Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002366
Centre county:	Dublin 5
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	John Birthistle
Lead inspector:	Sheila McKevitt
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	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:
09 December 2014 10:30	09 December 2014 17:00
10 December 2014 10:00	10 December 2014 16:30

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

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

Summary of findings from this inspection

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

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 interviewed and assessed 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 was also considered as part of this process.

The centre was home for five residents' with physical and/or intellectual disabilities with social and nursing care needs. On inspection all five residents were met. A number of questionnaires completed by residents and their relatives' were received by the Authority prior to and during the inspection. The opinions expressed through the questionnaires were broadly satisfactory with services and facilities provided.

Evidence of good practice was found across all outcomes, management had addressed the eight non-compliances from the last inspection in June 2014. 10 out of 18 outcomes inspected against were deemed to be in compliance with the Regulations. 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 inspector had concerns as emergency fire exits did not have emergency lighting signs above them and residents did not have privacy locks on their bedroom doors

Records, specifically policies outlined in schedule 5 not being available in final draft and therefore not been implemented. In addition, records of emergency fire checks completed by technical services staff were not detailed enough. Residents' assessments and care plans were not fully completed and were not detailed enough to reflect all the care needs of the resident. The follow up appointment of health care needs for one resident was not adequate. Mandatory notifications had not been received as required and an adequate number of staff were not employed to work in the centre on a permanent basis. One resident did not have a signed contract of care in place. The action plans at the end of this report identifies the eight outcomes under which improvements are required.

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

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

Theme:
Individualised Supports and Care

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

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

Residents had a house meeting once a week at which they planned their daily evening meal, each of the five residents selecting a meal of their choice. They also discussed and planned group and individual activities, appointments and personal plans for the week. Visits to and from family homes and pre-arranged visitors/friends calling to the centre were also discussed at these meetings. There was a private visitors' room where residents could receive visitors' in private.

Resident's privacy and dignity was respected by staff. Residents' answered the front door to their home. The bathroom/shower room and toilet doors had privacy locks in place and staff maintained residents' privacy when providing care to them. However, the privacy needs of residents' was not consistent throughout the centre as only one of the five residents' had access to a privacy lock on their bedroom door All windows had blinds and curtains in place.

The rights of residents' were respected. Residents told the inspector they had choice and retained autonomy of their own life. The inspector met all five residents' over the two day inspection, one confirmed that they were free to make choices about their daily routine and when needed were facilitated by staff. For example, one resident informed the inspector that he travelled independently on public transport. This was his choice and he enjoyed this independence. The inspector saw a copy of the charter of rights published by the National Advocacy Committee on display in the front hallway. Staff had

developed a step by step pictorial version for residents' which was also on display in the front hallway.

There was a policy and procedure for the management of residents' monies by staff and a procedure on personal possessions. One resident went through their finances with the inspector. There were clear, concise records and receipts to reflect the individuals outgoing and incoming cash. Safe and secure storage was available. The process in place reflected the policy. Those residents unable to manage their finances independently were facilitated by staff to do so. Staff encouraged and taught residents how to be independent with their finances. For example, one resident was independent in spending his own petty cash.

There was a complaints policy in place which was accessible in a pictorial format for residents', a copy was posted on the residents' notice board and a copy was included in the residents guide. There had been one complaint since the last inspection, the records of which were reviewed and were found to reflect the policy.

Judgment:
Non Compliant - Moderate

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' communication needs were met.

The inspector saw evidence that residents' with communication difficulties had the required input from multi-disciplinary team members which had lead to additional communication aids been developed and made available to residents with communication needs. For example, one resident who was non verbal had a tablet which she used to store and view photographs. Multi-disciplinary staff had developed a folder full of photographs of different items which this resident used to communicate with. Staff were observed communicating with all five residents in a kind, patient and sensitive manner. They appeared to know the mannerisms and means of communication of the non-verbal resident well and had no difficultly in interpreting what the resident needs.

Residents' had access to personal and communal televisions in the house, music systems and radios. All information relevant to residents such as the pictorial complaints policy, weekly menu and activities plan were all displayed on the residents notice board in the kitchen.

Residents had access to two portable house telephones and some had their own mobile telephones.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

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

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

There were no restrictions on visitors. Residents' had written and implemented their own visitors' policy. They had access to a quite room where they could receive visitors in private. One resident told the inspector that they had visitors of their choice visit them in their home. The inspector saw evidence that residents who had chosen for their families to be involved in their assessment and care plans were involved in completing these documents. There was a family contact sheet in each resident's file where staff recorded all verbal contact with the residents' family.

