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-0002361
Centre county:	Dublin 9
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	John Birthistle
Lead inspector:	Nuala Rafferty
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	3
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:
28 January 2015 10:00	28 January 2015 17:30
29 January 2015 08:00	29 January 2015 15:30

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

Outcome
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 forms 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 three adults at any one time with intellectual disabilities that have social care needs.

Some residents and relatives' questionnaire were received by the Authority during and after the inspection. The inspector also spoke to residents and relatives throughout the inspection and opinions expressed indicated they were broadly satisfied with the services and facilities provided.

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. The documents required are; 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.

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 dietetic, psychology and psychiatry 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 risk and medication management, 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):
No actions were required from the previous inspection.

Findings:
This outcome was reviewed in full on the last inspection and found to be in compliance however, issues in relation to lack of choice and complaints were found on this inspection.

Although the systems in place to respect residents privacy and maintain dignity were upheld by staff, residents rights to choice were found to be negatively impacted on this visit. This was due to staff being required to provide supervisory supports to another centre on a daily basis and residents were not consulted.

Although the duration of this support was for a relatively short period of one hour daily, from Monday to Friday usually between 16:00 and 20:00 hours, this time did not take account of the preparation required to travel and the return journey travel time itself which cumulatively could be as much as 2 hours in total. The provision of this support also meant that at least one, frequently two and occasionally all three residents had to go with staff to the other centre each day. Although the inspector was told that generally the residents did not mind going, there were occasions when the compulsory nature of the trip interfered with residents' preference to go elsewhere or avail of an opportunity to go on a social outing or activity. Other negative impacts associated with this issue are further referenced under Outcome 16 resources.

On review of the complaints records, a recent complaint was found in relation to difficulties one resident had encountered. This had resulted in a major disruption to their daily routine and also negatively impacted on the resident's choice. The complaint had not been managed in line with the organisational policy in that a detailed record of the

actual complaint to include a process to investigate was not found. Records were viewed which showed four meetings had been held with the resident since the complaint was made six months earlier. The notes showed that the measures put in place to rectify the difficulty were not timely and had not satisfactorily addressed the difficulty. The resident's expressed preferences for resolving the problem were delayed and when eventually arranged were not accepted by the resident who appeared to be experiencing a continued sense of loss as a result of the problem. Evidence that the resident was offered access to advocacy services was not found.

The inspector found that the complaint was not being appropriately managed or addressed and that the inexplicable six months delay was having an adverse effect on the resident from an emotional, psychological, social and skills development perspective.

Judgment:
Non Compliant - Moderate

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:
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. All of the current resident profile were able to communicate verbally and had few identified needs in relation to communication aids.

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

Residents had access to radio, television, social media, newspapers, internet and information on local events, and were facilitated to access, where required, assistive technology and aids and appliances to promote their full capabilities. Some of the residents used a variety of technology such as tablet, laptop and smart phone devices, and were familiar with Facebook and Skype as aids to maintaining communication with friends and family.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

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

Findings:
Evidence that residents were supported to develop and maintain positive relationships with family and friends were 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 returned some family members felt very supported by staff to be involved on a daily basis in the life of their relative.

Residents involvement in activities in the community were supported with some residents going to the local gym or attending football or basketball matches on a regular basis

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.

The Statement of Purpose was noted to have been revised on this inspection and now clearly stated that the service did not accept emergency admissions due to the potential negative impact on the current resident profile.

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
All lines of enquiry were reviewed on the last inspection and some improvements were required.

Although the actions required from the previous inspection had not been fully implemented there was evidence that resident’s well being and welfare was maintained by a good standard of evidence-based care and support. Personal plans were in place to support resident's continued personal independence and life skills development and reflected resident's wishes and preferences relating to family and community based contacts visits and outings.

However, on review of a sample of documentation it was found that improvements continued to be required to ensure that arrangements to meet each resident’s assessed needs were set out in a personal plan that reflected their needs and capacities.

A care plan was not in place for every identified healthcare need, such as, back pain, maintaining healthy weight or coping with anxiety.

