### Health Information and Quality Authority

**Compliance Monitoring Inspection report**

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Michael's House</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002350</td>
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<tr>
<td>Centre county:</td>
<td>Dublin 3</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>St Michael's House</td>
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<tr>
<td>Provider Nominee:</td>
<td>John Birthistle</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sheila McKevitt</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>4</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

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

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

The inspection took place over the following dates and times

From: 30 March 2015 09:00  30 March 2015 17:00
To: 31 March 2015 09:30  31 March 2015 14:30

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

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<td>02</td>
<td>Communication</td>
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<td>03</td>
<td>Family and personal relationships and links with the community</td>
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<td>04</td>
<td>Admissions and Contract for the Provision of Services</td>
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<td>Safe and suitable premises</td>
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<td>Medication Management</td>
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Summary of findings from this inspection

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

The nominated person on behalf of the provider had made some improvements within the centre since the last inspection. The fitness of the person in charge was not assessed as she was on leave during this inspection. The fitness of the nominated person on behalf of the provider was also considered as part of this
The centre is home for four residents, some with physical and/or intellectual disabilities. They have social care needs and all have lived in the house for some period of time. Those spoken with were well integrated into the local community and enjoyed living in the house, it was their home. A number of questionnaires completed by 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 were satisfied with the manner in which staff delivered care to their relative.

Evidence of good practice was found across all outcomes, 6 out of 18 outcomes inspected against were deemed to be in compliance with the Regulations. Management had addressed two non-compliances from the last inspection in May 2014 and partially addressed three non compliances. As part of the application for registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider for the purposes of application to register were found to be satisfactory.

The action plans at the end of this report identifies the 12 outcomes under which improvements are required.
Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:
Individualised Supports and Care

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

Findings:
Residents’ were consulted with and participated in decisions about their care. They were provided with information about their rights and each resident’s privacy and dignity was respected. However the management of complaints required review.

Residents had a weekly meeting where they planned their daily evening meal, each of the four residents selecting a meal of their choice have on an evening of the week ahead. They also discussed and planned group and individual activities, appointments and personal plans for the week and weekend ahead. Visits to and from family homes and pre-arranged visitors/friends calling to centre were also discussed at these meetings. Residents did not have access to a private visitors room.

Resident’s privacy and dignity was respected. Residents answered the front door to their home. Three of the four residents had a key for the front door and each had a key which enabled them to lock their bedroom door. 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 spoken with told the inspector they had choice and retained autonomy of their own life. The inspector met three of the 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, one resident had recently chosen to spend an increased amount of time with family and this choice had been respected by staff.

All residents were registered to vote and some told the inspector that they exercised this right. Contact details for the National Advocacy Committee were available in the staff...
office but not on display or accessible to staff. There was a complaints policy in place. However, it had not been updated since 2004 and did not meet the legislative requirements, as it did not identify who was responsible for investigating complaints or who the appeals person was. There was no complaints policy available in a format accessible to residents and the complaints policy was not displayed in the centre. The records of complaints received to date were not comprehensive. For example, although records indicated that one resident had accepted the outcome of the complaint, it did not reflect how or what had been done to resolve the issue. It was not clear if another complaint had been addressed in full as records were not kept of all actions taken, outcome or level of satisfaction of complainant.

**Judgment:**
Non Compliant - Moderate

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

**Theme:**
Individualised Supports and Care

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

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

Residents had their communication needs outlined in their assessment and those who required more detailed assessment had this completed. Staff were observed communicating with resident present during the inspection in a kind, patient and sensitive manner. They appeared to know the mannerisms and means of communication of the one non-verbal resident well and had no difficulty in interpreting his needs.

Residents' had access to personal and communal televisions in the house, music systems and radios of their choice. One resident showed the inspector his personal wall mounted television and his music system in his private sitting room.

Residents had access to two portable house telephones and some residents had their own mobile telephones. Although three residents used the internet they did not have access to it in the house. One resident explained how he used the internet in his brothers house as he did not have it in the centre.

