### Health Information and Quality Authority
Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Michael's House</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003600</td>
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<tr>
<td>Centre county:</td>
<td>Dublin 17</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>St Michael's House</td>
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<tr>
<td>Provider Nominee:</td>
<td>John Birthistle</td>
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<tr>
<td>Lead inspector:</td>
<td>Sheila McKevitt</td>
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<tr>
<td>Support inspector(s):</td>
<td>Shane Walsh (Regulatory Officer observing)</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>4</td>
</tr>
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<td>Number of vacancies on the date of inspection:</td>
<td>2</td>
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About monitoring of compliance

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

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
The inspection took place over the following dates and times

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<tr>
<td>25 November 2014 10:30</td>
<td>25 November 2014 17:00</td>
</tr>
<tr>
<td>26 November 2014 10:00</td>
<td>26 November 2014 16:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 10: General Welfare and Development</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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Summary of findings from this inspection

This was an announced inspection and formed part of the assessment of the application for registration by the provider. The inspection took place over two days and as part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, accident logs, 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 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 is a transitional house for residents. Residents with physical and/or intellectual disabilities with social care needs are transferred from large institutional centres into this house, where they are assisted to be rehabilitated. Residents are enabled to develop the skills to live in a more community based house which they can call home. On inspection all four residents were met. A number of questionnaires completed by residents and 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. In particular, relatives were satisfied with the manner in which staff delivered care to their relative.

Evidence of good practice was found across all outcomes, management had addressed the four non-compliances from the last inspection in July 2014. 16 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.

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. The action plans at the end of this report identifies the two 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):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**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 meeting every Monday evening where they planned their daily evening meal, each of the four residents selecting a meal of their choice have on an evening of the week ahead. They also discussed and planned group and individual activities, appointments and personal plans for the week and weekend ahead. Visits to and from family homes and pre-arranged visitors/friends calling to 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. Residents answered the front door to their home and one resident answered the house telephone. Residents had an individual private post box mounted on the wall of the front hallway of their home where they could collect their own post. All residents had had a key for the front door and each had a key which enabled them to lock their bedroom door. The bathroom/shower room and toilet doors had privacy locks in place. All windows had blinds and curtains in place.

The rights of residents’ were respected. Residents’ told the inspector they had choice and retained autonomy of their own life. The inspector met all four residents' over the two day inspection. Residents’ said they were free to make chooses about their daily routine and when needed were facilitated by staff. For example, one resident had chosen to give up day care and staff were facilitating him to access further education in
local colleges.

A resident showed the inspector a copy of the charter of rights published by the National Advocacy Committee which was on display in the front hallway and residents had been informed about the service at their weekly meetings.

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 now held money in his own bedroom.

There was a complaints policy in place. A resident showed and explained it to the inspector; it was accessible in a pictorial format readable to residents, a copy was posted on the residents' notice board and a copy was included in the residents' guide. The written complaints policy had been updated since the last inspection and it now met the legislative requirements. There were no complaints to date in the centre.

**Judgment:**
Compliant

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# 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.

Residents had their communication needs outlined in their assessment and those who required more detailed assessment had this completed. The inspector saw evidence that these residents' had input from multi-disciplinary team members and this input had lead to additional communication aids been developed and made available to residents with communication needs. For example, staff had linked one resident's communication aid device to her music speakers and were in the process of getting it linked onto a new motorised wheelchair, which was waiting funding.
Staff were observed communicating with all four resident in a kind, patient and sensitive manner. They appeared to know the mannerisms and means of communication of non-verbal residents' well and had no difficulty in interpreting what residents' were saying.

Residents' had access to personal and communal televisions in the house, music systems, radios and musical instruments of their choice. One resident showed the inspector his personal wall mounted television and his music system, another showed the inspector his bongos. Information such as activities in the local area had been gathered by staff and bright pictorial leaflets were available for residents' with communication needs to choose preferred activities. All information relevant to residents such as the complaints policy, different meals, fruit, drinks were all available in pictorial format and accessible to them.

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

**Judgment:**
Compliant

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**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 visitor's policy. They had access to a quite room where they could receive visitors in private. Residents' told the inspector that they had visitors of their choice visit them in their home. The inspector observed the parent of one resident come and been assisted by staff to take the resident swimming. Residents' spoke to the inspector about their visits to their family and siblings homes. Residents’ spoken with confirmed they had chosen for their families to be involved in their assessment and care plans and there was written evidence that they had assisted staff 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 the swimming pool situated on the same grounds as the centre, local coffee shops and shopping centre. Another described how he enjoyed taking walks with staff in the park situated beside the centre. 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

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**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**
Effective Services

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

**Findings:**
Contracts of care were now available for each resident and admission to the centre was in line with the admissions policy.