Although each resident had a personal plan in place to support continued personal independence and life skills development they did not contain enough detail to inform staff on the actual process to follow to ensure the eventual outcome for example, how residents individual personal goal would be achieved. The lack of detailed phased processes to support the achievement of outcome based goals was found in relation to identified goals to improve independence such as; improve cooking skills to include cooking hot meals; increase level of physical activity or improve independence in personal care, meant that these goals were not yet achieved.

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

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 centre consisted of two semi-detached houses located side by side and connected by a door on the ground floor. 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;

Upstairs there were 5 bedrooms, 3 for residents and a staff sleepover bedroom with en-suite; two bathrooms with toilet and showers. Downstairs there were two large fully fitted kitchens cum dining room; two toilet's and two sitting rooms. At the back of the house there was an external building consisting of a laundry area and an area for storage. There was also a small enclosed garden space for residents to sit outside if they

wished.

The centre was clean, suitably decorated well maintained, and was warm and bright. Both kitchens had good cooking facilities, and all the living areas were comfortable and equipped with TVs, computers and games consoles providing space for residents to relax and engage in social activities as they wished. The bedrooms observed were individualised to the residents own tastes, were comfortably furnished and their privacy was respected. Residents were observed to be very comfortable and relaxed in the centre and were proud of their own personal influences on the centre.

The maintenance both internal and external was found to be of a good overall standard with suitable heating, lighting and ventilation.

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Some lines of enquiry were reviewed on the last inspection and improvements were found to be required. These related to improvements to back up measures for staff in order to manage risks associated with behaviour that challenges.

The providers response to failings identified on the first monitoring visit was not found to be implemented to any extent. A back up response to ensure the safety of residents and staff during and following episodes of challenging behaviour was to be improved and a centre situated close by with two staff on duty over a 24 hour period was identified to provide on call emergency back up in specific circumstances. However, although a page identifying the centre as back up with the phone number was inserted into the risk management folder, a clear procedure detailing the steps staff should follow when requiring back up and the steps the staff providing the backup should follow were not in place.

Further improvements identified on the last inspection to emergency responses in the event of residents being absent without staff knowledge and resources available in the event of an evacuation to the premises were addressed.

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, 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.

However, it was found that the final exit doors to the front and rear of the centre were key locked but did not have an emergency break glass unit containing a spare key located in proximity to the door for emergency use if required. This was raised with the person in charge who immediately contacted the technical services department to rectify the deficiency. Assurances were given that this would be addressed on the day immediately after the inspection concluded and evidence that this measure was implemented was received subsequently by the Authority.

Judgment:
Non Compliant - Moderate

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:
All lines of enquiry under this outcome were reviewed on the last inspection and found to be compliant.

In conversations with residents some expressed feeling safe and could tell inspectors the names of staff they were familiar with. Although all residents spoken with were unable to express feeling safe, it was 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 however, the alternatives considered prior to the use of restraint or where the restraint was reviewed in line with the centre's

policy on restrictive practices was not documented, this is further referenced with an action under Outcome 18.

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:
An electronic record of all incidents occurring in the designated centre was found to be maintained and where required were notified to the Chief Inspector within the specified time frames.

Clarification on the requirement to report restrictive practices including environmental restrictions as part of the quarterly notifications process were given to the person in charge.

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.

All residents were engaged in social activities internal and external to the centre to the extent that they wished to be. All attended day centres where they were supported to avail of a variety of classes which developed or maintained independent life skills such as; literacy; computers; cookery; financial planning and shopping.

Supported employment opportunities were also in place for some who travelled to and from their employment independently.

It was found that staff were very supportive of residents and endeavoured to facilitate their independence through encouraging self reliance and embedding skills learned in day services and through achievement of personal plans. Staff used social activities to educate and embed social skills such as ordering and paying for shopping or normalising behaviours in cafés and restaurants. Activities of daily living skills were also improved through supporting independence in personal care such as showering and shaving.

However, negative impacts associated with difficulties already outlined under Outcome 1 were found to be limiting opportunities for development and exploring new life experiences for all residents.

