

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002376
Centre county:	Dublin 9
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	John Birthistle
Lead inspector:	Leone Ewings
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	1

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:
12 November 2014 09:30	12 November 2014 16:30
13 November 2014 10:30	13 November 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, and was the second inspection by the Health Information and Quality Authority (the Authority). The inspection took place over two days and as part of the inspection, practices were observed and relevant documentation reviewed such as personal plans, health care records, accident logs, policies and procedures and staff files. The views of residents, relatives and staff members of the centre were also sought.

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

The nominated person on behalf of the provider had made some improvements within the centre since the last inspection, relating to non-compliances found on the last inspection. The fitness of the person in charge was assessed through interview and throughout the inspection process to determine fitness for registration purposes and was found to have satisfactory knowledge of their role and responsibilities under the legislation and sufficient experience and knowledge to provide safe and appropriate care to residents. The fitness of the nominated person on behalf of the provider was also reviewed and a satisfactory interview conducted by another inspector about this time as part of this process.

The centre was established to provide care for eight residents, on the day of the inspection six residents were living at the centre (one resident was in hospital) and one resident lives there part-time at weekends. The person in charge and staff provided social and nursing care on a continuous basis, and two staff member provided cover at night one of whom is waking. Five feedback questionnaires from residents' representatives/relatives were received by the Authority on inspection. The opinions expressed through the questionnaires were satisfactory, in particular, residents confirmed that their rights were upheld and were very complimentary on the manner in which staff provided support to residents. Some questionnaires referred to recent "cutbacks" relating to a reduction of activities during the week, but this was not evidenced at the time of the inspection.

The inspector found that the action plans relating to the six non compliant outcomes from the last inspection which took place on 22 July 2014 had been addressed, or were in the process of being addressing by the provider and person in charge. Time frames agreed relating to works on the premises were still in progress. Significant improvements in clinical documentation had been completed to date and the inspector was satisfied with progress to date. On this inspection evidence of good practice was found across all outcomes, with 16 out of 18 outcomes inspected against deemed to be in substantial compliance with the Regulations.

The action plan at the end of this report identifies two outcomes where improvements are required relating to documentation; Schedule 5 policies and resident records.

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:

Evidence that residents were consulted with and enabled to participate in decisions about their care and about the organisation of the centre was found on this inspection. The centre was found to be managed in a way that maximises residents' capacity to exercise personal autonomy and choice in their daily lives. For example, each resident had a private bedroom, and one resident was closely involved in the recent re-decoration and was going to be involved in choosing new furnishings and carpet for their own room.

Regular weekly meetings took place and minutes of these meetings outlined discussions and decisions taken on activities, outings and included meal planning. Daily routines respected individual choice and preferences such as times for rising or returning to bed. Promotion of independence was strongly supported by staff and was reflected in facilitating residents to access local amenities and services alone such as going for walks, cinema or shopping where this was assessed as appropriate and safe. Choices about day trips and outings were individually facilitated by staff and the centre had full time use of a wheelchair accessible transport mini bus, as well as nearby public transport options.

It was found that resident's privacy and dignity was respected through personal care practices, maintaining private communications and contacts with relatives and friends and maximising independence. For example, residents confirmed they could easily use the telephone when required and were afforded privacy. Locks were available on all bedroom doors and residents were provided with their own key as required. The use of CCTV or other monitoring devices was not required in the centre at this time.

Independence was promoted and encouraged through development and maintenance of life skills. For example, a resident was observed making their own hot breakfast with support and guidance from a staff member.

Systems to safeguard finances were well established and supports to facilitate residents to safely manage their finances were reviewed. It was found that resident's belongings and finances were fully protected on this inspection, residents confirmed access to their own funds. A robust system which involved recording, balancing and auditing three separate account records was in place consisting of an expenditure record, receipts and bank account statements. Each aspect of the three records were reconciled for every lodgement, withdrawal or transaction conducted. These were audited by the service manager and person in charge monthly. Records indicated full reconciliation and corroboration of purchases/payments with receipts expenditure records and bank statements. For example, expenses from a holiday by the seaside were accounted for and shared between the residents who took their holiday together.

