

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002378
Centre county:	Dublin 9
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	Maureen Hefferon
Lead inspector:	Nuala Rafferty
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

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

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

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

The inspection took place over the following dates and times

From:	To:
20 January 2015 10:00	20 January 2015 18:30
21 January 2015 07:30	21 January 2015 16:30

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

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

Summary of findings from this inspection

This was an announced inspection and formed part of the assessment of the application for registration by the provider. The registration 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 members were also sought.

The fitness of the nominated person on behalf of the provider, persons participating in management and the person in charge were assessed through interview and

throughout the inspection process to determine fitness for registration purposes and were found to have satisfactory knowledge of their roles and responsibilities under the legislation and sufficient experience and knowledge to provide safe and appropriate care to residents.

The centre was established to provide long term care for a maximum of six adults with physical and/or intellectual disabilities who have both nursing and social care needs.

Some residents and relatives' questionnaire were received by the Authority during and after the inspection. The opinions expressed through the questionnaires indicated they were broadly satisfied with the services and facilities provided and were highly complementary of staff and the respectful cheerful manner in which they delivered care to residents.

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.

Overall, evidence was found that residents' healthcare needs were met. Residents had access to general practitioner (GP) services and a full time medical officer as part of the overall services provided by St Michael's House Group. Access to allied health professionals such as physiotherapy speech and language therapists and to community health services were also available. However, it was also found that further inputs were required in order to meet resident's social needs in full

The inspector found there were aspects of the service that needed improvement such as staffing, resources and policies and procedures.

The Action Plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the Authority's Standards.

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):

This was the centre's first inspection by the Authority.

Findings:

Evidence that residents were consulted with and enabled to participate in decisions about their care and about the organisation of the centre was found on this inspection. Regular weekly meetings took place and minutes of these meetings outlined discussions and decisions taken on activities and meal planning. Daily routines respected individual choice and preferences such as times for rising or returning to bed.

It was found that resident's privacy and dignity was respected through personal care practices, maintaining private communications and contacts with relatives and friends and maximising independence. CCTV was in place for the external grounds only to provide a secure grounds perimeter and a sensor alarm was in place on one bedroom to maintain privacy, other monitoring devices were not in use in the centre at this time.

Staff were observed to facilitate residents' capacity to exercise personal autonomy and residents were enabled to exercise choice and control in their daily lives in accordance with their preferences. Independence was promoted and encouraged in personal care and other activities of daily living relevant to assessed abilities.

Systems to safeguard finances were in place and supports to facilitate residents to safely manage their finances were reviewed and it was found that resident's belongings and finances were protected on this inspection by robust systems of recording, balancing and auditing each resident's bank account statements which were regularly audited by the person in charge.

There was a written operational policy and procedure relating to the making, handling

and investigation of written complaints. The procedure identified the nominated person to investigate a complaint and the appeals process. There was a nominated person who held a monitoring role to ensure that all complaints were appropriately responded to and records were kept. The complaints record was viewed and showed that complaints made were responded to in line with policy and satisfaction ascertained further to actions taken. It was also noted that residents were facilitated to have access to advocacy services.

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):

This was the centre's first inspection by the Authority.

Findings:

Evidence that staff were aware of the different communication needs of residents and that systems were in place including external professionals input where necessary, to meet the diverse needs of all residents was found.

Residents identified with verbal communication difficulties were supported and facilitated to communicate using alternative methods such as objects of reference and picture prompts. These individual communication requirements were included in personal plans and reflected in practice. Examples included; fluffy blanket to denote bedtime; toy car for travelling; shower gel for personal care.

A large folder of pictures depicting types of foods, activities and places to aid communication was also available and frequently used.

The centre was part of the local community and residents visit local shops, restaurants and leisure facilities on a regular basis. Trips to the local shops and cafés were a weekly event.

Residents had access to radio, television, information on local events and newspapers. Although access to internet and social media was not broadly available within the centre residents were assisted to maintain contact with overseas relatives on occasion via Facebook and Skype.

Judgment:
Compliant

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

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

Theme:

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

Findings:

Evidence that residents were supported to develop and maintain positive relationships with family and friends was found.

Arrangements were in place for each resident to receive visitors in private without restrictions unless requested by the resident.