**Judgment:**
Substantially 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:
Residents were supported to develop and maintain personal relationships and links with the wider community.

Three of the four residents’ families lived near the centre. Therefore, residents were able to visit their family and/or siblings homes on a regular basis. One resident was facilitated by staff to travel to the family home, the remaining three residents could travel independently. There was a family contact sheet in each resident's file where staff recorded all contact with the residents’ family.

Residents' told the inspector that they had visitors of their choice visit them in their home, there were no restrictions on visitors, however, there was no visitor’s policy in place and residents did not have access to a quite room where they could receive visitors in private.

Residents used facilities in the local community. Two residents' spoken with told the inspector how they regularly visited the local coffee shops, leisure complex and public houses where they met the locals, friends and neighbours.

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

Findings:
Contracts of care were now available for each resident and admission to the centre was in line with the admissions policy.

The admissions policy in place outlined the procedure to be followed prior to a resident being admitted to the centre. It included the involvement of the person in charge, the resident to be transferred and his/her next of kin. It stated that residents would be facilitated to visit the centre prior to their admission.

The four contracts reviewed were signed and dated by the respective residents next of kin and the person in charge. The contracts included details about the supports, care and welfare the resident would be expected to receive, details of the services to be provided and the fees to be charged.

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:
An assessment of each resident’s health, personal and social care and support needs was carried out as required to reflect changes in the residents’ need and circumstances, and at a minimum once a year. The assessments reviewed had multi-disciplinary input and residents’ confirmed they were involved. However, social care plans were not detailed enough and required improvement.

The assessment completed comprehensively reflected the needs of the residents and their input was evident. Residents had care plans in place which reflected their care needs. Three residents’ had a personal outcome based social plan in place. However, none of the residents’ social plans had been implemented in full for 2014 and it was not clear from the records why their goals had not been achieved. However, staff explained that one residents' goal of having his shower room revamped was prevented due to the cost, the result was it was patched up in an unacceptable manner which will be
discussed further under outcome six.

Residents’ personal plans were available in written format which could be understood by three of the four residents. An accessible format required development for the one non verbal resident living in the centre.

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:
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 way. The terraced two storey house was home for four residents.

The inspector saw that the premises had suitable heating, lighting and ventilation. There were four resident bedrooms, two of the four residents showed the inspector their bedrooms which they confirmed they had been furnished to meet their personal taste.

There was sufficient furnishings, fixtures and fittings to meet the individual needs of residents, including storage space in each resident’s bedroom.

The communal areas included a well equipped kitchen/dining room, a large bright sitting room and a smaller sitting/private room used by one resident as a quite space room. The laundry and cleaning storage room contained all required equipment. There were three bathrooms, two down stairs, one with a shower, toilet and wash hand basin the other with a shower and wash hand basin only. The upstairs bathroom contained a shower, toilet & wash hand basin. It was dusty in areas and the grout between the shower tiles, shower door and general area were not clean. The downstairs bathroom had been renovated to an extremely poor standard. An additional shower had been added with the old one left in place. The wall tiles had been patched up, with different colour and sized tiles, there were three different coloured tiles now on the bathroom walls. The floor covering had also been patched up and consisted of two different coloured flooring. The piping from where the toilet had been removed remained in place. The inspector was told that this bathroom was used by a resident who loved
using the shower and showered twice each day.

The inspector saw that the outdoor space at the back of the house was limited. There was a garden bed against the end wall, however, it was not maintained. Residents had access to a small internal courtyard which had paved area and had room for table and chairs so residents could enjoy dining outside. Car parking spaces were available to the front of the house.

There was a staff office and bathroom downstairs.