There was a written operational policy and procedure relating to the making, handling and investigation of written complaints. At the time of this inspection no complaints had been received in the centre. The inspector reviewed the questionnaires from relatives and confirmed they were clear on how to express any dissatisfaction with service level. The written procedure identified the nominated person to investigate a complaint and the appeals process. There was a nominated person who held a monitoring role to ensure that all complaints were appropriately responded to and records were kept. The complaints process was clearly displayed, contained photographs of the key people and was specific to the centre. Advocacy from family members was a strong component of life at the centre, and information about access to independent advocacy was also clearly available to residents and relatives. Relatives meetings took place and their views inputted into planning about the management of the centre.

Judgment:
Compliant

Outcome 02: Communication

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

Theme:
Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were able to communicate their needs and written individual communication assessments and care plans where appropriate were in place for all residents. Staff demonstrated in depth knowledge of each resident and met their communication needs

at all times. Many residents enjoyed going to the cinema and attending social events in the community.

The inspector met with residents who could communicate verbally, and non-verbally. The inspector saw that all staff spoke with and listened to each resident in a very patient and respectful manner. For example, staff offered one resident choice of three flavoured juices available to take medication with. Sounds were acknowledged by staff and time spent in close contact. Pictorial aids were also used to prompt residents' memory. The staff had detailed communication plans relating to appropriate responses when a resident may express a worry or concern which allowed for consistency and reassurance to be offered at this time.

The inspector saw that most residents had access to music systems and televisions in their bedrooms and living room. A number of residents enjoyed music and had set goals around attending concerts with their favourite artists. The inspector observed that residents had access to videos of concerts and CD's. There were portable telephones accessible in the house. The person in charge informed the inspector that the provider was facilitating the use of a broadband communication system to enable residents to speak to and see relatives and friends on the computer. This was not yet in place and required connection to broadband services. One resident had purchased a laptop after attending a computer course and staff told the inspector that photographs had been uploaded to display on it which she enjoyed also.

Judgment:
Compliant

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

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

Theme:
Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were supported to develop and maintain personal relationships and links with the wider community. Families confirmed to the inspector that they were well informed relating to residents wellbeing and significant events, in accordance with the wishes of the residents.

There were no restrictions on visitors. The inspector observed family contact and communication during the inspection. A family member had accompanied a resident to a medical appointment and returned to the centre for lunch. Residents told the inspector that they had visitors of their choice visit them in their home and invited them for lunch

or dinner if they so wished. Residents' had chosen for their families to be involved in their care and family members had been invited to attend a meeting to discuss the resident's personal plan for 2014. There was a family contact sheet in each resident's file where staff recorded all verbal communication with family members. Family contacts were also recorded on the daily report sheets. Contact via telephone was also maintained. For example, arrangements to meet up or visit relatives. Each resident had personal family photographs and mementoes in their own rooms.

Residents used facilities in the local community. For example, the local shops, cinema, church, ATM, and coffee shops. They used the house transport to the local shops to purchase clothing and items of their choosing. For example, one resident was looking forward to Christmas shopping, and another was making and writing her Christmas cards.

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:

Evidence that residents' admissions were largely determined on the basis of criteria in accordance with the current Statement of Purpose was found. The person in charge described the services provided as a 'community nursing house' where nursing care was available to residents on a 24 hour basis.

In discussion with the person in charge and service manager the inspector confirmed that all referrals were considered by a New Referrals and Discharge Committee. The inspector reviewed the revised admission, transfer and discharge policy and process. All appropriate referrals were assessed by a clinical team who recommended placement to the person in charge and services manager who then input into the process by facilitating informal visits to the potential resident and their family/representatives. The referred person then met with the other residents' whose views were considered before a final decision was made. In conversation with staff and residents the inspector learned that this process was currently being implemented in practice by the person in charge. At the time of the inspection there was one part-time vacancy in the centre. Opportunities include informal visits to meet over a cup of tea and then progress to dinner and eventually an overnight stay were clearly outlined in the policy and in the

statement of purpose. The person in charge has a documented role in the admissions policy.