Good communication systems were in place and families were kept informed of residents' well being and were involved in their personal plans. Through feedback from questionnaires and in conversation with some family members the inspector found families felt supported by staff to be involved on an ongoing basis in the life of their relative.

Residents involvement in activities in the community were supported but this was limited to group activities with other residents or with groups associated with intellectual disabilities and to date there was little involvement with other community based social groupings for individual residents

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

It was found that residents' admissions were in line with the Statement of Purpose. The resident profile of the centre was found to be stable and there were no new or recent admissions.

On a sample of those reviewed it was found that each resident had a written contract agreed within a month of admission. The contract set out the services to be provided and all fees were included in the contract. Where additional charges pertained these were also included.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Evidence that resident's well being and welfare was maintained by a good standard of evidence-based care and support was found although improvements were also found to be required particularly with meeting social needs for maintaining and developing life skills.

A care planning system with some evidenced based risk assessment tools was recently introduced into the centre and staff were being supported by the person in charge to become familiar with the system. Current residents were found to require high levels of physiological healthcare related inputs and were a complex group with assessed needs related to physical as well as social, emotional, psychiatric and psychological inputs.

Although there were some plans which required more detail, in general, care plans in place reflected the care delivered and were person centred. All healthcare related problems or needs were assessed to ensure the care required to manage the need was provided. Care plans which were in place were noted to be specific enough to appropriately manage the residents identified healthcare need.

Healthcare plans were regularly reviewed and updated to reflect changes in residents' condition and recommendations made by allied health professionals and external clinicians.

Evidence that all residents, their next of kin or nominated advocates were consulted and involved in the development of personal or healthcare plans was available

Although personal well being assessments were carried out which identified the requirements for supports related to aspects of daily living such as; integration into the community via activities or groups; communication; travel or transport; or technology. Individual personal plans were not developed to support resident's continued personal independence and life skills development.

Reasons for this varied and some related to difficulties encountered in bringing all relevant stakeholders together to devise the plans and the inspector found that in the case of all resident's efforts had been by the current person in charge and staff to address this.

Plans in place were primarily health care focused, did not address residents' specific social, emotional or participative needs in full, were not supported by identified supports to achieve personal goals and none had been progressed to date.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Overall the design and layout of the centre was found to meet the needs of the current resident profile in line with the Statement of purpose. The bungalow was contemporary in design with large bright rooms and included health and safety aspects, security, and decorative but comfortable features such as cushioned window seats which residents were found to use and enjoy. Appropriate equipment for use by residents or staff was available and maintained in good working order.

Efforts to provide furnishings, fixtures and fittings which created a personalised comfortable living space which also promoted residents' safety, dignity, independence and well being were noted. Adequate private and communal accommodation included; six single residents bedrooms without ensuite and one ensuite staff bedroom, all bedrooms with one exception contained a wash hand basin. There was a large fully fitted kitchen cum dining room; visitor's room also used as a quiet sensory area; sitting room; one large bathroom/ shower; 2 assisted and 1 non assisted toilet's; laundry facilities and small enclosed garden with safe access and egress available.

The maintenance both internal and external was found to be of a good overall standard with suitable heating, lighting and ventilation. There was a good standard of hygiene and the centre was found to be visually clean and hygienic. The kitchen was fully operational with sufficient cooking facilities and equipment and was well organised. Appropriate assistive equipment was in place and available for use, service records were found to be up to date and maintenance contracts including domestic and clinical waste were in place. Adequate storage was found and corridors were uncluttered and safe for residents mobilising.

Some improvements to aspects of the premises were identified as required including; provision of wash hand basin in one bedroom; provision of wardrobes, book shelves and other furnishings; replacement of vanity units, flooring and skirting; repair of plasterwork; replacement of one bedroom window with a patio door to enable safe evacuation process; ongoing repairs to plaster and woodwork and painting. All of these improvements were already identified by the person in charge and quotes for work obtained.

In discussion with the provider nominee and the person in charge the inspector was told that these works would be completed in a timely manner to ensure the premises continue to meet residents' needs and the regulations going forward. An action to address these aspects which require to be improved has not been included in this report given these assurances but progress on them will be monitored in future inspections.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that in general good governance processes and safe practices implemented by the person in charge with staff promoted and protected the health and safety of residents. Processes and procedures in relation to; health and safety and moving and handling, safe evacuation of residents and staff in the event of fire; fire procedure was prominently displayed; smoke detectors were located in all bedroom and general purpose areas. Emergency lighting and fire exit signage was provided throughout the building. The inspector reviewed service records which showed that fire equipment, the fire alarm system, and emergency lighting were regularly serviced. Fire escape routes were unobstructed.