Residents used facilities in the local community. One resident told the inspector how he regularly visited a clinic in the local hospital, visited local coffee shops and shopping centres'. There was a bus available to transport residents' and this was driven by staff and used to transport non mobile residents' to and from amenities in the area and further afield.

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:

Contracts of care were now available for each resident and admission to the centre was in line with the admissions policy. One resident's next of kin had not yet returned a signed contract of care.

The admissions policy in place outlined the procedure to be followed prior to a resident been admitted to the centre. It included the involvement of the person in charge, the resident to be transferred and his/her next of kin. It stated that residents would be facilitated to visit the centre prior to their admission.

The four contracts reviewed were signed and dated by the respective resident, their next of kin and the person in charge. The contracts included details about the supports, care and welfare the resident would be expected to receive, details of the services to be provided and the fees to be charged. They also referred to additional costs that maybe charged such as charges for personal mobile telephone.

Judgment:
Non Compliant - Minor

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:
Residents' wellbeing and welfare was maintained. However, all residents' wellbeing assessments' were not completed in full.

During this inspection one resident showed the inspector his personal file and informed the inspector that he, his key workers and clinical psychologist had been involved in the completion of this assessment. The assessment reflected the residents' interests and preferences and outlined how staff could assist the resident to maximise his individual abilities and opportunities to participate in meaningful activities. Assessments' read had been reviewed within the past year. This resident had a corresponding outcome based personal plan and he confirmed he had outlined three personal outcome based goals set for 2014. However, the records in place did not include details about who was responsible for assisting the resident in achieving these goals or what was done to assist the resident to achieve his goals to date. The resident did not have a clinical care plan in place for a clinical need identified on assessment.

The inspector reviewed a second resident's personal file with the residents permission. This non verbal residents' wellbeing assessment was not fully completed. The section relating to the residents' communication needs was blank and the resident did not have a detailed non verbal assessment tool completed. This resident had several clinical needs and although some had reflective care plans they were not all detailed enough, did not reflect the care been provided by staff or recommended by visiting health care professionals.

All five residents attended day care centres. They were been assisted by staff to attend their day care centre, attend activities in the local community and to access activities in the locality. The staff within the centre promoted residents independence.

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

Findings:
The location, design and layout of the centre was suitable for its stated purpose and met the residents' individual and collective needs in a comfortable and homely way. The detached single storey house had been redecorated since the last inspection carried out in June 2014.

The inspector saw that the premises were well-maintained with suitable heating, lighting and ventilation. It was clean, tidy and suitably decorated to meet the five resident needs.

There were five resident bedrooms. Two of the four residents showed the inspector their bedrooms which they confirmed they had furnished to meet their personal taste. One residents' bedroom had patio doors and a ceiling hoist installed since the last inspection. This allowed for this wheelchair bound resident to be evacuated in her bed in the event of a fire occurring during the night.

There was sufficient furnishings, fixtures and fittings to meet the individual needs of residents', including storage space in each residents bedroom.

The communal areas included a well equipped kitchen/dining room, a large bright sitting room and a smaller sitting/private room and a recreational room. The laundry and

cleaning storage room contained all required equipment. There was one large assisted shower room with an assisted toilet and wash hand basin this was accessible via one residents bedroom and via the main corridor. There was a single shower room which had been newly renovated to seal the walls and introduce light via a new sky light. A second bathroom contained a bath, toilet and wash hand basin and also had been newly decorated.

The inspector viewed the rear garden accessible to residents' via two patio door exits. The garden contained a paved area with table and chairs where residents could enjoy dining outside. The garden was secured by closing the side gate entrance leading from it. Car parking spaces were available to the front of the house.

The staff bedroom had ensuite facilities which included a shower, toilet and wash hand basin.

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

Findings:
The health and safety of residents, visitors and staff was promoted. However, the inspector found that all residents' were not protected from the risk of fire, as there was just one fire emergency lighting exit sign in the house. This sign was situated on the wall to the side of the front door and was visible from the front sitting room only. None of the other fire exit doors had emergency exit signs over them and there were no emergency exit lights directing residents to these doors. The wheelchair dependent resident could now be evacuated in her bed by via patio doors installed in her bedroom since the last inspection. Records were available to confirm that fire equipment including fire extinguishers, the fire blanket and the fire alarm had all been tested by professionals within the required time frame.

All staff had completed fire training within the past year and those spoken with had a clear understanding of the procedure to be followed in the event of a fire. The inspector saw that each resident had an individual fire evacuation plan in place and records reviewed showed that fire drills were practiced on a regular basis during the day and night by both staff and residents.