The person in charge confirmed that although there had been no long term admissions since the date of the last inspection, that she, residents and staff of the centre would have a clear role in any decision to admit, transfer or discharge residents in collaboration with the named persons responsible within the policy framework. One part-time resident had returned to live at home on a full time basis, which left scope for a vacancy on a 'timeshare' basis as described clearly in the statement of purpose.

The person in charge was clear that where it was believed a potential residents needs could not be met nor would not fit with the existing profile then the placement would not be facilitated. The protocol for filling vacancies also includes assessments associated with the suitability of the environment to meet potential resident's needs; level and skill mix of staff and familiarity with the local community and area.

Signed contracts of care were available for all residents, and had been completed during the summer of 2014. Two contracts reviewed were signed and dated by the resident and the person in charge. The contracts included details about the support, care and welfare the resident would be expected to receive, details of the services to be provided and the fees to be charged.

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 found that further to a review of clinical documentation that some improvements had taken place since the time of the last inspection. The agreed time frame was still in place and ongoing work to fully implement improvements required and fully address the non-compliance identified at the time of the last inspection are fully

acknowledged by the inspector. Staff had received training and support to fully implement personal plans. Care plans were in place with regard to wellbeing and any identified healthcare needs. Residents were found to have been fully supported with hospital admissions from a social perspective and the subsequent rehabilitation and recovery processes. For example, one resident in an acute hospital had regular visits in place from staff at the centre. The involvement of the majority of residents was confirmed by each resident and relative feedback questionnaires which relates to their individual care supports in place.

The inspector was satisfied that the care supports provided to the residents were appropriate to meet their individual assessed needs. Each resident had a comprehensive assessment in place which reflected their personal interests and preferences and outlined how staff could assist the resident to maximise their opportunities to participate in meaningful activities. Each resident's assessment had been reviewed since the time of the last inspection. There was evidence that the resident and their key workers' were actively involved in this assessment and ongoing evaluation. Close links were maintained with residents attending day care services and placements, and documented communication with staff took place on a daily basis. For example, some residents who needed to be weighed used facilities in place in the local centre also run by the provider, and this information was communicated to the centre to facilitate ongoing appropriate care.

Residents had a corresponding outcome based personal plan in place which set individual personal goals they aimed to achieve by the end of 2014. For example, one relative outlined that the resident's goal was to go on a trip by train to see a concert and stay overnight. Staff outlined supports in place to achieve the goals set by residents and also adaptations which were facilitated by staff when the original goals changed. The staff within the centre encouraged, facilitated and promoted residents independence at all times.

Risk assessments completed were now forming part of the overall plan of care, but some of the older documentation was still present in the sample of documents reviewed. Some further improvements were required with regard to completion of documentation to ensure all arrangements were clearly outlined to meet each residents assessed needs. The inspector found that some care plans were completed in pencil or draft form, some documents were unsigned and dated and further work was necessary to fully implement this aspect of the clinical documentation to the appropriate standard required.

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 found to be largely suitable to meet the current profile of residents' individual and collective needs in a comfortable and homely way. The environment had been improved since opening the service in 2002, and the exits from three ground floor bedrooms were found to facilitate egress from the building for residents bed frames as part of the emergency plan.

The centre is an eight bed roomed detached house located in an urban area. Three bedrooms and a shower and bathroom were located on the first floor accessed by domestic staircase. Additionally the staff sleepover room with en-suite facilities was on the first floor. The building was in general found to be well maintained furniture fixtures and fittings were domestic in character and although décor appeared adequate, all rooms were neat, visually clean and clutter free. Efforts to reflect resident's individuality and preferences in relation to colour and furnishings in bedrooms were noted and photographs pictures and fixtures which reflected interests and hobbies were clearly evident.

