

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by St Michael's House
<b>Centre ID:</b>	OSV-0002334
<b>Centre county:</b>	Dublin 11
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St Michael's House
<b>Provider Nominee:</b>	Maureen Hefferon
<b>Lead inspector:</b>	Sheila McKeivitt
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	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 April 2015 10:00	20 April 2015 16:30
21 April 2015 09:30	21 April 2015 14:00

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

As part of the application for renewal of registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the

Authority). All documents submitted by the provider for the purposes of application to register were found to be satisfactory. However, two documents one in relation to planning compliance and the other relating to fire compliance remain outstanding and are required to be submitted to the Authority before a recommendation for registration can be made by the inspector.

The fitness of the person in charge was assessed through interview and throughout the inspection process to determine fitness for registration purposes and was found to have satisfactory knowledge of their role and responsibilities under the legislation and sufficient experience and knowledge to provide safe and appropriate care to residents. The fitness of the nominated person on behalf of the provider will also be considered as part of this process.

The centre was established to provide care for a maximum of five adults with physical and/or intellectual disabilities who have social care needs. On inspection there were five residents living in the centre long term. A number of feedback questionnaires from residents' and relatives were received by the Authority during the inspection. The opinions expressed through the questionnaires were broadly satisfactory with services and facilities provided. In particular, relatives and residents were very complimentary on the manner in which staff provided support to residents.

Evidence of good practice was found across all outcomes, 14 out of 18 outcomes inspected against were in compliance with the Regulations. One in substantial compliance related to the statement of purpose, which required review in order to meet schedule 1 requirements.. One outcome was judged to be moderately non compliant, it related to records, specifically policies outlined in schedule 5 one policy not being available and one not reflective of the legislative requirements. The two major non compliances were in relation to the outstanding documents, mentioned above, which are required to progress the registration of the centre and the inappropriate storage of medications.

The action plans at the end of this report identifies those areas where improvements are required.

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 01: Residents Rights, Dignity and Consultation**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

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

Residents had a meeting every Tuesday evening where they planned their evening meals for the week, each of the five residents selecting a meal of their choice to prepare and cook on an evening of the week. They also discussed and planned group and individual activities, individual appointments and personal plans for the week and weekend ahead. Visits to and from family homes and pre-arranged visitors/friends calling to the centre were also discussed at these meetings. There was a small private sitting room where residents could receive visitors in private.

Residents' privacy and dignity was respected. Residents answered the front door to their home. Four of the five residents had a key for the front door and each had a key which enabled them to lock their bedroom door if they wished. The bathroom/shower room and toilet doors had privacy locks in place. All windows had blinds and curtains in place.

The rights of residents' were respected. Residents told the inspector they had choice and retained autonomy of their own life. The inspector met all five residents' over the two day inspection. Residents' said they were free to make choices about their daily routine and when needed were facilitated by staff. For example, some residents had chosen to remain in the house on the days of inspection so they could inform the inspector of how life was for them.

Residents' confirmed they had access to advocacy services and the availability of the

service had been discussed at a recent residents meeting. The inspector saw that two residents' had used the National Advocacy Services to assist them in resolving a complaint.

There was a policy and procedure for the management of service user's monies by staff and a procedure on personal possessions. The inspector saw there were clear, concise records and receipts to reflect the individuals outgoing and incoming cash. Safe and secure storage was available. The process in place reflected the policy. Most residents' were relatively independent with using cash and those residents unable to manage their finances independently were facilitated by staff to do so.

Residents' spoken with told the inspector they were registered to vote and some confirmed they went to do so in the local school, if they felt like it.

There was a complaints policy in place. A resident showed and explained it to the inspector, it was accessible in a pictorial format readable to residents, a copy was posted on the residents' notice board and a copy was included in the residents guide. The written complaints policy and records held for the one complaint which was now closed were clear and concise and met the legislative requirements.

**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:**

Residents were able to communicate at all times.

All residents' could communicate verbally. The inspector saw that staff spoke with and listened to them in a patient, quite, kind and respectful manner. Pictorial aids were used in some incidents to prompt residents' memory. For example, the complaints policy included pictures of those to whom residents could complain to.

The inspector saw all residents had access to a television in their bedroom and both sitting rooms. They had access to music systems, play stations, sky movies and devices of their choice. Some had personal mobile phones and all had access to two portable house telephones.

**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:**

Residents were supported to develop and maintain personal relationships and links with the wider community.

There was a visitors policy in place. Residents' told the inspector that they had visitors of their choice visit them in their home and had friends over for dinner. Some also spoke to the inspector about visits to their family's home, most could travel there independently and staff provided transport when requested by residents'. There was a family contact sheet in each resident's file where staff recorded all verbal contact with the residents' family.

