## 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-0002406</td>
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<td>Centre county</td>
<td>Meath</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>Maureen Hefferon</td>
</tr>
<tr>
<td>Lead inspector</td>
<td>Sheila McKevitt</td>
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<tr>
<td>Support inspector(s)</td>
<td>None</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>
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<tr>
<td>Number of vacancies on the date of inspection</td>
<td>1</td>
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About monitoring of compliance

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

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

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards

▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge

▪ arising from a number of events including information affecting the safety or well-being of residents

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

<table>
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<th>From:</th>
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<tr>
<td>18 November 2014 10:30</td>
<td>18 November 2014 17:00</td>
</tr>
<tr>
<td>19 November 2014 10:00</td>
<td>19 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 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</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 11: Healthcare Needs</td>
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<td>Outcome 12: Medication Management</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 15: Absence of the person in charge</td>
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<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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**Summary of findings from this inspection**

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

The centre was established to provide care for a maximum of five adults with physical and/or intellectual disabilities who have both medical and social care needs. On inspection there were four residents living in the centre long term, the fifth bedroom was vacant. 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 on the manner in which staff delivered care to their relative.

Evidence of good practice was found across all outcomes, management had addressed all the non-compliances from the last inspection in January 2014. 14 out of 18 outcomes inspected against were deemed to be in compliance with the Regulations. 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.

Further non compliances were identified in relation to records, specifically policies outlined in schedule 5 not being available, one not meeting the regulatory requirements and others not been reviewed within the required three year time frame. The other non compliance related to no named person been nominated to manage the centre in the absence of the person in charge.

The action plans at the end of this report identifies the outcome 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 now provided with information about their rights and each resident’s privacy and dignity was respected.

Residents and staff had a meeting every Thursday evening where they planned their daily evening meal, the four residents selected meals of their choice for the week ahead. They also discussed and planned group and individual activities, individual appointments and personal plans for the week/weekend ahead.

Staff facilitated residents’ to visit their family home and/or meet friends by providing transport at the resident’s/family request. Residents could receive visitors to their home and there was a small private room available in the house. Residents were assisted by staff to develop their own visitor’s policy.

Resident’s privacy and dignity was respected. They had access to their bedroom door key when and if they requested it. The three bathroom/shower room doors had privacy locks in place. All windows had blinds and curtains in place.

The rights of residents’ were respected. Residents had choice and retained autonomy of their own life. The inspector met the four residents' over the two day inspection. Residents’ were free to make choices about their daily routine and when needed were facilitated by staff. For example, staff were observed taking residents out to the local shops as requested by them. One resident told the inspector how she had selected the paint and bought soft furnishings for her newly re-decorated bedroom.
A copy of the charter of rights published by the National Advocacy Committee was available in the main sitting room. It included contact details for the Committee which ensured residents’ had access to advocacy services. The local representative had been invited into the centre and had provided separate information sessions to staff, residents and their representative.

Residents’ were facilitated to manage their finances and personal possessions. There were policies in place to reflect these practices. The inspector reviewed two residents’ financial records and saw that there were clear, concise records and receipts to reflect each individuals outgoing and incoming cash. Safe and secure storage was available. The cash held reflected the balance recorded.

There were no complaints on file since the last inspection. The one complaint on file remained opened as the complainant was not yet satisfied with the outcome of the complaint. There was a complaints policy in place. It was accessible in a pictorial format accessible to residents within the residents guide and was displayed in the centre. The person in charge explained how he had discussed it with residents at their weekly meetings. The written complaints policy did not reflect the legislative requirement; this will be discussed in detail under Outcome 18.

**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 were assisted and supported to communicate at all times.

Residents had access to speech and language therapy services within the organisation. They were available without delay to assess and assist residents with any communication difficulties. Residents who could not communicate verbally were been supported by the speech and language therapist to communicate using objects and/or picture referencing. Residents had access to communication devices and aids which met their individual assessed needs.
The inspector saw all residents had access to a television in their bedroom and the communal sitting room. One resident who loved music had his own music system and another who was able to use a computer had her personal laptop set up in her bedroom. There were two portable telephones accessible to residents in the house. None of the current residents’ had the ability to access internet services.