At the time of the last inspection in July 2014 improvements were found to be required to the centre in order that they meet the assessed needs of the current resident profile and to meet the aims and objectives of the centre going forward as determined by the statement of purpose. The inspector confirmed that improvements had taken place with regard to hygiene in the laundry/cleaning room and the shower drain was repaired. At the time of this inspection external works were ongoing to address a broken roof window, and visual evidence of a water leak from an upstairs bedroom was evident on the ceiling of the main hallway. The person in charge confirmed that the technical services department were returning to undertake minor decorating works to address this.

The communal areas included a spacious kitchen and day/dining room, and a separate sitting room which contained sufficient seating for residents and others. The kitchen area was separated by design and the use of a wooden gate which was used when one resident was present in the house to restrict access. An induction cooking hob had also been fitted as an additional safety measure to prevent thermal injury to staff and residents involved with cooking and food preparation. The inspector noted that an area of the private small sitting room was used for computer work and clinical and medication storage, despite other storage rooms being available both upstairs and in a nearby store room. The inspector recommends that consideration is given to reviewing the current storage provision within the house and review the use of a bedroom used for storage on the first floor.

The rear garden was mature safe and secure, access to the front of the building could be made on each side of the house, and a high gate secured access. An area of the rear garden was accessible to residents and a large area was paved with level access from the building and two doors from the communal spaces. Car parking spaces were available on the driveway to the front of the house which also parked the transport bus.

The person in charge confirmed that smoke detectors were present in the attic area. Evidence that the building (inclusive of day centre space utilised) complied with the Planning and Development Act 2000-2013 signed by a suitable qualified competent person as required by Registration Regulation (5)(3)(c) was not provided.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

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

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

Findings:

Overall, the health and safety of residents, visitors and staff was promoted and protected in that policies and procedures for risk management and health and safety were available and staff were aware of them. Improvements had taken place since the last inspection with regard to display of day and night evacuation plans in a prominent place in the entrance hallway of the centre. Contact details of the alarm monitoring company were also present beside the fire panel.

Records relating to fire safety were readily available and found to be well maintained regarding the regular servicing of fire equipment and fire officer's visits. Fire escape routes were unobstructed. Fire equipment and alarms were tested and arrangements were in place for the maintenance of the system and equipment. Individual personal emergency evacuation plans for all residents were in place and were sufficiently specific to guide staff. Staff had received annual training in fire safety as required under the legislation and all staff spoken with demonstrated a good knowledge of the procedures to be followed in the event of a fire, and the contents of the emergency plan. Each resident had a detailed evacuation plan which had been risk assessed.

There was an up to date safety statement in place which was dated June 2014. Arrangements were also in place for responding to emergencies including procedures and policies covering responses in the event of a resident being absent or missing without staff knowledge. In conversation with them it was found that staff were fully aware of these procedures.

Evidence of effective review of the systems in place to assess and manage all risks associated with response to emergencies was found. A centre specific emergency plan to direct and guide staff in response to any major emergency such as power failure, flooding or other form of emergency was available and had recently been reviewed. The plan identified all resources available to ensure residents safety such as alternative accommodation. Some additional equipment to effectively and safely respond to emergencies was available such as search torches, blankets and lists of emergency numbers.

Accident and incident records reviewed indicated systems were in place to derive learning, improve standards of care and improve safe systems in place to prevent recurrence. Any incident or accident was seen to be managed well and documented in resident records, and discussed with the service manager and/or the nursing manager on call to the person in charge.

There was an infection prevention and control policy in place and practices throughout the centre were found to be safe. Hand hygiene training had been completed this year for most staff at the centre.

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

Judgment:
Compliant

Outcome 08: Safeguarding and Safety

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

Theme:
Safe Services

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

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

Findings:

Measures were in place to protect residents from being harmed or suffering abuse. Improvements to clinical documentation had taken place since the time of the last inspection. The person in charge and occupational therapy service had completed a full

clinical review to evaluate practices in place following the last inspection and these were found to be satisfactory. A new risk assessment process was now completed for the use of bed rails and options to consider prior to using the bed rails had been identified. However, appropriate equipment was currently being sourced to allow carefully monitored trials to take place on those residents assessed as suitable for using these alternatives.