Residents used facilities in the local community. They told the inspector they regularly visited the local coffee shop, the public house (occasionally) and pool hall. The residents walked to the local shops to purchase groceries and items of their choosing. The local shopping centre was also regularly visited by 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):**

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

**Findings:**

Contracts of care were available for residents'. There was an admissions policy in place which outlined the procedure to be followed including the involvement of the person in charge, the resident to be transferred and his/her next of kin.

Contracts reviewed were signed and dated by the resident and the person in charge. The contracts included details about the support, care and welfare the resident would be expected to receive, details of the services to be provided, the weekly fee to be charged and also referred to additional costs that maybe charged.

**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):**

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

**Findings:**

Residents' had comprehensive assessment, and their identified needs reflected in care plans. Each resident had a personalised inter personal plan in place also.

During this inspection one resident showed the inspector his personal file and informed the inspector that he and this key worker had been involved in his assessment. The assessment reflected the residents' interests and preferences and outlined how staff could assist the resident to maximise his individual opportunities to participate in meaningful activities. This assessment had been reviewed within the past year.

The resident had a corresponding outcome based personal plan which outlined two personal outcome based goals he set himself for 2015. One of which included to commence bowling which the resident confirmed he now attends once a week and wants to join the bowling club.

The staff within the centre promoted residents independence. One resident was in paid employment and another residents, personal goal for 2015 was to source employment which his key worker was assisting him to do.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

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

**Findings:**

The location, design and layout of the centre was suitable for its stated purpose and met the residents' individual and collective needs in a comfortable and homely way. The semi detached two storey house had been home for the residents for a number of years. It was first opened in 2000.

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

There were four resident bedrooms situated upstairs and one downstairs. One residents told the inspector he had chosen the paint for his freshly painted bedroom. Two residents showed the inspector their bedroom which they had furnished to meet their personal taste. One resident told the inspector that his bedroom was too small for him and explained how he was moving downstairs to the office and it was being moved upstairs. The inspector saw that the office was a larger room and the person in charge confirmed that this move was planned post the completion of the registration inspection.

There were sufficient furnishings, fixtures and fittings to meet the individual needs of residents'.

The communal areas included a well equipped kitchen/dining room, a bright sitting room and a smaller sitting/private room. The laundry and cleaning storage room contained all required equipment. There were two shower rooms with toilet and wash hand basin, one upstairs and one downstairs. There was an additional bath, toilet and wash hand basin upstairs. The staff bedroom had ensuite facilities which included a shower, toilet and wash hand basin.

The rear garden was accessible via patio door from the dining room. The garden contained a garden shed, a paved area with table and chairs where residents could enjoy dining outside. The garden could be secured by closing the side gate entrance

leading from it and a path lead into the garden of another centre, both centres gardens backed onto each other. The residents in both centres were friends and managed by the same team of staff. Car parking spaces were available in the paved drive to the front of the house and on the road.

Evidence that the building complied with the Planning and Development Act 2000-2013 signed by a suitably qualified competent person as required by Registration Regulation (5)(3)(c) was not provided.

**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):**

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

**Findings:**

The inspector formed the view that the health and safety of residents, visitors and staff was promoted and protected. There was a risk management policy in place which reflected the legislative requirements. The person in charge completed individual resident risk assessments on a monthly and annual basis and health and safety checks were completed on a quarterly and six monthly basis with the service manager. There was a risk register in place which had been developed within the last month.

There was an up-to-date localised health and safety statement in place and it was on display in the opened office. An emergency plan had been developed and implemented. It was detailed and included the procedures to be followed in the event all potential emergencies.

Records were available to confirm that fire equipment including fire extinguishers, the fire blanket, emergency lighting and the fire alarm had all been tested by professionals within the required time frame. All staff had completed fire training within the past year and both residents and staff spoken with had a clear understanding of the procedure to be followed in the event of a fire. Residents could vacate the house independently in the event of a fire. The records reviewed showed that fire drills were practiced on a regular basis during the day and night by both staff and residents.

Written confirmation from a properly and suitably qualified person with experience in fire safety design and management that all statutory requirements relating to fire safety and building control have been complied with as required in the registration regulations has not been provided.

There was an infection control policy in place and practices throughout the house were safe. All staff had attended hand hygiene training.

The inspector saw evidence that the centres bus was road worthy, taxed and insured.

**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):**

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

**Findings:**

Measures were in place to protect and safeguard residents which included a policy and procedure on the prevention, detection and response to abuse. Staff had up to date mandatory safe guarding vulnerable adults training in place and those spoken with had a clear understanding of how to safe guard residents'. Residents also had a good knowledge of how to safeguard themselves.

The centre appeared safe and secure. Residents had access to an enclosed garden which opened into the garden of the centre backing onto it. All the exit/entry doors could be secured by locking and the house was alarmed. As mentioned under outcome one, four residents had their own front door key one resident had chosen not to have one. Each resident had a key to their bedroom. The inspector saw bathroom doors had secure locks and there were blinds and curtains on bedroom windows.