**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 a small private sitting room available to accept visitors in private and they informed the inspector that they had regular parties in the house which families were invited to. All four residents’ family homes were within close proximity to the centre. Staff facilitated residents’ to visit their families on request by providing transport to and/or from the family home. Staff remained as a backup facility to families when residents’ were visiting the family home if families/residents had any concerns or queries. Residents’ families were closely involved in the residents’ care and advocated on behalf of the resident. Three of the residents’ relatives spoken with confirmed that they had been asked to be involved in the residents’ plan of care and the inspector saw evidence of this involvement.

There was a family contact record sheet in each resident’s file where staff recorded all verbal contact with the residents’ family and minutes’ of resident weekly meetings showed that family and friends visits were discussed and planned in advance. The relatives spoken with expressed total satisfaction with the current communication systems in place between families and staff.

Residents used facilities in the local community. They regularly visited the facilities provided in town including the local coffee shops, used the local park, cinema and shopping centre. Resident’s favourite places to visit were recorded in their individual assessments.
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:
Admission and discharge to the service was guided by policy. Each resident had an agreed written contract in place.

The admission policy had been reviewed since the last inspection and the procedure now in place appeared more robust and was in line with the statement of purpose. The inspector was satisfied that the person in charge was involved in the admissions process and he stated it was up to the centres management team to make the final decision about residents been admitted to the centre. Both the person in charge and service manager were fully aware that a full pre-admission assessment needed to be completed prior to a resident been admitted to the centre. The fifth bedroom remained vacant since the transfer of one resident to a more suitable service on 04 July 2014. The person in charge confirmed that a suitable resident had not been identified to occupy the vacant bedroom to date.

Each of the four residents’ had an individual contract of care signed and dated by their next of kin and the person in charge. The contracts included details about the support, care and welfare the resident would be expected to receive and included details of the services to be provided. The fees to be charged were also included in the contract.

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

Findings:
This outcome was found to be compliant with regulations and standards. During this inspection the inspector reviewed two residents' personal files with their permission. Both residents had detailed comprehensive assessments on file. There was evidence that key workers' (one from the day care facility and one from the centre) had been involved in the completion of this assessment. The assessments' reflected the residents' interests and preferences and outlined how staff could assist each resident to maximise their individual opportunities to participate in meaningful activities. Each resident's assessment had been reviewed within the past year. The parents of two residents spoken with confirmed that they were involved in the residents' assessment and care plan process.

Residents who had a health care need had a corresponding care plan in place. For example, one resident with a history of epilepsy had a corresponding care plan in place. Each resident also had an individual social plan with up to three personal outcome based goals set for 2014. For example, one resident had set a goal to achieve a healthy lifestyle and it was evident that staff were facilitating the resident to do this by encouraging and occupying the resident on walks in the local park.

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 detached dormer home was first opened in January 2008 and had been home for two of
the four residents since opening. All residents' spoken with referred to the centre as their home and parents of residents said that the residents now referred to the centre as their home.

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

There were four resident bedrooms situated downstairs and one upstairs. Residents told the inspector they were involved in the decoration of their personal space. Two residents showed the inspector their bedrooms which they confirmed they had furnished to meet their personal taste. The inspector saw there were 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 sunroom. The laundry and cleaning storage area contained all required equipment. There was one large shower/bathroom containing a toilet, wash hand basin, assisted bath and shower and a separate toilet with wash hand basin situated downstairs. There was a second bathroom upstairs containing a shower, toilet and wash hand basin.

The garden was safe, secure and accessible to residents' via a patio door leading from the sun room. It contained a wheelchair accessible garage which had been converted to a storage area together with a well equipped activities room for use by residents'. The garden was well maintained and contained garden furniture. Car parking spaces were available in the paved drive to the front of the house.

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 had completed a full risk assessment and resident had individual risk assessments completed on file. The emergency call bell in the bathroom was accessible to residents'. Health and safety checks were completed on a quarterly and six monthly basis with the service manager.
Accidents and incidents were reviewed on a monthly basis by the person in charge, there had only been one accident in the centre since the last inspection.

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. All staff had completed fire training within the past year and staff spoken with had a clear understanding of the procedure to be followed in the event of a fire. The records reviewed showed that fire drills were practiced on a regular basis during the day and night by both staff and residents. There was a clear evacuation plan outlined for each resident. However, the inspector noted there was no plan showing the nearest fire exit and no directional emergency lighting signs upstairs in the house. This was of particular concern as Velux windows were the only means of escape (other than the internal stairs) from this area of the house. Written confirmation from a properly and suitably qualified person with experience in fire safety design and management that all statutory requirements relating to fire safety and building control have been complied with as required in the registration regulations has not been provided.