There had been no reports relating to allegations of abuse or adult safeguarding issues identified since the time of the last inspection. There was a written safeguarding policy which provided guidance for staff to manage incidents of abuse. In conversation with some staff members, the inspector found they were knowledgeable and competent regarding reporting mechanisms within the centre and what to do in the event of a disclosure about actual, alleged or suspected abuse. Residents and relatives expressed feeling safe and could tell inspectors the names of staff they were familiar with. Although not all residents spoken to were unable to express feeling safe, the inspector observed they appeared comfortable with staff and did not exhibit behaviours associated with distress or anxiety.

A restraint-free environment was observed to be promoted within the centre in line with best practice. Behavioural supports to manage behaviour that challenges were not observed during this inspection. Two staff members were currently undertaking training which includes managing residents with behaviours which challenge.

It was found further to a recent quarterly notification that restrictive measures such as use of bed rails and a lap belt were noted to be in use, specifically for a resident with balance or sitting difficulties who had limited mobility. The inspector reviewed the records of assessment relating to the use of a shoulder seat belt device when a resident used the transport bus and found that specialised assessment had been sought, and the decision to use this restrictive device was closely monitored, overseen and approved for continuing use by a central group of the organisation in line with any other restrictive practice.

Judgment:
Compliant

Outcome 09: Notification of Incidents

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

Theme:
Safe Services

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

Findings:

A record of all incidents occurring in the designated centre was maintained and where required notified to the Chief Inspector. The inspector reviewed all notifications prior to this inspection. Quarterly reports had been submitted to the Chief Inspector in a timely manner. One incident notifiable within three working days had occurred to date and the inspector was satisfied with the management and follow up from this incident relating to health care needs.

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:

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

Most residents used the transport bus which was fully accessible to wheelchair users. The housekeeper also facilitated appointments and ensuring residents got to school, day care facilities and other commitments on time. Residents were facilitated to go on holiday by staff if and when they requested. One residents' relative informed the inspector that the resident had enjoyed a trip to see his favourite singer, and a nurse had come to facilitate this trip, the relative relayed how much the resident enjoyed this experience. Residents told the inspector that they liked attending concerts, going to the cinema and local events in the community. The inspector also noted the strong links within the organisation and the use of leisure facilities such as the swimming pool and gym at the centres' areas headquarters. Additional healthcare facilities and specialist resources were also available in house to residents and relatives.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The health care needs of residents were being met and records reflecting this were available for review in each resident's file. The records of any clinical interventions which had taken place relating to the ongoing healthcare needs were found to be up to date and fully reflected the residents' health care status. Residents were supported on an individual basis to enjoy the best possible health. A number of the residents had particular healthcare needs which required a high level of supervision and monitoring, this was done in a non-intrusive manner and residents were supported at times when a closer level of support and assistance was necessary.

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

The inspector saw that residents had access to adequate quantities and a good variety of nutritious food to meet their dietary needs. Some residents had particular dietary requirements, which were fully catered for. For example, one resident required a modified consistency diet and written guidance was in place, to inform menu planning and facilitate appropriate foods from the dietician and speech and language therapist. The inspector noted that when meals were refused that supplementary foods were provided by staff which had been prescribed by the GP. Staff also managed a gastrostomy feeding tube for one resident who could not take oral fluids or diet. This was completed in line with the policy and procedure which was evidence based.

Some residents were encouraged and actively involved in planning, preparing, cooking, serving and cleaning up after their meals with supports from staff. However, the design and layout did not fully allow for residents to use the kitchen work tops, and in practice the dining table was used for preparation. This was discussed with the person in charge who advised that the kitchen was due to be upgraded and they would consider this as part of the overall re-design.

The dining space had two dining tables and chairs with adequate space for wheelchair users and was used each day for meals at the centre. The menu was discussed at the weekly meeting on Mondays. The kitchen was well equipped and staff had received training in basic food hygiene. The inspector saw on both days that two choices of main evening meal were offered and all were freshly prepared. The choices available could also be pureed or modified for residents who required this option. Packed lunches were provided for residents during the day if required.