Communication between residents and staff was respectful. One resident who at times displayed behaviour that may challenge had a positive behavioural support plan in place. The resident's psychologist had been involved in the development of this plan.

There were no forms of restraint in use in the house.

**Judgment:**

Compliant

--

<b>Outcome 09: Notification of Incidents</b> <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i>
<b>Theme:</b> Safe Services
<b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.
<b>Findings:</b> A record of all incidents occurring in the designated centre was maintained and where required, notified to the chief inspector. A detailed record of all incidents and accidents was maintained by staff in the individuals personal file. Quarterly reports had been submitted to the chief inspector in a timely manner. Incidents' notifiable within three working days such as the loss of water had been notified to the Authority within three working days.
<b>Judgment:</b> Compliant

<b>Outcome 10. General Welfare and Development</b> <i>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.</i>
<b>Theme:</b> Health and Development
<b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.
<b>Findings:</b> Resident's opportunities for new experiences, social participation, education and training were facilitated and supported by staff. All residents' attended day care services two to five days per week and one was in part-time employment two days per week. A number had completed education courses through their day service. For example, one resident told the inspector they had completed a course on self advocacy which he stated enjoyed and learnt a lot from.  Each of the residents had their own weekly schedule which they had control of. Most residents were capable of travelling to and from work, day care services and their chosen activity independently. Those who required staff to provide transport had this

choose available to them.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

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

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

**Findings:**

The health care needs of residents were being met and records reflecting this were available for review in each residents file.

The inspector reviewed two residents' files and saw evidence that they were facilitated to access and to seek appropriate treatment and therapies promptly from allied health care professionals when required. Completed referral forms were available for review in residents' files and written evidence of relevant reviews were also available.

For example, one resident had recently had his behavioural support plan reviewed by the psychologist. Records were on file to reflect these visits. All residents' visited their General Practitioner (GP) on a regular basis and had their health status well monitored. Evidence of this was available in each resident's file.

The inspector saw that residents' had access to adequate quantities and a good variety of nutritious food to meet their dietary needs. None of the residents required special diets. The inspector saw during the inspection that they were all actively involved in planning, preparing, cooking, serving and cleaning up after their breakfast, lunch and evening meals with little support from staff.

**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):**

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

**Findings:**

The inspector found that practices regarding drug administration and prescribing were in line with best practice. There was a medication management policy available which included the ordering, prescribing, storing, administration and prescribing of medicines. Practices were in line with the policy. However, the inspector noted that medicines were stored in a cupboard in the kitchen/dining room which was a warm, well light room, too warm and too bright for medication storage.

There was a safe system in place for the ordering and disposal of medications and the inspector saw records which showed that all medications brought into and out of the centre were checked by staff and residents'. Some of the residents self administered their own medications and those that did had individual guidelines to follow. Some residents' were involved in auditing their medications with staff on a weekly basis, any discrepancies were identified and reported to the nurse manager on call by completion of an error form. This was reviewed and recommendations made were fed back to the person in charge who was given a set period of time to implement the recommendations made.

The inspector saw that the residents used the local pharmacist for supply of their medications. One resident, who self administrated his medication, explained the procedure he followed to the inspector. He had control over his own medications, storing his weekly supply in his bedroom. He also told the inspector what each medication he was taking was for and explained how the staff supported him to self administer. Safe Administration Medication (SAM) guidelines were available. All permanent staff had up-to-date SAM training in place.

The inspector saw that each of the residents had their prescribed medications reviewed by the Medical Officer on a frequent basis..

**Judgment:**

Substantially 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):**

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

**Findings:**

The statement of purpose submitted with the application to register, dated March 2014 was reviewed prior to this inspection. It included details of the services and facilities provided. It also contained most of the information as required in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013. However, no room measurements were included and the names of all allied health care professionals were included.

One of the residents told the inspector that they were aware of the statement of purpose and a copy was available to them in the open office. The person in charge stated that a copy of it had been sent to all residents families via email.

**Judgment:**

Substantially 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):**

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

**Findings:**

There was a clearly defined management structure that identified the lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced social care worker (SCW) with authority, accountability and responsibility

for the provision of the service. He was the named person in charge (PIC), employed fulltime to manage the centre and a second centre located behind this centre. The inspector observed that the person in charge was involved in the governance, operational management and administration of the centre on a consistent basis. He had a good knowledge and understanding of the residents', having worked with some of them for a number of years and was committed to develop professionally. Residents appeared to know him well.