Personal emergency evacuation plans for all residents were in place and were sufficiently specific to guide staff.

Arrangements were also in place for responding to emergencies including procedures and policies covering responses in the event of a resident being absent or missing without staff knowledge. Some additional equipment to effectively and safely respond to emergencies was available such as; blankets and search torches.

The entrance to the centre was secure and a visitors' log was in use to monitor the movement of persons in and out of the building. Inspectors observed this record to be in use. Closed circuit television (CCTV) was found to be operating externally for security purposes.

Safe and appropriate practices in relation to moving and handling, infection prevention and control and reasonable measures to prevent and reduce risk of accidents were found to be in place.

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 residents from being harmed or suffering abuse. There was a policy which provided guidance for staff to manage incidents of elder abuse. In conversation with some staff members, the inspector found they were competent in their knowledge regarding reporting mechanisms within the centre and what to do in the event of a disclosure about actual, alleged or suspected abuse. Although all residents spoken with were unable to express feeling safe, the inspector observed they appeared comfortable with staff and did not exhibit behaviours associated with distress or anxiety.

Where some residents exhibited aspects of behaviour that is challenging on occasions, staff were familiar with potential triggers and efforts were made to identify and alleviate the underlying causes for each individual resident.

It was found that few restrictive procedures were in place for any resident on this inspection. Bed rails were in limited use and were specific to those persons who required to remain in an upright position to facilitate their nutritional requirements On review of

the records and in conversation with staff and on observation it was found that the practice was fully assessed in terms of safety and appropriateness.

Medications were prescribed for use in very specific circumstances to alleviate anxiety related to certain care interventions for some residents and as a last resort in response to extreme behaviours however, it was found these measures were not often used.

Judgment:

Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. Quarterly notifications had been submitted to the Authority as required and within the appropriate time frame.

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:

Evidence that an assessment process to establish each residents educational, employment or training goals in accordance with their wishes and capacities was found, and a personal well being assessment had been carried out. This is detailed under Outcome 5 of this report. It was found that due to their assessed capacities the current profile of residents were not involved in education or employment programmes

However, it was noted that although residents were facilitated to participate in social

experiences through visits to cinema, shopping trips and other outings, it was found that systems were not established to develop opportunities for residents to develop new skills or maintain life skills through continuous development or training programmes for those residents assessed as having capacity to engage in these pursuits.

Staff ensured that residents were facilitated to engage in activities normally associated with basic life rights such as going for a walk or drive, visits to the park and shopping for groceries or personal shopping however, opportunities for residents to engage in additional leisure pursuits such as cinema trips, shows or concerts were limited.

Outings were primarily confined to the afternoons of the weekends due to lack of staffing resources midweek. Additionally the inspector was told that this was also dependent on family involvement, with several families taking their relative home at some point over the weekend or going out on separate social outings as the staff could not facilitate bringing the full group out at any one time.

Although staff endeavoured to promote independence and encouraged and supported residents to maintain and develop life skills, they were constrained through lack of resources to enable development and maintenance of programmes to support life skills through social education and training.

All of the residents had access to a day care service. However, due to health problems, not every resident was availing of their day service. Several residents had not been well enough to attend for a considerable period of time, although some had returned for one to two days per week recently.

Despite up to three residents being at home in the centre on a daily basis for an extended period of up to five months lack of staff resources prevented the person in charge and the staff team from establishing any form of structured skills development programme or regular outings. Staff had identified some of the residents who would benefit from social skill development in basic life activities such as learning to cross the road or order and pay for small purchases such as a newspaper however, the staff were conscious of not commencing any programme which they could not consistently maintain, would not contribute to development of life skills or that would not be outcome based.

Judgment:

Non Compliant - Moderate

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 arrangements to meet residents' assessed needs were set out in individual health care plans and each resident had a healthcare plan completed. This was also referenced under Outcome 5

A system to make sure healthcare plans reflected the care delivered and were amended in response to changes in residents' health was commenced. These plans were being checked regularly to make sure they were detailed enough to maintain or improve a resident's health. The daily progress notes referred to the health care plan so that a clear picture of residents' overall health could be formed. The plans were found to be person centred and included the preferences interests and personality of the resident concerned. They showed that both residents and where applicable relatives were involved and consulted on an ongoing basis.