**Judgment:**
Non Compliant - Moderate

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**Outcome 07: Health and Safety and Risk Management**

_The health and safety of residents, visitors and staff is promoted and protected._

**Theme:**
Effective Services

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

**Findings:**
The inspector 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. However, it did not meet the legislative requirements as it did not state what to do in the event of specific incidents such as the unexpected absence of any resident and self harm. The person in charge completed risk assessments on a monthly and annual basis and health and safety checks were completed on a quarterly and six monthly basis with the service manager. Accidents and incidents were reviewed on a bi-monthly basis by the person in charge and the service manager.

There was an up-to-date localised health and safety statement in place, it had been updated in the past year. An emergency plan had been developed and implemented since the last inspection. It was detailed and included the procedures to be followed in the event all potential emergencies.

Records were available to confirm that fire equipment including fire extinguishers, the fire blanket, emergency lighting and the fire alarm had all been tested by professionals within the required time frame. All staff had completed fire training within the past year and both residents and staff spoken with had a clear understanding of the procedure to be followed in the event of a fire. The records reviewed showed that fire drills were practiced on a regular basis during the day and night by both staff and residents and each resident had an individual fire evacuation plan in place.
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 had been complied with as required in the registration regulations had not been provided to date as outlined under Outcome 14.

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

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

Findings:
Policies were in place to protect and safeguard residents which included a policy on, and procedure in place for, the prevention, detection and response to abuse. However, practice in relation to the management of residents' petty cash was not as per the centres policy.

Residents told the inspector they felt residents were safe and secure in the centre. They had a key for the front door and all the exit/entry doors could be secured by locking and the house was alarmed. Residents could lock their bedroom door if they wished; they had access to bedroom door keys. Inspectors saw bathroom and toilet doors had secure locks.

One resident required staff support with personal needs and this resident had an intimate care plan on file. There was a minimum use of restraint in the house, the one resident with restraint in use had appropriate risk assessments completed and had a care plan in place to reflect its use.

Communication between residents and staff was respectful. Two residents who at times displayed behaviours' that maybe challenging had detailed up-to-date wellbeing assessments, behavioural support guidelines and records of each episode of behaviour.
that challenged in place.

Staff assisted residents to manage their own finances. The inspector found the storage systems in place for residents' cash was safe and secure and detailed receipts and records were held. However, the amount of cash held on behalf of each resident was above the maximum amount to be held in respect of each resident as outlined in the centres policy.

**Judgment:**
Non Compliant - Moderate

### Outcome 09: Notification of Incidents

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

**Theme:**
Safe Services

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

**Findings:**
A record of all incidents occurring in the designated centre was maintained and where required, notified to the chief inspector. A record of all incidents and accidents occurring in the centre was maintained by staff and audited bimonthly by the person in charge. Quarterly reports had been submitted to the chief inspector in a timely manner. A notifiable incident reported to the Authority in July 2014 was followed up on, the inspector was satisfied that it had been investigated appropriately and the residents' involved had been provided with adequate support.

**Judgment:**
Compliant

### Outcome 10. General Welfare and Development

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

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
**Findings:**
Resident’s opportunities for new experiences. Social participation, education and training were facilitated and supported by staff.

Three of the four residents’ attended day care facilities 2 -5 days per week. The remaining resident had chosen not to attend and was spending an increased amount of time with his family outside of the centre. Each of the residents had their own weekly activity schedule which included personal development both within the house and outside. Two of the residents had jobs which they clearly enjoyed.

**Judgment:**
Compliant

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### Outcome 11. Healthcare Needs

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

**Theme:**
Health and Development

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

**Findings:**
The health care needs of residents were being met. All residents had full assessments completed and multi-disciplinary team members had been involved in these assessments'.

The inspector reviewed two residents’ files and saw evidence that they were facilitated to access their General Practitioner (GP) and to seek appropriate treatment and therapies from health care professionals when required. The inspector was satisfied that the allied health services were availed of promptly to meet residents' needs. Completed referral forms were available for review in residents' files and written evidence of relevant reviews were also available. A number of the residents were independent in attending their appointments.

