<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-0002353</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Dublin 5</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>St Michael's House</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>John Birthistle</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sheila McKevitt</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>6</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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</table>
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.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

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

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 January 2015 10:00</td>
<td>13 January 2015 17:30</td>
</tr>
<tr>
<td>14 January 2015 10:00</td>
<td>14 January 2015 17:00</td>
</tr>
</tbody>
</table>

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

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

**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 her 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.

Residents with intellectual disabilities and who have social care needs live in this house. On inspection all six residents were met. Residents’ were extremely happy living in the house and expressed satisfaction with the manner in which staff supported them to live in the house.

Evidence of good practice was found across all Outcomes, management had addressed four non-compliances and partially addressed two non-compliances from the last inspection in April 2014. 14 out of 18 outcomes inspected against on this inspection were deemed to be in compliance with the Regulations. One of these four has a major non compliance, the second was substantially compliant and the remaining two were moderately non compliant. As part of the application for registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider for the purposes of application to register were found to be satisfactory. However, two documents one in relation to planning compliance and the other relating to fire compliance remain outstanding and are required to be submitted to the Authority before a recommendation for registration can be made by the inspector.

The health care records of residents’ although improved since the last inspection did not reflect all the care been provided, referrals made or evidence that recommendations of care made by allied health care professionals were implemented. Records, specifically policies outlined in schedule 5 were not available in final draft and therefore had not been implemented.

In addition, some policies were not being fully adhered to. Records of emergency fire checks completed by technical services staff were not sufficiently detailed. The person in charge did not have any administration days on the monthly roster to enable her to carry out her role as person in charge. Staff did not have refresher food safety training in place and did not have supervisory meetings with the person in charge on a regular basis.

The action plans at the end of this report identifies the four outcomes under which improvements are required.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Theme:
Individualised Supports and Care

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

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

Residents sat around the kitchen table at the beginning of each week and discussed the week ahead with staff. Here they planned their evening meals, activities, appointments and visits to and from family homes.

Resident’s privacy and dignity was respected. Residents spoken with confirmed this and explained how they answered the front door to their home. One resident had his own front door key, he explained how he used it independently. Each resident could lock their bedroom door if they so wished. 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 six 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 explained how he sometimes chose to stay in the house alone and staff had enabled him to do this by providing him with written guidelines which he explained he adhered too.

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 explained how residents had been informed about the service.
There was a policy and procedure for the management of residents' monies by staff and a procedure on personal possessions. Two residents went through their finances with the inspector. There were clear, concise records and receipts to reflect the individuals outgoing and incoming cash. Individualised safe and secure storage was available. For example, two residents knew where to locate the key for their cash box and explained how they went to the local bank to withdraw money, received a receipt for their withdrawal and kept receipts for all expenditures. Those residents unable to manage their finances independently were facilitated by staff to do so.

There was a complaints policy in place which met the legislative requirements. A resident explained the procedure to the inspector from the pictorial complaints policy on display in the front hallway. A copy was also included in the residents guide which was also accessible to residents in the front hallway. There were no complaints to date in the centre.

**Judgment:**
Compliant

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

**Theme:**
Individualised Supports and Care

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

**Findings:**
Residents' communication needs were met.

Residents had their communication needs outlined in their assessment. Five residents could communicate verbally and one non verbal resident had his communication need identified on assessment and had a detailed care plan in place.

Staff were observed communicating with all six residents in a kind, patient and sensitive manner. They knew the mannerisms and means of communication of the non-verbal resident well and had no difficulty in interpreting his needs.

Residents' had access to personal and communal televisions in the house, music systems, radios and a desktop computer. One resident showed the inspector his ipod which he was seen using independently during the inspection.

Residents had access to two portable house telephones and one resident explained how he had his own mobile telephone.
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 which was reflected in the visitor's policy. Residents' 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 and join them for meals if they so which. The inspector observed one residents sister come to take her out for the day. Residents' spoke to the inspector about visits to their family and siblings homes and explained how staff facilitated these visits by providing transport when required. There was a bus available to transport residents' and this was driven by staff and used to transport residents' to and from amenities in the area and further afield.

The house had been opened in 1998 and most residents' had lived in the house since its opening. Residents used facilities in the local community and had integrated well over the years. Residents' told the inspector how they regularly visited the local bank and how bank staff knew them and their pet dog by name. One resident described how he went to the local pharmacy to collect his medications independently and how he knew all the staff by name and they knew him. Residents' knew their neighbours and those directly across from the centre had offered their house as refuge in the event of an emergency.