It was noted that staff endeavoured to encourage and enable residents to make healthy living choices. Evidence that residents' health care needs were being monitored through timely access to GP services and other allied health care services and were provided with appropriate treatment and therapies was found.

The current resident group were noted to have a variety of complex health and social needs and required a high level of intervention and support with all of the activities of daily living in terms of physical, personal, emotional and social needs. Staff endeavoured to meet these needs and it was noted that the person in charge had ensured that those residents with complex healthcare needs and underlying medical issues had recently been reviewed and following clinical re assessments were referred to the multi disciplinary team for additional supports. However, it was found that additional staff resources were required to meet all residents healthcare , social and personal needs, this aspect is detailed under Outcome 16 Resources and 17 Workforce.

Residents were provided with food and drink at times and in quantities adequate for their needs. All meals were prepared in the centre and residents were encouraged to be involved in the preparation of evening meals as appropriate to their ability and preference. Food was properly served and was hot and well presented. Meals were relaxed and sociable, Residents were facilitated to enjoy their meal independently, privately and at their own pace, where assistance was required it was offered in a discreet and sensitive manner.

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:

Evidence that the processes in place for the handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation were found and there were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

Observation of medication administration practice was satisfactory and a record of nursing staff signatures and initials were maintained in line with best practice

A closed single dose, individualised medication administration system was recently established which was supported by appropriate documentation and systems were in place to ensure safe disposal and return of unused or out of date medications.

However, improvements were found to be required to policies for reviewing and monitoring safe medication practices. Due to the vigilance of the nurse on duty when checking the prescription against the medication dispensed in the single dose container for the morning medication of one resident, a medication error was averted.

It was found that a dispensing error had occurred where the dose of one medication was in excess of the prescribed dose by the GP. However, this had not been identified by staff during the checking process on the day the medications were received from the pharmacy. It was subsequently noted that neither the newly revised medication policy nor the training programme for staff on safe administration of medications had been updated to include processes relevant to and specific to the new closed single dose individualised medication administration system, an action relating to this is included under Outcome 18 of this report.

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:

A written statement of purpose was available which broadly reflected the service provided in the centre. On review it was found that the document contained all of the information required by Schedule 1 of the Regulations. Copies were available for

residents in the centre.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

Findings:

Evidence that management systems within the centre were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored was found

The person in charge engaged with the process to determine fitness as part of the inspection and demonstrated sufficient knowledge of the legislation and statutory responsibilities associated with the role. It was found that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis, provided good and consistent leadership to staff, support to families and was clearly resident focused.

An annual review of the quality and safety of care in the designated centre had not yet been conducted although a report on a six month quality review by the service manager was carried out in conjunction with the person in charge. This incorporated aspects of service such as; staff training; equipment maintenance; emergency procedures and planning; transport maintenance; restrictive practice review; nurse manager on call supports; safeguarding and medication management.

An action plan on areas identified for improvement was incorporated. It was noted that this was the first review conducted to comply with the regulations and efforts to improve the quality and safety of care were ongoing. However, it was noted that the review did not include key aspects of service provision such as adequate resources or staffing. Additionally the review did not identify the need for a staff training plan linked to the resident profile this is further referenced under Outcome 17.

The service manager and person in charge met regularly to discuss the service provision budgets and resources for the centre and in conversation with them the inspector was

told that they are aware of the need for additional resources and have raised this with the provider.

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.

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:

There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge.

A qualified nurse with three years experience was identified to replace the person in charge and was noted to be familiar with residents' social and healthcare needs and aware of the responsibilities of the role in relation to notifications and protection of residents.

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:

Evidence that there were sufficient resources to fully meet residents needs was not found

As identified under Outcome 11, the current resident group were noted to have a variety of complex health and social needs and required a high level of intervention and support with all of the activities of daily living in terms of physical personal emotional and social needs and it was found that additional staff resources were required to meet all of these needs.

Although there was evidence of good access to clinical supports such as medical officers; physiotherapy; speech and language and occupational therapy, nursing inputs available in the centre were not sufficient to meet the full needs of the current resident profile.

