' having worked with most of them for a number of years. Residents appeared to know him and the service manager 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. One of whom was nominated to manage the centre in his absence. He reported directly to a Service Manager who reported to a Regional Director (also nominated person on behalf of the provider). The inspector was informed by the person in charge and saw records of regular scheduled minuted meetings between the himself and the service manager. However, no records were available of meetings between the service manager and the provider nominee. Therefore, the inspector could not determine if all relevant information was being communicated between the person in charge and the provider nominee.

Management systems had been developed to ensure that the service provided were safe, appropriate to residents’ needs, consistent and effectively monitored. The service manager had visited the centre and together with the person in charge conducted a review of the health and safety and quality of care and support provided to residents’ within the centre. They identified areas for improvement and issues which required follow-up, by whom and within what time line. The inspector was informed that this information would be used to inform the annual review of the service, a format for which was being developed by management.

### Judgment:
Compliant
**Outcome 15: Absence of the person in charge**  
*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**  
Leadership, Governance and Management

**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, one social care worker who was 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

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**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 resourced to ensure the 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’. However, there was no nurse employed to work in the centre this was identified at the last inspection and will be discussed in further detail under Outcome 17: Workforce.

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

Findings:
The number of staff on duty was adequate to meet the needs of residents' however, the skill mix of staff was not adequate to meet resident needs. The statement of purpose stated that residents had social and nursing care needs. However, there was no nurse employed to work in the centre. Since the last inspection a nurse assisted social care staff in the centre complete comprehensive assessments and care plans. However, a nurse had not yet been employed and as outlined in Outcome 5 the lack of nursing expertise meant that residents with nursing care needs were not been throughly assessed.

The number of staff on duty in the mornings had been increased. Since the last inspection care hours had been increased by fifteen with a second staff member now rostered to work between 7 and 10 am Monday through to Friday. Staff spoken with informed the inspector that this increase in staffing hours had improved the quality of care been delivered to residents' in the mornings. However, extra staff had not been employed on a permanent basis to cover these extra care hours. Therefore, currently five different agency/relief staff were coming in and out of the centre to cover these extra fifteen care hours together with a full time staff members post (staff on maternity leave). This did not lead to continuity of care for residents'.

Also, the inspector was informed and saw evidence on the actual staff roster that there had been a number of occasions where just one staff member was on duty at the weekend caring for five residents', when the required staffing level was two. This resulted in residents not being able to leave the house. A relative had complained about this issue. However, as mentioned under Outcome 1 there was no record of what follow up actions were taken by management to ensure the issues within the complaint did not re-occur and from speaking with staff the same issues were re-occuring a number of times each month, despite permanent staff covering as many vacant shifts as they could.

Permanent staffing levels currently available to work included the person in charge and four social care workers to cover daytime care hours and one sleepover each night. The inspector reviewed staff training records and saw evidence that most staff had up-to-day mandatory training in place. Two staff who required fire training were booked for
refresher training the week post this inspection.

There were no volunteers working in the centre. As mentioned under Outcome 12 staff had up-to-date Safe Administration of Medications training in place. All permanent staff also had up-to-date food safety training and first aid training in place.

The recruitment process was found to be safe and robust when reviewed at the last inspection and were not reviewed on this inspection.

**Judgment:**
Non Compliant - Major

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**Outcome 18: Records and documentation**

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

**Theme:**
Use of Information

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

**Findings:**
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Residents and Adults) with Disabilities) Regulations 2013 were not maintained in a manner so as to ensure ease of retrieval. The inspector found that the filing systems in place for residents documents required review to ensure out of date assessments and records were filed away and that current records were filed in an organised and sequential manner.

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

The centre had some of the written operational policies as outlined in schedule five available for review, some were in draft format, and some sections of others required review such as the complaints management form section of the complaints policy, mentioned under Outcome 1.
Those not developed to date included the following:
• communication with residents’
• monitoring and documentation of nutritional intake.
• provision of information to residents’.
• the 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:**

Sheila McKevitt
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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Michael's House</th>
</tr>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002374</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>12 November 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>10 December 2014</td>
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Requirements

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

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Actions taken on foot of the complaint to prevent re-occurrence were not recorded.

Action Required:
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
The Person in charge has fully briefed all members of staff concerning all aspects of the centres "policy and procedure for resolving complaints and concerns of service users and families" up to and including that the complainant is satisfied with the outcome.

Proposed Timescale: 11/12/2014

Outcome 02: Communication

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Aids to enhance communication with residents particularly non verbal residents could be developed further.