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 person in charge had reviewed profiles for two potential admissions but these were not progressed as the person in charge determined they would not fit with the current residents' living in the house.

The four contracts reviewed were signed and dated by the respective resident 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:**
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):**
No actions were required from the previous inspection.

**Findings:**
Residents' wellbeing and welfare was maintained by a high standard of evidence based care and support.

During this inspection two residents' showed the inspector their personal files and informed the inspector that they, their key worker from the day care facility and their 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 individual abilities and opportunities to participate in meaningful activities. Assessments' read had been reviewed within the past year.

Each resident had a corresponding outcome based personal plan which outlined three personal outcome based goals set for 2014. For example, one resident had a goal to access local amenities, this residents' told inspector he was now attending bongo lessons weekly and the inspector saw staff accompanying him to these lessons during the inspection. The inspector was satisfied that both of these residents were receiving sufficient support from staff to achieve their personal goals within the year time frame set. One of the residents' had clinical needs and had a clinical care plan in place to reflect each of these needs. For example, one resident was on medication to aid bowel function and this was reflected in a detailed clinical care plan.

All four residents attended day care centres. They were been assisted by staff to rehabilitate from an institutional environment to a more community based setting. The staff within the centre promoted residents independence. They assisted residents' in accessing activities in the locality and further afield and were assisting one resident to access further education.

**Judgment:**
Compliant
**Outcome 06: Safe and suitable premises**

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

**Theme:**
Effective Services

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

**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 semi detached single storey house had been newly renovated and was home for the four residents since the early 2014.

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

There were six resident bedrooms. Two of the four residents showed the inspector their bedrooms which they confirmed they had furnished to meet their personal taste.

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 were two large assisted shower rooms with an additional assisted toilet with wash hand basin within. There was a third separate assisted toilet with wash hand basin situated beside the communal rooms.

The inspector viewed the rear garden accessible to residents’ via two number of 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 en suite 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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector formed the view that the health and safety of residents, visitors and staff was promoted and protected. There was a risk management policy in place which now reflected the legislative requirements. The person in charge completed risk assessments on a monthly and annual basis and health and safety checks were completed on a quarterly and six monthly basis with the service manager. Accidents and incidents were reviewed on a bi-monthly basis by the person in charge and the service manager. There was an up-to-date localised health and safety statement in place and it was on display on the residents' notice board in the dining room. An emergency plan had been developed and implemented since the last inspection. It was detailed and included the procedures to be followed in the event all potential emergencies.

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

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 to date as outlined under Outcome 14.

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

**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.*

<table>
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<th>Theme:</th>
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<td>Safe Services</td>
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### Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

### Findings:

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

The four residents living in the house had their own front door key. Two residents told the inspector the centre was a safe and secure home to live in. Residents had access to an enclosed garden and an enclosed courtyard. All the exit/entry doors could be secured by locking and the house was alarmed. Residents could lock their bedroom door if they wished. The inspector saw bathroom and toilet doors had secure locks and there were curtains on bedroom windows.

Communication between residents and staff was respectful. Three residents who at times displayed behaviours that maybe challenging had detailed up-to-date wellbeing assessments, behavioural support guidelines and detailed records of each episode of behaviour that challenged in place.

There were three residents who used a form of restraint when seated in their chairs and one when in bed. One resident explained to residents how he no longer used bed rails when in bed. The person in charge explained that after a trail period without one and then the other the resident was confident that safety in bed could be maintained without the use of bed rails. Residents each had a risk assessment in place to reflect when, how and for what period the restraint in use should be used for and had a corresponding care plan in place.

### 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. A detailed record of all incidents and accidents occurring in the centre was maintained by staff and audited bimonthly by the person in charge. Quarterly reports had been submitted to the chief inspector in a timely manner. No incidents’ notifiable within three working days had occurred to date.

**Judgment:**
Compliant

### Outcome 10. General Welfare and Development

*Residents’ 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.

Three of the four residents’ attended day care facilities 2 - 5 days per week. The remaining resident had chosen not to attend and was been facilitated to access further education. Each of the residents had their own weekly activity schedule which including personal development within the house such as, the buying of food from a supermarket, the preparation and cooking meals, housework/chores, sorting and attending to washing of personal clothing, answering the front door and telephone. Residents were been facilitated to develop skills which they were not use to while a resident in an institutional setting which all four residents’ had been transferred from to Riverside.
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. All residents had full assessments completed prior to been admitted to the centre. Multi-disciplinary team members had been involved in these assessments.