Additionally it was found that communication processes between the centre and day services were poor and limited any potential progress which could and should be made to meet the developmental needs of residents. Measures to assist residents' transition to new employment opportunities and maintain education and training where interpersonal difficulties were encountered were not being identified or implemented as a result.

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:
All lines of enquiry were reviewed on the last inspection and were found to be compliant. Similarly on this inspection it was noted that individual residents' healthcare needs were appropriately assessed and in general met by the care provided in the centre. It was noted that staff endeavoured to encourage and enable residents to make healthy living choices.

Evidence that residents' health care needs were met through timely access to GP services and other allied health care services and were provided with appropriate treatment and therapies was found.

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.

Judgment:
Compliant

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

Theme:
Health and Development

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

Findings:
All lines of enquiry under this outcome were reviewed in full on the last inspection and all actions arising were found to be satisfactorily addressed. However further improvements were found to required on this inspection.

A closed single dose, individualised medication administration system was recently established and systems were in place for 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.

The administration of medication to residents was observed, and it was noted that staff were familiar with each resident's medication and facilitated residents to take their medication at the prescribed time as part of their daily routine. Details of all medicines administered were correctly recorded

However, clear processes were not in place and policies were not specific enough to guide staff on checking contents of the closed pod system against the prescription; where the prescription was reviewed and/or changed by the medical officer within the dispensing medication cycle, that this was checked again to ensure the medication still matches the prescription; vigilance of medication administration practice to include checking prescription; closed dosage system; pharmacy information sheet and resident

details at every administration and the five rights of medication administration.

Discrepancies were noted by inspectors whereby in two instances medicines listed on the prescription sheet and signed by the doctor, did not match the medicines dispensed by the pharmacist and administered to the residents. Although staff checked the prescription sheet they did not notice the discrepancies and administered the medication. When raised by inspectors these discrepancies were investigated immediately by staff and in both cases the prescribing doctor confirmed that the residents concerned were receiving the correct medication dosage and that the error was a prescribing error. Amended prescriptions were arranged prior to the end of the inspection.

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:
Non Compliant - Moderate

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

Theme:
Leadership, Governance and Management

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

Findings:
The statement of purpose did not contain all of the information required by Schedule 1 of the Regulations in that the specific care needs the centre intends to meet; resource sharing with other services; closure of the service one day per month; and the admissions criteria including emergency admissions were not clearly specified.

Judgment:
Non Compliant - Moderate

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:
Evidence that management systems within the centre were in place to ensure that the service provided is 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.

Judgment:
Compliant

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

Theme:
Leadership, Governance and Management

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

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

A senior care worker 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.

Although there was evidence of good access to clinical supports such as medical officers; dietetic, psychology and psychiatry services, resources available in the centre were not sufficient to meet the full needs of the current resident profile.

The inspector learned through review of documentation and in conversation with residents and staff that the centre closed for a period of up to six hours on one Sunday per month. This closure was established as a cost saving measure and commenced early in 2014. The closure relied on families who were required to bring their relative home or out for a social occasion. This practice essentially meant that residents were unable to return to their home if they wished to do so between 12 and 18:00hrs on this identified day.

The level and availability of staffing and the flexibility of the staff roster to meet residents needs in accordance with their wishes and choice was negatively impacted by the daily compulsory visit to a separate centre to provide support to meet the needs of a separate client group.

Due to previously referenced difficulties under Outcome 1 staff had recently also began providing support to enable all residents avail of day services, this was provided one day a week but required to increase to three days

There was a vacancy for 1.5 staff posts which has yet to be filled.

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:
Some lines of enquiry were reviewed on the last inspection and were compliant. Respectful and attentive interactions were observed between staff and residents and it was noted that staff were strong advocates for residents' development and endeavoured to deliver care within a normalised domestic environment.

The numbers and skill mix of staff were found to be adequate for the current resident profile on this inspection, although this staff resource was not adequate to deliver a safe and appropriate service to the residents of this centre whilst also providing supports to separate day or residential services elsewhere. The determination of the appropriateness of staffing on this inspection does not take account of the closure of the centre one day per month or existing vacancies as referenced under Outcome 16. A full review of staffing levels and skill mix is required to ensure the full time consistent delivery of safe and appropriate care.