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

**Theme:** Effective Services

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

**Findings:**
Contracts of care were 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 three 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

<table>
<thead>
<tr>
<th><strong>Outcome 05: Social Care Needs</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

**Theme:** Effective Services

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
Residents' wellbeing and welfare was maintained.

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 the centre had been involved in the completion of this assessment. The assessment reflected the residents' interests, preferences and needs. It 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.

Residents' who had clinical needs identified on assessment had a care plan outlining the actions been taken by staff to meet this need. These were detailed and reflected the needs identified on assessment.

Each of the six residents' had a corresponding outcome based personal plan which outlined two personal outcome based goals set for 2015. Two residents' talked the inspector through their personal files. One resident explained how he had a goal to lead an active healthy lifestyle and he talked the inspector through the plan he had put in place with staff to achieve this goal. The inspector was satisfied that residents were receiving sufficient support from staff to achieve their personal goals within the year time frame set.

All six residents attended day care centres. One resident had a job coach and had a part-time job. Another resident explained how he worked in the canteen in his day care facility. The staff within the centre promoted residents' independence. They assisted residents in accessing activities in the locality and further afield.

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. As mentioned under outcome 3, the detached two storey house had been home to a
number of the six residents' since it first opened in 1998.

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

A resident showed the inspector around the centre. Each of the six residents' had their own bedroom which was decorated to the individual’s personal taste and where they displayed their personal items. One of the resident bedrooms had three small brown stains on the ceiling, staff stated these were new and made a request immediately for maintenance staff to review. The inspector received written confirmation within 48 hours of the inspection that this issue had been addressed. There were sufficient furnishings, fixtures and fittings to meet the individual needs of residents', including storage space in each resident's bedroom.

The communal areas included a well equipped kitchen/dining room and two small bright sitting rooms. The laundry and cleaning storage room contained all required equipment. There was one large assisted shower room with toilet and wash hand basin downstairs, another bathroom with a domestic type bath, shower and wash hand basin upstairs and a separate toilet with wash hand basin. The handrail in the downstairs shower was rusty and required replacing. The inspector received written confirmation that this had been replaced within 48 hours post the inspection.

The inspector viewed the rear garden accessible to residents' via a patio door leading from the kitchen. The garden was secure by closing the side gate entrance on either side. Car parking spaces were available at 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 available in draft format it required a few minor revisions in order for it to meet the legislative requirements. The person in charge completed risk assessments on a monthly and annual basis and health and safety checks were completed on a quarterly and six monthly basis with the service manager. Accidents and incidents were reviewed by the person in charge and the service manager. There were few occurrences in this centre.

There was an up-to-date localised health and safety statement in place and it was on display in the front hallway. 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 of all potential emergencies.

Records were available to confirm that fire equipment including fire extinguishers, the fire blanket and emergency lighting had all been tested by professionals within the required time frame. The fire alarm had been checked twice in the last year, the last time being June 2014. 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 fire drills were practiced six times in total over a year. Staff also conducted one on the night of the 13 January 2015. The inspector noted that each resident had an individual fire evacuation plan in place. However, the records of emergency fire lighting checks were not adequate this is discussed further in Outcome 18.

The vehicle used to transport residents had a certificate in place which reflected that it was road worthy, it also displayed evidence that road taxation and insurance was in date.

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.

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
Measures were in place to protect and safeguard residents which included a policy and procedure on the prevention, detection and response to abuse. Staff had up to date mandatory safe guarding vulnerable adults training in place and those spoken with had a clear understanding of how to safe guard residents'.

Two residents' told the inspector the centre was a safe and secure home to live in. Residents had access to an enclosed garden. 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 behavioural support guidelines and detailed records of each episode of behaviour that challenged in place.

There was no restraint in use in the centre.