The inspector reviewed two residents’ files and saw evidence that they were facilitated to access their General Practitioner (GP) and to seek appropriate treatment and therapies from health care professionals when required. The inspector was satisfied that the allied health services were availed of promptly to meet residents' needs. Completed referral forms were available for review in residents' files and written evidence of relevant reviews were also available. For example, one resident explained how his chair was uncomfortable and had recently been seen by the occupational therapist who had altered his chair to suit his needs.

One resident spoken with told the inspector they had a choice of food and it was better in this house then the old house. Staff did most of the cooking, but as mentioned under outcome 10 residents' often assisted with the shopping and the preparation of meals. A resident told the inspector they planned the weekly evening meal menu, each resident choose an evening meal. Pictures of the meal were then posted on a notice board beside the week day, so resident could see what was for dinner. The inspector saw that residents’ had access to adequate quantities and a good variety of nutritious food to meet their dietary needs. Staff had a good knowledge of the different food consistency required by the residents' and the inspector saw their knowledge was reflected in the resident individual assessment records. Snacks were available and staff all had up-to-date food hygiene training in place.

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

**Theme:**  
Health and Development

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

**Findings:**  
There was a new operational policy available in draft format 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 GP.

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 in draft format. All staff had up-to-date SAM training in place.

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

**Judgment:**  
Compliant

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

**Theme:**  
Leadership, Governance and Management
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
A copy of the statement of purpose had been submitted to the Authority and was reviewed prior to the inspection. It included the details of all the facilities and services provided. It also contained all of the information that is 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.

A copy of the statement of purpose had been made available to the residents and their representatives. The inspection saw that a copy of the statement of purpose was clearly on display in the front foyer.

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:
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 fulltime to manage the centre and a second centre located a short distance away. The inspector observed that the person in charge was involved in the governance, operational management and administration of the centre on a consistent basis. She had a good knowledge and understanding of the residents' and they appeared to know her well.

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

Management systems had been developed to ensure that the service provided were safe, appropriate to residents’ needs, consistent and effectively monitored. Two reviews 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 first 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

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**Outcome 15: Absence of the person in charge**

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The Chief Inspector had not been notified of the proposed absence of the person in charge of the centre to date and the inspector was satisfied that arrangements were in place for the management of the centre during her absence. As mentioned under Outcome 14, two social care workers both of whom were met on inspection 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.
**Outcome 16: Use of Resources**

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

**Theme:**
Use of Resources

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

**Findings:**
The centre was sufficiently resourced to ensure the effective delivery of care and support to residents' in accordance with the Statement of Purpose. The resources available within the centre were appropriately managed by the person in charge to meet the needs of residents’. For example, the person in charge ensured that there was enough staff allocated to the centre to meet the 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):**
No actions were required from the previous inspection.

**Findings:**
The numbers and skill mix of staff were adequate to meet the needs of the four residents. Staffing levels included the person in charge, six social care workers and two health care assistants. As mentioned under outcome 16, the person in charge managed this well. The inspector reviewed staff training records and saw evidence that all staff had mandatory training prior to the centre opening in 2014 in place and those spoken with had a good knowledge of procedures to follow. In addition, staff had refresher Safe Administration of Medication training and food safety prior to the centre opening.
were no volunteers working in the centre and minimum use of agency staff.

The person in charge had monthly support meetings with each individual staff member and had monthly staff meetings for which minutes were available.

The recruitment process was found to be safe and robust three staff files were reviewed and all documents outlined in schedule 2 were available in each of the files reviewed.

**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:**
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’.
- the 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
**Provider’s response to inspection report**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Michael's House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003600</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>25 November 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>6 January 2015</td>
</tr>
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**Requirements**

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

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

**Outcome 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.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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:
There is currently a fire safety certificate and notification of grant of permission certificate for Riverside Residential. These have been attached to this report for your perusal. The head of Technical Services Department in SMH has requested the architect’s opinion on form 1 and form 4, building regulations and planning regulations and he will have these returned by 19-01-2015. These will be available for review in Riverside Residential thereafter. In addition there will be a further fire safety audit carried out.

Proposed Timescale: 16/02/2015

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 is complete from 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 has been
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 of 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

<table>
<thead>
<tr>
<th>Proposed Timescale: 31/03/2015</th>
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<tbody>
<tr>
<td>Theme: Use of Information</td>
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</tbody>
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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 |