An actual and planned rota was in place and on review of a sample of staff files these 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.

Education, training and development opportunities available to staff concentrated primarily on mandatory training elements such as fire safety, safeguarding and medication management. However, further training was identified as required in medication management as referenced under Outcome 12 and revised training of safe

administration of medication management in line with changes to medication management systems was also required. Additional training in areas such as; documentation and assessment and planning care was also identified as required.

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, clinical records and documentation of reviews and recommendations by clinicians were retained in the centre. However, improvements to documentation of care delivered was needed as it was noted that records were not fully completed with important details such as dates or times omitted on many and specifics of care required or delivered was not always included.

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 available, however not all were fully implemented including the complaints policy and the policy on restrictive practices.

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 processes to follow for the new system. It was found that this contributed to potential errors as referenced under Outcome 12

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 report[1]

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002361
Date of Inspection:	28 and 29 January 2015
Date of response:	10 March 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 01: Residents Rights, Dignity and Consultation
Theme: Individualised Supports and Care **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** Residents individual choice was not fully respected or promoted and were negatively impacted by impositions on daily routine **Action Required:** Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the

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

freedom to exercise choice and control in his or her daily life.

Please state the actions you have taken or are planning to take:
The practice of providing daily support to another designated centre was discussed between the PIC and service manager and this has now ceased. The PIC will ensure that staff are available to support service users to exercise control and choice in their daily routine. The PIC will ensure that all residents are consulted with in regards to any other change in their daily routine. Minutes of the meeting outlining this decision are available for review.

Proposed Timescale: 26/03/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Access to advocacy services was not offered or provided.

Action Required:
Under Regulation 34 (1) (c) you are required to: Ensure the resident has access to advocacy services for the purposes of making a complaint.

Please state the actions you have taken or are planning to take:
The PIC will ensure that all residents are aware of how to access the national advocacy service. The contact information for this service is kept in the centre for the residents to access. At the most recent residents meeting 22nd February 2015 , Advocacy was discussed with all service users.

Proposed Timescale: 24/02/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaint was not investigated in a timely and responsive manner

Action Required:
Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

Please state the actions you have taken or are planning to take:
The PIC and service manager carried out a review of the recent complaint. The review identified elements of the complaint that were not in line with the organisational policy. The records of the complaint are now in line with the policy and are available for review. The service manager met with the service user to apologise for the delay in responding appropriately to the complaint and to check the service user was satisfied with the outcome of the complaint. Minutes of the meeting are available for review.

Proposed Timescale: 27/02/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints policy in place was not implemented and records to show that the complaint was investigated promptly, measures implemented were effective and that the issue was resolved or evidence that a review of satisfaction was conducted was not found.

Action Required:
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
The PIC will ensure that a record of all complaints are fully detailed. The complaint process and any action taken will be clearly outlined. The service manager will provide coaching to the PIC in the management of complaints as part of their induction training for their new role. The PIC will ensure that all complaints are resolved for the residents. The existing complaint has been resolved to the satisfaction of the resident.

Proposed Timescale: 27/02/2015

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 contain enough detail to adequately 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 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:
PIC will support each key worker to complete a full review and update of all residents assessment of needs and support plans. The PIC will ensure these support plans are implemented to maximise each residents personal likes and skills development.

Proposed Timescale: 31/03/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A plan was not in place for every identified need.

Action Required:
Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

Please state the actions you have taken or are planning to take:
PIC will support each key worker to complete a full review and update of all residents' assessment of needs and support plans. PIC will ensure that each resident has a detailed personal care plan which reflects each of their identified needs. The multi disciplinary team will contribute to these plans as appropriate. PIC will ensure these plans are available for review

Proposed Timescale: 31/03/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Appropriate risk control measures to enable staff call for back up and assistance during and following episodes of challenging behaviour and measures to ensure a timely response to such calls were not in place

Action Required:
Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

Please state the actions you have taken or are planning to take:
The Registered provider is currently developing a risk management policy. This will be completed by 31/03/2015 and will include a risk register. The PIC will ensure that these updated policy and procedures will be fully implemented in the designated centre and will be available for review. A comprehensive risk management plan for managing episodes of challenging behaviour has been developed and implemented in the centre. This includes a plan to ensure staff have adequate and timely assistance during episodes of challenging behaviour. Risk management plan available for review in the designated centre.