Overall, there was a good attitude to risk management in the centre. However, the risk management policy in place did not meet the legislative requirements as it did not include a policy about what to do in the evident of an accident or incident occurring in

the centre. The person in charge completed risk assessments on a monthly basis and health and safety checks were completed on a quarterly basis with the service manager. Accidents and incidents were reviewed on a bi-monthly basis by the person in charge and the service manager. There was a localised health and safety statement in place. The emergency plan in place was detailed and included the procedures to be followed in the event an emergency.

Infection control policies were in place and practices were good and as mentioned under outcome six the recent renovation of two bathrooms had addressed the long term issue of re-current mildew on the ceilings of these two rooms.

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

Findings:
Residents' were safe and secure in their home. They had access to an enclosed rear garden. All the exit/entry doors could be secure by locking and the house was alarmed.

Staff spoken with had a good theoretical knowledge of abuse and knew the procedure to follow if they witnessed any alleged abuse. There had been no incidents of alleged abused reported to the Authority to date. Communication between residents and staff was respectful. The one resident who at times displayed behaviours that maybe challenging had a detailed, up-to-date wellbeing assessment and behavioural support plan in place. There were two residents' who required a form of restrictive practice. Both had risk assessments in place there was evidence that the restraints were used for as minimum a time as possible. There was evidence of one resident been trialled without the restrictive practice for a period of time. However, this was unsuccessful and the restrictive practice was reintroduced to ensure the residents safety.

Judgment:
Compliant

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

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

Findings:
A record of all incidents in the designated centre was maintained and where required, notified to the chief inspector. However the inspector noted that all required mandatory notifications had not been returned to the Authority in a timely manner.

Incidents and accidents were audited bimonthly by the person in charge. No incidents' notifiable within three working days had occurred to date in the centre. All required mandatory notifications had not been returned in a timely manner. Required quarterly notification reports had been submitted to the chief inspector by the person in charge for the first and third quarter of 2014 only. These notifications did not detail the restrictive practices in use within the centre for two residents'. The mandatory quarterly notification report for the second quarter of 2014 had not been submitted within the required time frame. However, it was submitted by the person in charge immediately post this inspection.

Judgment:
Non Compliant - Major

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 and two were in part-time employment for a number of hours one day per week. For example, one resident worked in a coffee shop another in a clothes store. One resident told the inspector he was attending computer classes organised via his day care facility.

Each of the residents had their own weekly activity schedule. Staff facilitated staff to travel to and from their day care facility and their chosen activities. For example, one

resident told the inspector that he travelled independently to a local hospital to attend a regular clinic appointment.

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

Findings:
The health care needs of four residents were been met. However, the health care needs of one resident were not been met to a high standard.

Records of four residents' health care needs were reviewed. There was evidence that on the hold residents' were been facilitated to access allied health care professionals to ensure all their health care needs were been met. For example, one resident had recently had a full medical review, been seen by a psychiatrist, reviewed by a speech and language therapist and by an occupational therapist. However, the inspector had concerns, as, one resident had been discharged from hospital in June 2014 and the residents discharge letter stated the resident was to have a follow up appointment with the consultant six weeks post discharge. However, there was no written evidence to confirm if the resident had attended this appointment and staff were not aware whether the resident had attended or not.

Residents had access to a variety of nutritional food which they assisted staff to purchase. Residents prepared, cooked and served meals with the assistance of staff. The inspector saw evidence of this at evening meal time. Two residents' required their meals to be prepared to a different consistency to others and staff prepared this meal as per guidelines outlined by the speech and language therapist. Staff were available to assist one resident who required assistance at meal times.

Judgment:
Non Compliant - Moderate

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

Theme:
Health and Development

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

Findings:
There was a new operational policy available 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 and were now in line with best practice. Prescribed medications were now individually signed and each medication chart contained the name of the resident general practitioner.

The practices in relation to ordering, storing and disposal of medication were in line with the draft policy. There was a safe system in place for the ordering and disposal of medications and the inspector saw records which showed that all medications brought into and out of the centre were checked. 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 no medication errors since the last inspection.

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

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

Judgment:
Compliant

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

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

Findings:
There was a written statement of purpose available. It accurately reflected all the services and facilities provided in the centre and it 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 person in charge was preparing copies to be made available to residents and their

representatives.