Judgment:
Compliant

Outcome 12. Medication Management

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

Theme:
Health and Development

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

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

Findings:

Improvements had taken place since the time of the last inspection and the minor non compliance had been addressed in full by the provider. The name of the residents' GP or in house medical officer was now found to be on the prescription sheet. The inspector noted that no residents were formally involved with self medication at this time. The centre had moved to using a closed dosage system since the time of the last inspection and this was working well. A new updated medication management policy had been put in place since the change to reflect current practices.

Evidence that the processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation were found and systems were in place for reviewing and monitoring safe medication practices. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and appropriate procedures for the ordering, storing and returning medication including unused and out-of-date medicines.

Medication was being administered by nursing staff who all had up to date medication management training. The inspector found evidence of safe medication management practices with policies in place being implemented in practice.

Judgment:
Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

A written statement of purpose was available which reflected the service provided in the centre which had been updated following the last inspection and was dated 1 September 2014. Improvements had been made since the time of the last inspection relating to the admissions, discharge and transfer policy which had been reviewed since this time.

Further to a review of the document it was found that the document contained all of the information required by Schedule 1 of the Regulations.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Overall there was evidence of good managerial supports in place to facilitate the purpose and function of the designated centre. Systems were established and in place to monitor risk and quality of care. It was noted that this centre forms part of a larger service provider with a complex management structure and supports in place.

The centre was managed by a person in charge who demonstrated good leadership skills and sufficient knowledge to ensure suitable and safe care was delivered to residents. All staff were familiar with each resident's personal and social interests, background and history. Residents' were familiar with all staff including the person in charge on sight, those who could communicate verbally called staff by name and the interactions between all staff and residents displayed warm and mutually respectful and caring interpersonal relationships.

Relatives and residents spoke highly about how the centre was organised and managed and were clear about lines of accountability. Relatives also were aware of the communication systems should they wish to get a message to the person in charge or her deputy in their absence.

The person in charge was supported by a service manager who also supports a number of other centres, this manager had changed since the time of the submission of the application to register, and the previously named person and new manager were available during the two day inspection. The newly appointed service manager and person in charge had completed a quality, safety and quality of care and support review on 4 November 2014. A copy of this was made available to the inspector for review. Some corrective action where identified and clearly actioned. For example, a revised moving and handling assessment was actioned on 11 November 2014, and a review of staffing training. The inspector recommended that the document which informs this six monthly review be fully evaluated to ensure that resident and relative inputs were included and documented to inform ongoing quality of care supports and provision.

Judgment:
Compliant

Outcome 15: Absence of the person in charge

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

Theme:
Leadership, Governance and Management

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

Findings:
The Chief Inspector had not been notified of any 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 part of the application to register the provider has clearly nominated the clinical nurse manager in post at the centre as a deputy should the need arise. The inspector conducted an interview during the inspection and the nominated person demonstrated a good clinical knowledge of

residents', and had the required experience and qualifications to manage the centre in the absence of the person in charge.

Judgment:
Compliant

Outcome 16: Use of Resources

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

Theme:
Use of Resources

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

Findings:

The inspector formed the view that within the centre there was evidence of good management systems to support and promote the delivery of safe care services. However, it was noted that this centre forms part of a larger service provider with a complex management structure and associated levels and lines of authority and accountability, to which the person in charge and service manager referred for clinical governance and relied upon for support. The provider had recently completed a satisfactory fit person's interview with another inspector of adult social care.

The centre was managed by a person in charge who demonstrated good leadership skills and sufficient knowledge to ensure suitable and safe care was delivered to residents. All staff were familiar with each resident's personal and social interests, background and history. Residents' were familiar with all staff including the person in charge on sight, those who could communicate verbally called staff by name and the interactions between all staff and residents displayed warm and mutually respectful and caring interpersonal relationships.

The person in charge had a comprehensive knowledge of the centre and informed the inspector that as head of unit she was involved in decisions such as agreeing suitability for admission. Additionally the inspector was told that as head of unit the person in charge was allocated a budget for which she had control on expenditure relating to for example, maintenance, equipment and refurbishment of the centre.