All of the residents currently required nursing inputs however, it was found that access to full time nursing care was not available over the full 24 hour period every day. This is detailed under Outcome 17 Workforce.

As identified under Outcomes 5 and 10 the centre routines and activities were resource led with outings confined to the weekends due to staff limitations.

Despite up to three residents being at home in the centre on a daily basis for an extended period of up to five months lack of staff resources prevented the person in charge and the staff team from establishing any form of structured skills development programme or regular outings.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector observed staff and residents interactions and found that staff were respectful, patient and attentive to residents needs. It was noted that staff provided reassurance to residents by delivering care to them in a quiet confident manner.

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

However, evidence that the numbers and skill mix of staff were appropriate to meet the assessed needs of residents was not found. Although respectful and attentive interactions were observed between staff and residents and it was noted that staff provided ongoing reassurance to residents, sufficient staff to meet the full needs of all residents were not always available.

All of the residents in the centre have an intellectual disability ranging from moderate to profound. Half of the resident group require a high level of clinical nursing input and the remainder require some nursing inputs. All residents also require social care inputs and some would benefit from the provision of structured developmental programmes to enhance and improve quality of life skills and confidence building. The inspector found that at the time of this inspection, the levels and skill mix of staff were not sufficient to meet all of these needs. Findings detailed under outcomes 10 and 16 in relation to; Individual personal plans were not supported to achieve personal goals; not sufficient staff to facilitate outings midweek and outings at weekends were supported by families where at least one or two residents went home to enable staff facilitate the remaining four people to enjoy leisure activities in the community. In addition there were no full time nursing inputs in the centre and a full review of the nursing inputs required to meet residents needs going forward was needed. A gap of between three to four hours daily from Monday to Friday was noted on the staffing roster where a nurse was not always available. This presented a risk for the level of care being provided to residents identified as requiring a high level of nursing clinical inputs in particular those identified as at risk of choking; hypovolemia and epileptic seizures.

The person in charge formed part of the overall direct care staffing provision and has little protected time to fulfil the management functions of the person in charge role such as, developing and reviewing the quality and safety of the service or supervision of practice. Examples include issues identified under outcome 5 where improvements were required in care planning and assessment and also the risks associated with lack of time to review risk management processes to ensure the systems in place were sufficiently robust and staff were implementing them in full.

A full review of staff levels and skill mix is required to ensure the safe effective delivery of quality care to service users. Such review should also take account of the purpose and function of the centre in relation to criteria for admission and the specific care needs the centre is intended to meet.

The education, training and development opportunities available to staff did not enable them to meet the full needs of residents and additional training in areas such as; assessment and care planning; CPR; dysphagia; sub-cutaneous infusions and management of risks of choking such as Heimlich manoeuvre were required. A training needs analysis which was identified as required following the last inspection was compiled by the person in charge but not yet implemented. An assessment of competency of staff following training delivered should also be considered.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

In a sample of those reviewed it was found that general records as required under Schedule 4 of the Regulations were maintained including key records such as the statement of purpose and function, resident's guide, and notifications as required under Regulation 31.

Records were maintained in respect of accident and incidents, nursing and medical records and documentation of reviews and recommendations by clinicians were retained in the centre. However, it was found that a directory of residents to be established under regulation 19 (1) and containing all of the information specified under Schedule 3 point 3 (a) - (e) and schedule 4 Points 7,8 and 9 was not in place.

All of the policies required to be maintained under Regulation 4 and listed in Schedule 5 were not available, including policies to guide staff on;

- monitoring and documentation of nutritional intake
- policies to guide staff on aspects of clinical care specific to the resident profile are also required such as; management of subcutaneous fluids; dysphagia and management of risks of choking; hypovolemic shock.

It was also found that although an updated policy on medication management was in place, the policy did not reference the change of medication dispensing and administration processes. Nor did the policy give guidance to staff on the appropriate checking and auditing of the new system.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Nuala Rafferty
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002378
Date of Inspection:	20 and 21 January 2015
Date of response:	20 February 2015

Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

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

Individual personal plans were not developed to support resident's continued personal independence and life skills development.

Action Required:

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident

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

no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

Individual Personal Plan meetings have been scheduled with the multi disciplinary team and service users to identify individual goals and areas of personal development.