Two of the residents assisted with the cooking, shopping and the preparation of meals. A resident told the inspector they planned the weekly evening meal menu and each resident choose an evening meal. The inspector saw that residents had access to adequate quantities and a good variety of nutritious food to meet their dietary needs. Staff had a good knowledge of residents' food preferences and the inspector saw their knowledge was reflected in the residents individual assessment records. Snacks were available and staff all had up-to-date food hygiene training in place.
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:**
There was a new operational policy available in draft format which included the ordering, prescribing, storing, administration and prescribing of medicines. There was a separate policy on self administration of medicines. The inspector found that practices regarding drug administration and prescribing had improved since the last inspection and were now in line with best practice. Prescribed medications were now individually signed and each medication chart contained the name of the resident GP.

The practices in relation to ordering, storing and disposal of medication were in line with the draft policy. There was a safe system in place for the ordering and disposal of medications and the inspector saw records which showed that all medications brought into and out of the centre were checked. An audit of each resident's medications was completed on a weekly basis by staff; any discrepancies were identified and reported to the service manager by completion of an error form. This was reviewed and recommendations made were fed back to the person in charge who was given a set period of time to implement the recommendations made. The inspector was informed there had been no medication errors since the last inspection.

Safe Administration Medication (SAM) guidelines were available. All staff had up-to-date SAM training in place.

The inspector saw that each of the residents had their prescribed medications reviewed by the Medical Officer within the past week.

**Judgment:** Compliant
### Outcome 13: Statement of Purpose

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

**Theme:**
Leadership, Governance and Management

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

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

A copy of the statement of purpose had not been made available to the residents and their representatives. It had not been developed in a format that was accessible to one resident.

**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. It was reflected in the statement of purpose. The centre was managed by a suitably qualified social care leader. However, this person was on leave at the time of this inspection. Another suitably qualified social care worker was in charge of
the centre in her absence.

During the inspection the social care worker was being supported by a team of social care workers and the service manager who reported to a regional director (also the nominated person on behalf of the provider). The inspector saw evidence that the person in charge had regular scheduled minute meetings with the service manager. The nominated person on behalf of the provider attended the centre on occasions.

Management systems had been developed to ensure that the service provided was safe, appropriate to residents’ needs, consistent and effectively monitored. The service manager had conducted one unannounced visit to the centre and reviewed the health and safety and quality of care and support provided to residents’ within the centre. Areas for improvement and issues which required follow-up were identified. However, it was not evident from the records if these had been addressed or not by the management team. An annual review had not been conducted to date,

**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 been notified of the absence of the person in charge of the centre and the inspector was satisfied that arrangements were in place for the management of the centre during her absence.

As mentioned under outcome 14, a social care worker met on inspection was managing the centre in the absence of the person in charge.

**Judgment:**
Compliant
Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

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

Findings:
The centre was not sufficiently resourced to meet the needs of the residents'. There were not enough permanent staff working in the centre, this will be discussed further under outcome 17. In addition, the bus shared between this centre and another centre was not meeting the needs of the one resident who required its use, as it was fitted with the assistive device required for use by the resident when traveling in the bus.

Adequate resources were not made available to maintain the house to an acceptable standard. For example, the bathrooms and rear garden were not adequately maintained.

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

Findings:
Staff working in the centre had the appropriate skills to meet the residents' needs, however, there were not enough of staff employed to ensure continuity of care to the residents. The inspector reviewed the staff roster and saw that over 156 staff hours were being covered by relief and agency staff on the staff roster covering the period March-April and a minimum of 60 hrs covering the period April-May. The social care worker explained how the lack of permanent staff had an effect on the continuity of care and had an negative impact on residents'. She explained how one resident did not react
well to different staff and the inspector saw how members of the allied health care team had recorded this in the residents' file. Although this issue was identified on the inspection report from May 2014 and the use of agency and relief staff had reduced from 226 to 156 hours per monthly roster it had not been addressed and the centre remained under staffed.