Proposed Timescale: 31/03/2015

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:
Supports were not in place to ensure all residents could access opportunities for education training development or employment according to their expressed wishes or preferences.

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:
The PIC will support key workers to meet with all residents and their day service key workers to review opportunities for education, training development or employment. Residents preferences will be noted at the meeting and actions agreed. Residents daily schedule for access to training, education and employment will be updated based on this meeting. Key workers from day and residential service will ensure that these plans will be reviewed monthly with residents to ensure plans are followed and to check if preferences have changed.

Proposed Timescale: 31/03/2015

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Communication processes between the centre and day services were poor and measures to assist residents transition to new employment opportunities and maintain education and training opportunities were not being identified or implemented as a result

Action Required:
Under Regulation 13 (4) (b) you are required to: Ensure that where residents are in transition between services, continuity of education, training and employment is maintained.

Please state the actions you have taken or are planning to take:
PIC will ensure that regular review meetings take place between key workers in the designated centre and the day services the residents attend, to support better communication between residential and day staff and to coordinate support and agree actions to maximise the residents access to education, training and employment

opportunities. All contact between the day and residential will be documented and available for review.

Proposed Timescale: 02/03/2015

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Processes and practices were not sufficiently robust to ensure safety of medication management in relation to prescribing, receipt administration and auditing of medication.

Action Required:
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:
The Safe Administration of Medication Policy & Procedures is being reviewed and updated by the Registered Provider at present to include the use of blister packs for administration of medication. Once completed the PIC will ensure that all staff receive refresher training and that all local practices are compliant with best practice. The training attendance sheets and updated policy will be available for review. In the interim the PIC has arranged with the local pharmacist to brief all staff on the medication system in the unit at the next staff meeting on 24 March 2015

Proposed Timescale: 30/04/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose did not contain all of the information required by Schedule 1 of the Regulations in that; the specific care needs the centre intends to meet; resource sharing with other services ;closure of the service one day per month; and the admissions criteria including emergency admissions were not clearly specified.

Action Required:
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with

Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
The PIC has updated the Statement of Purpose to ensure that it contains all the information set out in schedule 1 of the regulations and accurately reflects the service provided in the designated centre. The Statement of Purpose will be resubmitted to the authority as part of the application to register the centre.

Proposed Timescale: 13/03/2015

Outcome 16: Use of Resources

Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Sufficient resources to ensure effective delivery of services to residents at all times in line with the statement of purpose 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:
The registered provider has reviewed the resources allocated to the centre including staff allocation and support hours. Following this review, the register provider has agreed to cease closure of the centre one Sunday per month and the daily redeployment to a separate centre. PIC has reviewed the resources on the staff roster and will ensure the resources in the designated centre are used for the effective delivery of care and support in accordance with the statement of purpose

Proposed Timescale: 25/02/2015

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staffing was not available on a full time basis and the centre closed one day per month due to staffing restraints.
Vacancies currently exist and staff resources are allocated on a daily basis to other services.

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:
PIC will ensure that all staff assigned to the designated centre have the correct qualifications and skills to deliver an effective service that meets the needs of the residents. The current vacancies of 1.5 staff in the designated centre will be appropriately filled. The registered provider has agreed to cease closure of the centre one Sunday per month and the daily redeployment to a separate centre. As mentioned in Outcome 16, all resources for the designated centre will be used in accordance with the statement of purpose.