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):

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. She was the named person in charge, employed full-time in the centre. The inspector observed that she was involved in the governance, operational management and administration of the centre on a regular and consistent basis. For example, she explained how she had control of the monthly allocated house budget. Residents knew her well. She confirmed and the inspector observed from a review of staff rosters that she now had one day per week protected management time allocated to her to manage the centre.

During the inspection she demonstrated a good knowledge of the legislation and of her statutory responsibilities. She was committed to her own professional development and /was supported in her role within the centre by a team of nurses and social care workers. She reported directly to a Service Manager who reported to a Regional Director (also nominated person on behalf of the provider). She had regular scheduled minute meetings with the service manager. The service manager met with the nominated person on behalf of the provider once per week where issues in the centre were discussed.

Management systems had been developed to ensure that the service provided were safe, appropriate to residents' needs, consistent and effectively monitored. A review of the health and safety and quality of care and support provided to residents' had been completed in the centre to date. They identified areas for improvement and issues which required follow-up, by whom and within what time line. The inspector saw evidence that issues identified on the review had been followed up on. 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.

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.

Judgment:
Non Compliant - Major

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):

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 his absence.

There were two social care workers both of whom were met on inspection and who demonstrated a good clinical knowledge of residents', had the required experience and qualifications to manage the centre in the absence of the person in charge.

Judgment:
Compliant

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

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

Findings:
The centre was sufficiently resourced to ensure the effective delivery of care and support to residents' in accordance with the Statement of Purpose. The resources available within the centre were appropriately managed by the person in charge to meet the needs of residents'. For example, the person in charge had recently reduced the

number of staff on night duty in response to the changing needs of residents'.

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:
Staff numbers and skill mix on duty each day were adequate to meet the needs of residents'. However, the inspector was informed that the centre had two vacant posts. These posts were currently been covered by agency and relief staff. However, the inspector was informed that a nurse due to commence on the 15 December 2014 was filling one of the vacant full-time posts. This left one full-time post been covered by agency/relief staff. The inspector found that this was having a negative impact on residents as these staff had been involved in two of the three medication errors which had occurred since the last inspection.

There were no volunteers employed to work in the centre. The planned staff roster was reviewed and reflected this.

Staff knew the residents well, they encouraged and assisted them to maintain their independence and take part in meaningful activities particularly at weekends when they did not attend day care facilities.

Staff confirmed and records reviewed reflected that staff had access to education and training to meet the needs of residents. Staff had up-to-date mandatory training in place and were confident regarding the procedure to follow in the event of a fire and in the event that they witnessed any form of abuse to a resident.

Staff files reviewed were compliant with schedule 2.

Judgment:
Non Compliant - Moderate

Outcome 18: Records and documentation

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

Theme:
Use of Information

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

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

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

The centre had some of the written operational policies as outlined in schedule five available for review, some were in draft format , Those available in draft but not finalised and therefore not implemented to date included 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'.

The records of emergency lighting checked completed by technical services staff were not detailed enough.

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002366
Date of Inspection:	09 December 2014
Date of response:	06 January 2015

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:
Four residents' did not have privacy locks on their bedroom doors.

Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living

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

space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:
Privacy Locks will be fitted on all bedroom doors.

Proposed Timescale: 31/01/2015

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A signed contract of care was not available for one resident.

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

Please state the actions you have taken or are planning to take:
All contracts of Care are signed and available on the house for inspection.

Proposed Timescale: 15/12/2014

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A fully completed detailed comprehensive assessment was not available for every resident.

Action Required:
Under Regulation 05 (1) (a) 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 prior to admission to the designated centre.

Please state the actions you have taken or are planning to take:
All Residents plans will be reviewed and updated to ensure they are comprehensive. The current staff compliment includes one nurse and four social care workers.

Proposed Timescale: 31/01/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The clinical care plans in place for one resident were not detailed enough, did not reflect the care been given or the care recommended by visiting health care professionals.

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

Please state the actions you have taken or are planning to take:
The current Care Plans for the resident in question will be fully reviewed by a Staff Nurse on the staff team, to ensure it fully reflects the care being given and that recommended by all visiting health care professionals. This will be available for inspection in the house.

Proposed Timescale: 12/01/2015

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 outline the names of those staff responsible for pursuing objectives in the plan within agreed timescales.

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:
Names of all staff responsible for pursuing actions will be included in personal plans. Timelines for completion will also be included.

Proposed Timescale: 12/01/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
One resident with a clinical need did not have a care plan reflecting the care been provided to meet this need.

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

Please state the actions you have taken or are planning to take:
The current Personal Plan for the Resident in question will be fully reviewed by a Staff Nurse on the staff team, to ensure it fully reflects the care being given in relation to specific clinical need. This will be available for inspection in the house.