Judgment:
Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

At the time of this inspection, the levels and skill mix of staff were sufficient to meet the needs of residents and staff were supervised appropriate to their role. One resident was in hospital and another resident lived at the centre from Friday to Sunday only. The inspector observed staff and residents interactions and found that staff were respectful patient and attentive to residents needs. Relatives commented favourably about staff members in their feedback; "working above and beyond" what is required.

A review of staff levels and skill mix had taken place to ensure the safe effective delivery of quality care to the current number and profile of service users with the service manager on 4 November 2014 as part of the six monthly review. The review had also taken account of the purpose and function of the centre in relation to criteria for admission and the specific care needs the centre is intended to meet. Supports of a clinical nature from the nurse manager on call was utilised on a regular basis by staff when required.

The person in charge planned for the staffing roster. Unanticipated leave was covered by using internal relief staff and infrequently by agency care or nursing staff according to the person in charge. Two staff were rostered to cover residents support needs overnight, one of whom was a waking staff from 11pm. Some residents had identified healthcare needs relating to an increased risk associated with management and support of their needs which was seen to be adequately managed. One staff member worked as housekeeper and driver of the transport vehicle, and managed all aspects of household hygiene, home making, shopping and cooking in collaboration with residents, relatives and staff.

Improvements had taken place since the time of the last inspection in relation to care planning processes and documentation.

There were six full-time residents living at the centre with a mix of dependency levels, each requiring assistance ranging from high to medium and low. Some, though not all required assistance by two staff with all activities of daily living and most required assistance or supervision of one staff.

The inspector observed staff and residents interactions and found that staff were respectful and attentive to residents at all times. It was noted that staff provided reassurance to residents at all times. Interviews with staff members confirmed mandatory training had taken place and all felt supported in their roles. The records confirmed up to date training for all staff in fire training, moving and handling and vulnerable adult protection. Additional training in hand hygiene and the care planning process had also taken place since the time of the last inspection.

A sample of staff files were reviewed and were found to meet the requirements of Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) 2013.

Judgment:
Compliant

Outcome 18: Records and documentation

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

Theme:
Use of Information

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

Findings:

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

The inspector found that general records as required under Schedule 4 of the Regulations were maintained including key records such as, accident and incidents, nursing and medical records. All records required under Schedule 3 of the Regulations

were maintained in the centre however, further improvements were required in respect of maintaining clinical records in accordance with professional standards and further developing the care planning system to ensure care needs were appropriately and regularly assessed managed and reviewed and documented. Additionally the inspector noted that some documentation was unsigned and undated and a number of the care plans developed were completed in pencil and part of the action plan and time frame agreed under Outcome 5 of this report.

The centre had some of the written operational policies as outlined in Schedule 5 available for review, some were in draft format and the service manager provide updated as to time frames when the policies would be finalised by the organisation.

Those not fully developed to date included the following:

- communication with residents'/provision of information to residents'
- nutritional policy
- creation of, access to, retention of, maintenance of and destruction of records'.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Leone Ewings
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002376
Date of Inspection:	12 November 2014
Date of response:	17 December 2014

Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

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

A plan for every identified need was not in place for all residents.

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

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

the resident's assessed needs.

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

Personal plans for each resident are now complete and reflect their Individual needs as assessed. These plans are holistic and cover all areas of a persons needs. Following on from the personal plan, are individual plans of care to cover each assessed need.

Proposed Timescale: 24/11/2014

Theme: Effective Services

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

Plans in place were not sufficiently specific to appropriately manage residents need and risk assessments and health care plans were not always linked.

Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

All Risk Assessments relating to an individual will be reviewed and updated in order to ensure they correspond with the Individuals Personal Plan.

Proposed Timescale: 31/01/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

The provider has yet to complete and fully implement written policies and procedures relating to communication, creation, retention and destruction of records and a nutritional policy.

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:

The written policies and procedures relating to Communication / Creation, Retention and Destruction of Records and a Nutritional policy is currently being worked on by the Organisation. The Communication and Nutritional Policies are currently in consultation with PIC in draft form.

Proposed Timescale: 01/03/2015