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

**Judgment:**
Non Compliant - Major

**Outcome 08: Safeguarding and Safety**
*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
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 centre appeared safe and secure. Residents had access to an enclosed garden and courtyard. All the exit/entry doors could be secured by locking and the house was alarmed. None of the four residents had their own front door key due to lack of safety awareness. Each resident could secure their bedroom if they wished. The inspector saw bathroom doors had secure locks and there were blinds and curtains on bedroom windows.

Communication between residents and staff was respectful. One resident who displayed behaviour that may challenge had a positive behavioural support plan in place. The resident's psychologist had been involved in the development of the plan. Although there was a gate at the end of the stairs staff informed the inspector that this was not used and the gate by the kitchen was only used when one resident was left alone in the kitchen area. A risk assessment was in place on the residents file to reflect the need for this restriction.

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

Findings:
A detailed record of all incidents and accidents occurring in the centre was maintained by staff. All notification reports had been submitted to the chief inspector as per legislative requirements.

Judgment:
Compliant
### Outcome 10. General Welfare and Development

*Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**
Health and Development

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

**Findings:**
Resident’s opportunities for new experiences, social participation, education and training were facilitated and supported. None of the four residents’ had the capacity to take up employment.

All residents’ attended day care facilities five days per week and as mentioned in detail under Outcome 5 had activities selected by residents’ planned each week. The inspector saw that all activities completed by residents were recorded in their daily reports. For example, one resident who returned to the house at 14.00hrs from day care, was facilitated by staff to attend a horse riding lesson. The inspector saw evidence that the resident also enjoyed swimming and staff facilitated the resident to maintain this interest by accompanying the resident to one of the two swimming pools in the area.

Residents’ were facilitated to go on holiday by staff if and when they requested.

**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.
The inspector reviewed two residents’ files and saw evidence that they were facilitated to access and to seek appropriate treatment and therapies from allied health care professionals when required. The inspector was satisfied that the allied health services were availed of promptly to meet residents' needs. Completed referral forms were available for review in residents' files and written evidence of relevant reviews were also available. For example, one resident had recently had his behaviour support plan reviewed by the psychologist and had been re-assessed by the speech and language therapist. Records were on file to reflect these visits.

The inspector saw that residents’ had access to adequate quantities and a good variety of nutritious food to meet their dietary needs. Each resident had an individual eating and drinking assessment in place which identified their specific required diet. Staff had a good knowledge of the residents' individualised plans and they did most of the cooking. The residents’ were involved in selecting their daily evening meals; both they and their next of kin confirmed this. A variety of healthy diet options were available for residents’.

**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):**
No actions were required from the previous inspection.

**Findings:**
There was a new operational policy available which included the ordering, prescribing, storing, administration and prescribing of medicines. There was a separate policy on self administration of medicines. The inspector found that practices regarding drug administration and prescribing had improved since the last inspection and were now in line with best practice. 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 nurse manager on call by completion of an error form. Systems had been put in place to record medication errors and these were being audited on a monthly basis by the person in charge.

All staff training records reviewed had up-to-date Safe Administration for Medication training (SAM) in place.
The inspector saw that each of the residents had their prescribed medications reviewed by a Medical Officer within the past month.

**Judgment:**
Compliant

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

**Theme:**
Leadership, Governance and Management

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

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

A copy of the statement of purpose was on display in the front hallway of the house.

**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 Clinical Nurse Manager 2 (CNM2) with authority, accountability and responsibility for the provision of the service. He was the named Person in Charge (PIC), employed full-time and involved in the governance, operational management and administration of the centre on a regular and consistent basis. Residents knew him well.

During the inspection he demonstrated sufficient knowledge of the legislation and his statutory responsibilities. Records confirmed that he was committed to his own professional development. He reported directly to a Service Manager who reported to a Regional Director (also nominated person on behalf of the provider). The person in charge had regular scheduled minuted meetings with the service manager. The service manager met with the provider nominee once every two weeks to discuss any issues in the centre. These meetings were also minuted.

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

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

Judgment:
Non Compliant - Major

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

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.
**Findings:**
The Chief Inspector had been notified of the absence of the person in charge from the centre for over 28 days. The inspector was satisfied that an experienced, qualified social care worker had taken charge of the centre in his absence. No staff member had been appointed on the application to register to cover in the absence of the person in charge. However, the inspector was informed that this would be decided upon shortly and the relevant documents would be sent into the registration department.