Proposed Timescale: 13/04/2015

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff required additional training in medication management and the documentation assessment and planning of care

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:
The PIC will review all training records to ensure that all staff are compliant with minimum training standards. The PIC will ensure that all refresher training will be scheduled as required. The PIC will discuss staff trainings and career development plans with all staff members during their monthly support meetings. The PIC will ensure that all staff receive refresher medication management training and that all local practices are compliant with best practice. The training attendance sheets and updated policy will be available for review 30 April 2015. In the interim the PIC has arranged with the local pharmacist to brief all staff on the medication system in the unit at the next staff meeting on 24 March 2015

Proposed Timescale: 30/04/2015

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The medication management policy in place 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.

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

Please state the actions you have taken or are planning to take:
The Safe Administration of Medication Policy & Procedures is being reviewed and updated by the Registered Provider at present to include the use of blister packs for administration of medication. Once completed the PIC will ensure that all staff receive refresher training and that all local practices are compliant with best practice. The training attendance sheets and updated policy will be available for review. In the interim the PIC has arranged with the local pharmacist to brief all staff on the medication system in the unit at the next staff meeting on 24 March 2015

Proposed Timescale: 30/04/2015

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All policies in place were not fully implemented.

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:
Policies Update –

Nutrition Policy: The registered provider is developing a nutrition policy. The policy will be completed by March 31st. The PIC will be will be briefed on the contents and implementation of the policy by April 30th 2015. The PIC will then brief the staff team on the contents and implementation of the policy. The policy will be available for review in the designated centre.

Records Management:
The registered provider has developed a policy on 'Creation of, access to, retention of, maintenance and destruction of records policy' as required in the legislation. The Policy is in line with the Data Protection Act. The PIC will be will be briefed on the contents and implementation of the policy by April 30th 2015. The PIC will then brief the staff team on the contents and implementation of the policy. The policy will be available for review in the designated centre.

Communication: The registered provider has developed a communication policy in consultation with key stakeholders and service users. The PIC will be will be briefed on the contents and implementation of the policy by April 30th 2015. The PIC will then brief the staff team on the contents and implementation of the policy. The policy will be available for review in the designated centre.

Provision of Information to Residents: The registered provider has developed Guidelines on the Provision of Information to Residents. The PIC will be will be briefed on the contents and implementation of the guidelines by April 30th 2015. The PIC will then brief the staff team on the contents and implementation of the policy. The guidelines will be available for review in the designated centre.

The legislation requires a policy on the Provision of Information to Residents which is being developed in consultation with a group of service users. This policy will take some time as the consultation process is extensive. The registered provider is using the guidelines as an interim measure until the policy is developed. The policy will be completed by December 2015.

Risk Management Policy:
The registered provider has developed a risk management policy which includes all the elements required in the legislation. The policy includes the use of risk registers to identify and prioritise responses to risk. The PIC will be will be briefed on the contents and implementation of the policy by April 30th 2015. The PIC will then brief the staff team on the contents and implementation of the policy. The policy will be available for review in the designated centre.

Restrictive Practices: The registered provider is currently developing a restrictive practices policy. The policy will include how to refer restrictive practices to the Positive Approaches Monitoring Committee. The policy will be developed by June 30th 2015 and will be available for review in the designated centre.

Personal and Intimate Care: The registered provider has updated the Personal and Intimate Care Policy. The policy is accompanied by Guidelines for staff on developing intimate care plans for service users. The PIC will be will be briefed on the contents and implementation of the policy by April 30th 2015. The PIC will then brief the staff team on the contents and implementation of the policy. The policy will be available for review in the designated centre.

Safe Administration of Medication: The registered provider is in the process of updating the Safe Administration of Medication policy to include the use of blister packs. Training on the implementation of this element of the policy will be scheduled by the PIC and training records will be available for review. This will be completed by 30 April 2015

Proposed Timescale: 30/04/2015

Theme: Use of Information

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

the following respect:
A directory of residents was not in place.

Action Required:
Under Regulation 19 (1) you are required to: Establish and maintain a directory of residents in the designated centre.

Please state the actions you have taken or are planning to take:
The registered provider has developed a template for the directory of residents. The PIC will update the directory of residents to ensure it contains all required information. The updated directory will be available for review in the designated centre.

Proposed Timescale: 26/03/2015