Action Required:
Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents’ needs and wishes.

Please state the actions you have taken or are planning to take:
A Speech and Language Therapist will visit the designated and make recommendations that will address the enhancement of communication with residents, in particular communication with non verbal residents.

Proposed Timescale: 28/02/2015

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plans in place did not detail those responsible for implementing the personal plan or have set time scales.

Action Required:
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.
Please state the actions you have taken or are planning to take:
The Person in Charge together with key workers and residents will review all Personal Plans and will ensure that goals, dates and signatures are recorded.

**Proposed Timescale:** 20/02/2015

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Specific assessments relating to pressure area care were not completed and therefore not available for review.

**Action Required:**
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

Please state the actions you have taken or are planning to take:
A Braden Scale for ulcer risk has been completed by the person in charge and Nurse Manager on Call.

**Proposed Timescale:** 05/12/2014

**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 resident bathrooms were not suitably decorated the following issues remained outstanding: cracked/stained wall tiles, flooring in the bathrooms; shower drain repair and rusty radiators.

**Action Required:**
Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

**Please state the actions you have taken or are planning to take:**
Detailed plans are in place to renovate the bathrooms. In the interim all damaged tiles, flooring, drains, and radiators will be repaired or replaced.

**Proposed Timescale:** 15/01/2015
**Theme: Effective Services**

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The external paved/cemented/tarmac surface areas were not kept in a good state of repair.

**Action Required:**
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:
The external paths have been cleaned and repaired. A plan has been put in place to have them cleaned every six months or as required.

**Proposed Timescale: 05/12/2014**

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

**Theme: Effective Services**

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The vehicle used to transport residents did not have a National Road Safety certificate in place.

**Action Required:**
Under Regulation 26 (3) you are required to: Ensure that all vehicles used to transport residents, where these are provided by the registered provider, are roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.

Please state the actions you have taken or are planning to take:
The National Road Safety Certificate is now in place.

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

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**Outcome 12: Medication Management**

**Theme: Health and Development**

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Social care staff were transcribing medications, this practice was not in line with the centres policy or best practice.
Action Required:
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:
The person in charge has arranged for the Safe Administration Medication Trainer to provide refresher training for staff.

Proposed Timescale: 11/12/2014

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no qualified nurse employed to work in the centre although residents' had nursing care needs.

Action Required:
Under Regulation 15 (2) you are required to: Ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.

Please state the actions you have taken or are planning to take:
St. Michael's House Human Resources are in the process of recruiting a full-time permanent nurse for the designated centre. In the interim an agency nurse will be assigned to the centre.

Proposed Timescale: 18/12/2014

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The number of permanent staff rostered to work in the centre was not adequate to provide continuity of care for residents'.

Action Required:
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.
**Please state the actions you have taken or are planning to take:**
The Roster has been reviewed and an additional .5 Social Care Worker has been allocated.

**Proposed Timescale:** 18/12/2014

<table>
<thead>
<tr>
<th><strong>Outcome 18: Records and documentation</strong></th>
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<tr>
<td><strong>Theme:</strong> Use of Information</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
All policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were not prepared in writing. Those not available included policies on the following:
- communication with residents’
- monitoring and documentation of nutritional intake.
- provision of information to residents’.
- creation of, access to, retention of, maintenance of and destruction of records’.

**Action Required:**
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
Communications Policy.
The registered provider is in the process of developing a Communications Policy. When completed the person in charge will ensure that staff are familiar with the policy. Phase 1 of the Policy will be completed on December 15th 2015. The final draft will be completed March 31st, 2015.

Nutritional Policy.
The registered provider is in the process of developing a nutritional policy which will be completed December 15th 2014.

Provision of Information
The registered provider is in the process of developing a Provision of Information Policy. When completed the person in charge will ensure that staff are familiar with the policy. Phase 1 of the Policy will be completed on December 15th 2015. The final draft will be completed March 31st, 2015.

Access, retention, maintenance and destruction of records.
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 is being 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.

**Proposed Timescale:** 31/03/2015

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A record of actions taken to remedy any defects in emergency lighting were not available for review.

**Action Required:**
Under Regulation 21 (4) you are required to: Retain records set out in paragraphs (6), (11), (12), (13), and (14) of Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 4 years from the date of their making.

**Please state the actions you have taken or are planning to take:**
The person in charge has arranged for a copy of the maintenance records in relation to emergency lighting to be held in the centre.

**Proposed Timescale:** 15/12/2014