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

Findings:
A record of incidents occurring in the designated centre was maintained. 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
<table>
<thead>
<tr>
<th>Outcome 10. General Welfare and Development</th>
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<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Theme:</strong></td>
</tr>
<tr>
<td>Health and Development</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Outstanding requirement(s) from previous inspection(s):</th>
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</thead>
<tbody>
<tr>
<td>No actions were required from the previous inspection.</td>
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</table>

| Findings: |
| Resident’s opportunities for new experiences, social participation, education and training were facilitated and supported by staff. |

The six residents’ attended a day care facility 5 days per week. 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 and answering the front door. Staff encouraged and facilitated residents to take up new activities of their choice and photos on display throughout the house confirmed residents had fun doing a variety of different activities with staff.

| Judgment: |
| Compliant |

<table>
<thead>
<tr>
<th>Outcome 11. Healthcare Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents are supported on an individual basis to achieve and enjoy the best possible health.</td>
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<tr>
<td><strong>Theme:</strong></td>
</tr>
<tr>
<td>Health and Development</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Outstanding requirement(s) from previous inspection(s):</th>
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</thead>
<tbody>
<tr>
<td>Some action(s) required from the previous inspection were not satisfactorily implemented.</td>
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</table>

| Findings: |
| Residents’ health and social care needs were been met. However, there were significant deficiencies in documentation. Although, residents’ were being reviewed by the medical officer and/or their medical practitioner. There was no evidence that recommendations made by them for further tests were followed up on by staff. |

Copy of referrals of residents’ to allied health care team members were not kept in the residents’ individual file. For example, the inspector was informed that a resident had been referred to the speech and language therapist but there was no evidence of this |
referral in the residents file.

On review of a resident’s file the inspector noted that a resident had not received a dental check-up for a long period of time. The inspector was informed that the resident refused dental treatment by refusing to open his mouth when brought to the dentist. However, the refusal of dental treatment was not recorded in the residents' file.

One resident had been seen by a medical practitioner twice in the past six months. Specific blood tests had been recommended on each occasion. However, there was no evidence on file that these tests had been carried out.

Residents' were encouraged to get involved in the preparation, cooking and serving of meals. Residents' invited the inspector to sit with them for lunch. They were observed been invited by staff to assist with the shopping, assisting with the preparation and serving of lunch and dinner. Residents' confirmed that they had a choice at meal times and were encouraged to take part in all aspects of meal planning and preparation.

**Judgment:**
Non Compliant - Moderate

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**Outcome 12. Medication Management**

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

**Theme:**
Health and Development

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

**Findings:**
There was a new operational policy available which included the ordering, prescribing, storing, administration and prescribing of medicines. There was a separate policy on self administration of medicines. The inspector found that practices regarding drug administration and prescribing had improved since the last inspection and were now in line with best practice. Prescribed medications were now individually signed and each medication chart contained the name of the resident general practitioner (GP). One resident explained to the inspector how he managed his medications with minimum assistance from staff. He showed the inspector the written guidelines in his file which he had to follow.

The practices in relation to ordering, storing and disposal of medication were in line with the policy. There was a safe system in place for the ordering and disposal of medications and the inspector saw records which showed that all medications brought into and out of the centre were checked. 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.

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

### Outcome 13: Statement of Purpose

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
A 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 a copy was on display in the front hallway.

**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. 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. However, she was not rostered for any management/administrative days on the monthly roster. This was having a negative impact on getting management items completed. For example, individual staff supervisory meetings.

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. Two of whom who have been nominated to manage in her 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 and some residents knew him well.

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

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. These two documents 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 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 and demonstrated a good clinical knowledge of residents’ and had the required experience and qualifications to manage the centre in the absence of the person in charge.

**Judgment:**
Compliant

### Outcome 16: Use of Resources

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

**Theme:**
Use of Resources

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

**Findings:**
The 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’ and that there was always a staff member on duty who could drive the centres' bus.

**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 six residents. Staffing levels included the person in charge and five social care workers. As mentioned under outcome 16, the person in charge managed the staffing well. The inspector reviewed staff training records and saw evidence that all staff had up-to-date mandatory training in place. In addition, staff had refresher Safe Administration of Medication training in place, a number staff also had first aid and health and safety training in place. However, staff had not yet received refresher food safety training. This was identified on the last inspection. The person in charge stated that this refresher training was due to be put in place by the training department in February 2015. There were no volunteers or agency staff employed to work in the centre and relief staff were seldom used.

The person in charge had meetings with all staff on average once every two months. A variety of issues were discussed, the service manager was in attendance and the meetings were minuted. However, the person in charge had not completed individual supervisory meetings with staff in 2014 but planned to commence these in 2015.

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

### Judgment:

Substantially 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 ease of retrieval. However, a number of schedule 5 policies were not finalised and therefore not implemented. Also, some records were not completed accurately.