Proposed Timescale: 12/01/2015

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 risk management policy did not include the measures and actions in place to control accidental injury to residents, visitors or staff.

Action Required:
Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

Please state the actions you have taken or are planning to take:
There is currently a Draft Policy for Risk Management which covers the Principals for the Assessment and Management of all categories of Risk.

Measures and Actions to control accidental injury to residents, visitors or staff is currently contained in the Organisational Safety Statement, Section 4.2. A copy of this statement is available in the house for all staff to view at all times.

Proposed Timescale: 22/12/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Emergency lighting within the centre did not appear adequate to ensure residents' could be evacuated safely.

Action Required:
Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

Please state the actions you have taken or are planning to take:
Directional signs are used in the context of directing persons unfamiliar with a building to a designated escape route in the event of a fire. The use of these signs although currently a requirement of any new builds requiring the approval of a fire safety cert, does not retrospectively apply to premises built before this time which complied with legislation at the time as they applied to dwellings.

The registered provider and PIC with support from the Head of Technical services will review all emergency lighting and signage in the designated centre. The review will consider the assessed needs of the residents to support them to evacuate safely in an emergency. If the review indicates the need for additional emergency lights or signage this will be installed.
Minutes of the report will be available for review.

Proposed Timescale: 31/01/2015

Outcome 09: Notification of Incidents

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The two written reports submitted to the Chief Inspector at the end of the first and third quarter did not include details of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

Action Required:
Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

Please state the actions you have taken or are planning to take:
All reports to be submitted to the Chief Inspector at the end of each quarter going forward will include any occasion in which a restrictive procedure including physical, chemical or environmental restraint was used.

Proposed Timescale: 31/01/2015

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no written report provided to the Chief Inspector at the end of the second quarter and therefore the Chief Inspector was not notified of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used for this period of 2014.

Action Required:
Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

Please state the actions you have taken or are planning to take:
A written Report has been provided to the Chief Inspector for the end of the second quarter. This included all occasions where a restrictive procedure including physical, chemical or environmental restraint was used for the period in question.

Proposed Timescale: 10/12/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
One resident was not facilitated to attend a 6/52 follow-up appointment with a consultant post acute surgery.

Action Required:
Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

Please state the actions you have taken or are planning to take:
A follow up appointment with the consultant in question has been made for the resident.

Proposed Timescale: 06/01/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Two documents one in relation to planning compliance and the other relating to fire compliance remain outstanding.

Action Required:
Under Regulation 5 the Health 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to: Provide all documentation prescribed under Regulation 5 the Health 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
St Michaels House is instructing Maurice Johnson and partners who are independent fire safety consultants, to conduct a fire risk assessment of the property to identify works, if any are required to enable them to issue a certificate of fire compliance.

Proposed Timescale: 01/02/2015

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were two vacant posts been covered by agency and relief staff and this was having an negative impact on residents'.

Action Required:
Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

Please state the actions you have taken or are planning to take:
A staff Nurse was appointed to the staff team on 15-12-2014.
The existing vacancy is for six months only from 11th Dec 2014 and there will be an identified SCW covering the 156hrs.

Proposed Timescale: 12/01/2015

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were not finalised. Those available in final draft and therefore not implemented 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:
Nutrition Policy: The registered provider is developing a nutrition policy. The policy will be completed by December 15th 2014 and will be available for review.

Records Management:
The registered provider has established a working group to develop the "Creation of, access to, retention of, maintenance and destruction of records policy" as required in the legislation. The Policy will be in line with the Data Protection Act. This will be a significant organisation policy with many stakeholders including service users, staff, administrative functions and clinical supports. A first draft of the policy will be

developed by 15th December. The final draft will be completed by March 31st 2015. A copy of the policy will be available for review.
Completed By: Phase 1: 15th December 2014 Final Draft : March 31st 2015

Communications and Provision of Information to Residents: The registered provider is in the process of developing a Communications Policy and a Provision of information to residents policy as required in the legislation. The Policies will be discussed at a staff meeting to ensure all staff have up to date knowledge on the policy. The Policies and minutes of the staff meeting will be available for review when completed.
Completed by: Phase 1: 15th December 2014 Final Draft : March 31st 2015

Proposed Timescale: 31/03/2015

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Detailed records of emergency light checks were not available for review.

Action Required:
Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 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:
An up-dated template for detailed checks of emergency lighting will be put into effect in January 2015.

Proposed Timescale: 31/01/2015