**Judgment:**
Non Compliant - Minor

### 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’.

**Judgment:**
Compliant

### Outcome 17: Workforce

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

**Theme:**
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
The numbers and skill mix of staff were adequate to meet the needs of the four residents. Staffing included the person in charge (clinical nurse manager 2), five staff nurses and four social care workers. There was one staff member on duty in house each night. This staff member remained awake due to care needs of the residents'.

The inspector reviewed staff training records and saw evidence that all staff had up-to-date mandatory training in place and those spoken with had a good knowledge of procedures to follow. Social care workers had received updated SAM's training in 2014 and all staff had completed refresher training in safeguarding vulnerable residents' since the last inspection. Positive behaviour support training was booked for various dates in the beginning of 2015 for senior staff and was to be rolled out to all staff within 2015.

Three staff files reviewed contained all the required documents.

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:
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, some in place did not meet the legislative requirements such as the complaints policy, mentioned under outcome one.

Those in draft format included the following:
- communication with residents’
- monitoring and documentation of nutritional intake.
- provision of information to residents’.
- creation of, access to, retention of, maintenance of and destruction of records’.

The review date on some policies was not within a three year timescale and therefore was not meeting the legislative requirement of review within three years. For example, the intimate care policy had not been reviewed since 2005.

**Judgment:**
Non Compliant - Moderate

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**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 report¹

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Michael's House</th>
</tr>
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<tr>
<td>Centre ID:</td>
<td>OSV-0002406</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>18 November 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>21 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 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The arrangements in place for evacuating one resident from upstairs were not robust enough.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Action Required:**
Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

Please state the actions you have taken or are planning to take:
Fire exit signage providing direction towards fire exit routes for Residents and Staff in place upstairs.

Fire exit signage providing directions towards fire exits to the rear of the house are now in place in the hallway downstairs.

**Proposed Timescale:** 17/12/2014

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**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

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

Please state the actions you have taken or are planning to take:
The registered provider has instructed a Fire Safety Engineer to complete a Fire Safety Risk Assessment Report. This report will was completed and technical services are completing a schedule of works. The schedule of works will be available for review by the end of February 2015. The document when available will be sent to the registration office and will be available in the designated centre.

Planning: The registered provider has instructed an architect to review the centres’ compliance with planning. The architect will issue his opinion by the end of Feb 2015. The document will be sent to the registration office and will be available in the centre for review.

**Proposed Timescale:** 28/02/2015
### Outcome 15: Absence of the person in charge

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There are no suitable arrangements in place for the management of the designated centre in the absence of the person in charge.

**Action Required:**
Under Regulation 32 (3) you are required to: Provide notice in writing to the Chief Inspector where the person in charge is absent as a result of an emergency or unanticipated event, as soon as it becomes apparent that the absence concerned will be for a period of 28 days or more, specifying (a) the length or expected length of the absence and (b) the expected dates of departure and return.

**Please state the actions you have taken or are planning to take:**
Management have identified two members of the staff team who will be registered as Persons Participating in Management (PPIMs). Relevant paperwork will be completed and forwarded to the registration office before the 28th February 2015.

**Proposed Timescale:** 28/02/2015

### Outcome 18: Records and documentation

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The review date on some newly developed policies was not within a three year timescale.

**Action Required:**
Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

**Please state the actions you have taken or are planning to take:**
The registered provider is in the process of updating the intimate care policy. The policy review will be completed by Feb 28th 2015 and the policy will be available for review in the designated centre.

**Proposed Timescale:** 28/02/2015
**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 prepared in writing. Those not available included policies on the following:
• communication with residents’
• monitoring and documentation of nutritional intake.
• provision of information to residents’.
• creation of, access to, retention of, maintenance of and destruction of records’.

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

**Please state the actions you have taken or are planning to take:**
The registered provider has developed the following policies and they are available for review in draft format:
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’.

These policies are being reviewed based on feedback from a range of stakeholders in advance of their launch and implementation. The registered provider will launch these policies by end of March 2015. Implementation will be by end of May 2015.

**Proposed Timescale:** 30/05/2015

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The policy and procedures for the management of complaints did not reflect the legislative requirements.

**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 registered provider has updated the complaints policy to bring it in line with the legislative requirements. The policy is available for review in the designated centre.

**Proposed Timescale:** 21/01/2015