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:
• access to education, training and development
• 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 inspector noted that the policy and procedure for the management of service users’ monies and the safety policy was not being adhered with. For example, the inspector found that one resident had a greater sum than that outlined in the centre’s policy stored in the centre's cash box. This practice was not in line with the organisations' policy for the management of service users' monies.

The safety statement stated that four fire drills should be practiced during the day and two at night. The inspector observed that no night time drill had been practiced in 2014 as all six had been practiced during the day.
The records of emergency lighting checked completed by technical services staff were not detailed enough.

**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 report

<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-0002353</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>13 January 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>6 February 2015</td>
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Requirements

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

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

Outcome 11. Healthcare Needs

Theme: Health and Development

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

A copy of referrals and follow-up appointments were not kept in individual resident files.

Action Required:
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by

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

**Please state the actions you have taken or are planning to take:**
The letter of referral for Speech and Language Therapy is now on the residents file.

| **Proposed Timescale:** 16/01/2015 |
| **Theme:** Health and Development |
| The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect: |
| A record of incidents where residents refused treatment was not kept in individual residents' files. |
| **Action Required:** |
| Under Regulation 06 (2) (c) you are required to: Respect and document each resident's right to refuse treatment and bring the matter to the attention of the resident's medical practitioner. |
| **Please state the actions you have taken or are planning to take:** |
| A new appointment has been scheduled for the resident to attend the dentist on March 4th. A full record of the visit will be recorded on the residents file including any non compliance with treatment. |

| **Proposed Timescale:** 20/02/2015 |
| **Theme:** Health and Development |
| The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect: |
| Staff had not followed up on treatment recommended by health care professionals and there was no evidence that the resident had received this recommended treatment. |
| **Action Required:** |
| Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her. |
| **Please state the actions you have taken or are planning to take:** |
| The blood test identified has now been completed. |

| **Proposed Timescale:** 23/01/2015 |
**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Fire and building compliance documents have not been submitted to date.

**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:**
Correspondence received from HIQA on the 13th January 2015 states: Applications that have been submitted without the above documentation will be processed up to the point of "proposed decision" and then after March 1st 2015, assuming all else is in order, a notice of proposal will be issued.

A night fire drill was completed on 13th January 2015. Procedures are now in place to ensure all fire drills are completed 2015.

**Proposed Timescale:** 01/03/2015

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The lack of management/administration days allocated to the persons in charge on the monthly roster prevented her from completing staff supervisory/support meetings.

**Action Required:**
Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

**Please state the actions you have taken or are planning to take:**
The Person in Charge has met with the Regional Administration Manager and 8 hours per week has been allocated for management / administration duties.

**Proposed Timescale:** 10/02/2015
### Outcome 17: Workforce

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<th>Theme: Responsive Workforce</th>
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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff did not have up-to-date food safety training in place.

**Action Required:**
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

**Please state the actions you have taken or are planning to take:**
Training in Food Safety will be completed before the end of March.

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

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<th>Theme: Responsive Workforce</th>
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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff did not have regular, consistent supervisory meetings with the person in charge.

**Action Required:**
Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

**Please state the actions you have taken or are planning to take:**
The Person in Charge and Service Manager will develop a system for the regular supervision of staff working in the centre.

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

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### Outcome 18: Records and documentation

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<tr>
<th>Theme: Use of Information</th>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
All policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were not finalised. Those available in final draft and therefore not implemented included policies on the following:
- access to education, training and development
- 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:**
Access to Education, Training and Development Policy- the registered provider is developing this policy in line with the regulations. April 29, 2015

Communication with Residents’- policy is available in draft. A final draft will be available by the end of March.

Monitoring and Documentation of Nutritional Intake. Currently available in draft. The final draft will be available by the end of March.

Provision of information to residents’- Currently being developed in consultation with Residents. June 29, 2015

Creation of, Access to, Retention of, Maintenance of and Destruction of Records’. The Final draft will be available by the end of February.

**Proposed Timescale:** 29/06/2015

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The policy and procedure for the management of service users monies by staff and the safety statement was not been followed.

**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:**
To address this each resident will be issued with a cash withdrawal card.

**Proposed Timescale:** 30/03/2015
Theme: Use of Information

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

Action Required:
Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
Emergency light checks are now available for review in centre

Proposed Timescale: 20/01/2015