The staff roster included the full names of relief staff on duty. However, it did not include explanations for codes/abbreviations used on it and erasure fluid was being used to erase changes. There were no volunteers or students working in the house.

Social care workers were supervised by the social care leader also the person in charge and there was evidence that they were having regular supervisory meetings with the person in charge. Staff informed the inspector and training records reviewed confirmed that staff had up-to-date mandatory training in place. Staff files reviewed contained all the required documents as outlined in schedule 2.

**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:**
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 and it showed that the centre was adequately insured against accidents or injury to residents, staff and visitors. It also confirmed that the bus used to transport residents was adequately insured. The directory of residents did not include all the required information outlined in schedule 3. For example, it did not include the next of kins address.
The centre had some of the written operational policies as outlined in schedule five available for review, those not available in the centre included:

- communication with residents’
- access to education, training and development
- monitoring and documentation of nutritional intake
- provision of information to residents’
- a visitors policy

**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 McKevitt
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Michael's House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002350</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>30 March 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>25 May 2015</td>
</tr>
</tbody>
</table>

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:

Records 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 were not maintained and therefore not available for review.

Action Required:
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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 review the most recent complaints to date were fully investigated and that the outcome was made available to the complainant. The complainant will be consulted to establish if they are or are not pleased with the outcome. The complainant will also be informed by the PIC of the section in the complaints policy if they are unsatisfied with the outcome and the next steps to be taken.

Proposed Timescale: 30/05/2015
Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Details of the National Advocacy service were not displayed or accessible to residents'.

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:
Information on The National Advocacy Services are available to residents and is now displayed in the residents sitting room and was discussed at a house meeting on 05/05/15

Proposed Timescale: 05/05/2015
Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A copy of the complaints procedure was not displayed in a prominent place in the centre.

Action Required:
Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

Please state the actions you have taken or are planning to take:
A copy of the complaints policy has been displayed in the residents sitting room in an easy to read format. It is available to all residents in this designated centre.
Proposed Timescale: 05/05/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The written complaints policy in the centre had not been updated since 2004 and did not meet the legislative requirements.

Action Required:
Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

Please state the actions you have taken or are planning to take:
The updated Complaints and Compliments Policy (February 2014) has been placed in the complaints folder and everyone in the designated centre has been made aware of same.

Proposed Timescale: 05/05/2015

Outcome 02: Communication

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents' did not have access to the internet in the house.

Action Required:
Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.

Please state the actions you have taken or are planning to take:
The PIC will request the head of the IT Dept to make internet access available to residents in the designated centre.

Proposed Timescale: 31/08/2015
**Outcome 03: Family and personal relationships and links with the community**

**Theme:** Individualised Supports and Care

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was no suitable private area where residents could receive visitors in private.

**Action Required:**
Under Regulation 11 (3) (b) you are required to: Provide a suitable private area, which is not the resident's room, to a resident in which to receive visitors, if required.

**Please state the actions you have taken or are planning to take:**
A visitors policy will be completed in consultation with all residents and an identified private location in the designated centre will be refurbished to accommodate residents and their visitors.

**Proposed Timescale:** 31/08/2015

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**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:**
Personal plan records did not reflect the rationale for proposed changes to the plan within agreed timescales.

**Action Required:**
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

**Please state the actions you have taken or are planning to take:**
The PIC will ensure that there is a personal plan in place within the designated centre for all residents who wish to have one. The PIC will also ensure that each personal plan is completed in great detail and reviewed at regular intervals not exceeding four months.

**Proposed Timescale:** 30/04/2015

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**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
All personal plans were not reviewed within a year.
### Action Required:
Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

**Please state the actions you have taken or are planning to take:**
The PIC will review each personal plan to ensure that they are completed fully outlining each resident's goals and the plan will be amended according to any changes that arise.

**Proposed Timescale:** 30/04/2015

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### Outcome 06: Safe and suitable premises

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The downstairs bathroom was poorly maintained and in need of complete renovation to meet the needs of the resident.