Proposed Timescale: 15/04/2015

Outcome 10. General Welfare and Development

Theme: Health and Development

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

Plans and systems were not established to develop opportunities for residents to develop new skills or maintain life skills through continuous development or training programmes for those residents assessed as having capacity to engage in these pursuits.

Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

Individual Personal Plans to be completed to identify level of skills, development of new skills and training programmes appropriate to the individual.
Daily accessible activity schedule to be commenced. Daily chore schedule to be commenced to maintain life skills

Proposed Timescale: 15/04/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Two documents one in relation to planning compliance and the other relating to fire compliance remain outstanding.

Action Required:

Under Regulation 5 of the Health Act 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 of the Health Act 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 two documents in relation to planning and fire compliance will be forwarded to the Authority.

Proposed Timescale: 02/04/2015

Outcome 16: Use of Resources

Theme: Use of Resources

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

Evidence that there were sufficient resources to fully meet residents needs was not found

Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

Staffing Level increased (1 full time Nurse)
Gap in roster from 11:00 – 15:00 closed 2 staff present (1 being a nurse)
Roster changed to reflect 24 hour nursing cover

Proposed Timescale: 08/02/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Full time nursing care was not provided over a twenty four hour period every day to meet the needs of residents assessed as requiring full nursing care.

Action Required:

Under Regulation 15 (2) you are required to: Ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.

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

Roster changed to reflect 24 hour nursing cover
Staffing Level increased (1 full time Nurse)

Proposed Timescale: 08/02/2015

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

The levels and skill mix of staff were not sufficient to fully meet the assessed needs all of residents as outlined in the body of the report.

Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

Roster changed to reflect 24 hour nursing cover

Staffing Level increased (1 full time Nurse)

Social Care Workers developing a plan to prioritise access to meaningful activities in the community for residents.

Statement of purpose will be updated to include the size of the all rooms.

Proposed Timescale: 30/03/2015

Theme: Responsive Workforce

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

Staff were not provided with training in aspects of clinical care specific to the resident profile in order to fully meet their needs

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:

Assessment and Care Planning:

All staff within the unit received IP Planning Training from a member of the Training Department 27/08/2014. The PIC attended a cluster briefing on the implementation of the assessment of need and support plan within the unit on November 3rd 2014. I have also scheduled a briefing with a member of the NMOC for all unit staff on assessment and care planning for the 24th of March 2015

The organisation has set up a steering group to review the Personal Planning System across the organisation and to work towards developing a new comprehensive system. It is proposed that training for this new system will be scheduled for late 2015 and will be rolled out to all frontline staff.

CPR and Choking:

Following a comprehensive review by the First Aid Working Group during 2013 and 2014, Senior Management have approved the recommendations. From now on all front-line staff will be required to attend a one-day Emergency First Aid Training course (which will include: CPR, Scalds, Burns and Choking)

Trials of the new training specification and training providers are currently underway led by the Staff Training and Development Department in consultation with the Health and Safety Department (these trials are taking place between January and February 2015). Full roll out is expected from March 2015 onwards. I have forwarded the request for all staff in the designated centre to be allocated places on the training from March 2015 onwards.

Subcutaneous Infusion training will take place on the 7th of April 2015 all nursing staff will attend

Hypovolemic Shock training/briefing service user specific will be delivered by Dr Maeve Murphy on the 24th of March 2015 by all staff

Dysphagia training/briefing user specific will be delivered by SALT department on the 24th of March 2015 by all staff

Proposed Timescale: 07/04/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

All of the written policies and procedures required under Regulation 4 and listed in Schedule 5 were not in place

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:

Monitoring and documentation of nutritional intake the registered provider is revising the policy which will be available the 31st of March

Re Sub Cutaneous Fluid administration . Nursing Practice Guidelines on Sub Cutaneous Fluid Infusion Administration written by Nurse Manager on Call in place

Dysphagia and management of risk of choking FEDS policy in place

Hypovolemic shock local policy, service user specific to be amended by Dr Maeve Murphy
30th March 2015

SAM policy re pods. The use of pods has been suspended from the 20th of February until amended policy in place and training provided.

Proposed Timescale: 30/03/2015

Theme: Use of Information

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

A directory of residents to be established under regulation 19 (1) and containing all of the information specified under Schedule 3 point 3 (a) - (e) and schedule 4 Points 7,8 and 9 was not in place.

Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 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:

Directory of residents completed

Proposed Timescale: 08/02/2015