During the inspection the person in charge demonstrated sufficient knowledge of the legislation and of his statutory responsibilities. Records confirmed that he was committed to his own professional development. He was supported in his role by a team of social care workers who worked between the two centres. One of whom whom had been nominated to manage both centres in his absence. He reported directly to a service manager who reported to a regional director (also nominated person on behalf of the provider). The inspector was informed by the person in charge and saw evidence that regular scheduled minuted meetings took place with the service manager. The nominated person on behalf of the provider attended the centre on occasions, she attended for the feedback meeting at the end of this registration inspection.

Management systems had been developed to ensure that the service provided were safe, appropriate to residents' needs, consistent and effectively monitored. The service manager had conducted two unannounced visits to the centre and together with the person in charge conducted a review of the health and safety and quality of care and support provided to residents' within the centre. They identified areas for improvement and issues which required follow-up, by whom and within what time line. An annual review had been started by the service manager using a newly developed audit tool, but not completed.

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

**Judgment:**

Non Compliant - Major

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

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The Chief Inspector had not been notified of any proposed absence of the person in charge of the centre to date and the inspector was satisfied that arrangements were in place for the management of the centre during his absence.

As mentioned under outcome 14, a social care worker met on inspection had the required experience and qualifications to manage the centre in the absence of the person in charge.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

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

**Theme:**

Use of Resources

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

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

**Findings:**

The centre was sufficiently resourced to ensure the effective delivery of care and support to residents' in accordance with the Statement of Purpose. The resources available within the centre were appropriately managed by the person in charge to meet the needs of residents'. For example, the person in charge ensured that there was enough staff allocated to each centre he managed to ensure the care needs of residents were met.

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

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

**Findings:**

The numbers and skill mix of staff were adequate to meet the needs of the five residents. Staffing levels included the person in charge and six social care workers. The staff also provided up to seven support care hours per day to one of the three residents' living an independent life in the centre situated behind this one. As mentioned under outcome 16, the person in charge managed this well.

The inspector reviewed staff training records and saw evidence that all staff had up-to-day mandatory training in place and those spoken with had a good knowledge of procedures to follow. In addition, staff had refresher Safe Administration of Medication training in place and refresher food safety was planned for all staff for dates in 2015.

The one volunteer working in the centre had roles and responsibilities outlined and garda vetting in place..

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

**Judgment:**

Compliant

**Outcome 18: Records and documentation**

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

**Theme:**

Use of Information

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

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

**Findings:**

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Residents and Adults) with Disabilities) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

An insurance certificate was submitted as part of the registration pack for another of the organisational centres and it showed that this centre was also adequately insured against accidents or injury to residents, staff and visitors. It also confirmed that the bus used to transport residents was adequately insured. There was a directory of residents available which included all the required information.

The centre had some of the written operational policies as outlined in Schedule 5 available for review. The policy on access to education, training and development was not yet devised and the policy on the provision of information to residents did not reflect the legislative requirements.

**Judgment:**

Non Compliant - Moderate

## Closing the Visit

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

### **Acknowledgements**

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

### ***Report Compiled by:***

Sheila McKeivitt  
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<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by St Michael's House
<b>Centre ID:</b>	OSV-0002334
<b>Date of Inspection:</b>	20 April 2015
<b>Date of response:</b>	18 May 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 12. Medication Management

**Theme:** Health and Development

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

The room where medications were being stored was not appropriate, the room was too bright and too warm.

**Action Required:**

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and

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

administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

The Medication press will be moved into the upstairs office commencing on 20/5/15 and will be completed by 31/5/15.

**Proposed Timescale:** 31/05/2015

**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 include all room measurements and included the names of all allied health care professionals.

**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:**

Statement of purpose will be updated to include the above regulatory requirements no later than May 20th.

The revised and updated Statement of Purpose will be forwarded to the Authority.

**Proposed Timescale:** 31/05/2015

**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:**

Correspondence received from HIQA on 13/1/15 states applications that have been submitted without the above documentation will be processed up to a point of processed decision and then after 1/3/15, assuming all else is in order, a notice of proposal will be issued.

**Proposed Timescale:** 31/05/2015

**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 policy on the provision of information to residents does not reflect the legislative requirements.

**Action Required:**

Under Regulation 04 (2) you are required to: Make the written policies and procedures as 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 available to staff.

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

(A) 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 and residents on the contents and implementation of the policy. The guidelines will be available for review in the designated centre.

(B) 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.

Proposed Timescale: (A) 03/06/15 (B) 30/12/15

**Proposed Timescale:** 30/12/2015

**Theme:** Use of Information

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

The policy in relation to access to education, training and development was not developed to date.

**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:**

Organisational policy will not be available for at least 6 months. A local policy for the centre will be launched in the interim period. Residents will be provided with this policy at their house meeting on the 26/5/15. Staff will be provided with this policy at the staff meeting on the 03/6/15.

**Proposed Timescale:** 03/06/2015