**Action Required:**
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

**Please state the actions you have taken or are planning to take:**
The PIC will oversee a total refurbishment of the downstairs bathroom. Work will commence on 8th Of June 2015 and will be completed by June 12th 2015.

**Proposed Timescale:** 12/06/2015

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**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Both bathrooms were not cleaned to a high standard.

**Action Required:**
Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

**Please state the actions you have taken or are planning to take:**
The PIC will contact an industrial cleaning company to request a deep clean of the designated centre.

**Proposed Timescale:** 30/05/2015
### 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:**
The risk management policy in place does not outline the measures in place to control the unexpected absence of any resident.

**Action Required:**
Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

**Please state the actions you have taken or are planning to take:**
The Person In Charge will write up a localised risk management policy for the designated centre outlining the control measures in place in the unexpected absence of any resident.

**Proposed Timescale:** 30/04/2015

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**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The risk management policy in place does not outline the measures in place to control the risk of self harm.

**Action Required:**
Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

**Please state the actions you have taken or are planning to take:**
The PIC in consultation with the units psychologist will draw up a policy on self harm/injurious behaviour. The PIC will ensure all staff are familiar with the policy and will sign and date that they have read and understood said policy.

**Proposed Timescale:** 30/06/2015
### Outcome 08: Safeguarding and Safety

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff were not adhering to the centres policy regarding the management of residents' monies.

**Action Required:**
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

**Please state the actions you have taken or are planning to take:**
The PIC will ensure that all residents accounts are kept in line with The management of monies policy. The PIC will audit all residents accounts on a bi-weekly basis, until all residents are fully compliant with policy. This will then reduce to a monthly basis.

**Proposed Timescale:** 30/06/2015

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### 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:**
A copy of the statement of purpose was not made available to all residents or their representatives.

**Action Required:**
Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

**Please state the actions you have taken or are planning to take:**
The PIC will make available a copy of the Statement of Purpose for all residents and their representatives. The PIC will complete a user friendly version of the Statement of Purpose and make it available to residents that require it.

**Proposed Timescale:** 30/05/2015
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:
No annual review of the quality of care in the centre had been conducted to date.

**Action Required:**
Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

Please state the actions you have taken or are planning to take:
The PIC and service manager will complete an annual review of the designated centre on 10/05/15

**Proposed Timescale:** 22/06/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no evidence of a plan to address the concerns/issues identified during the unannounced inspection which took place in December 2014.

**Action Required:**
Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

Please state the actions you have taken or are planning to take:
The PIC and service manager will carry out a review on each concern/issue identified in the inspection and ensure that each action is achieved by the date specified.

**Proposed Timescale:**
<table>
<thead>
<tr>
<th><strong>Outcome 16: Use of Resources</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Use of Resources</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>The bus used by the centre is not fitted with the required assistive device required by one resident to use it.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>The bus currently available to one resident is not suitable to his harness which allows him to travel free off his wheelchair. The PIC will liaise with the transport department to source a suitable bus, to suit the residents needs.</td>
</tr>
</tbody>
</table>

**Proposed Timescale:** 30/06/2015

<table>
<thead>
<tr>
<th><strong>Proposed Timescale:</strong> 30/06/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Use of Resources</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>An adequate level of resources were not made available to maintain all internal and external areas of the house to an acceptable standard.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>Internal works will be completed by 12th of June 2015. The PIC will work with the technical dept, review costing and submit to the provider nominee for approval for all external works.</td>
</tr>
</tbody>
</table>

**Proposed Timescale:** 30/09/2015
## Outcome 17: Workforce

**Theme:** Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The numbers of permanent staff employed to work in the centre was not adequate to ensure continuity of care for all residents.

**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:**
As we need one full time permanent position, the PIC will request from the provider nominee permission to advertise/recruit a full time member of staff to ensure continuity of care to residents.

**Proposed Timescale:** 31/08/2015

## Outcome 18: Records and documentation

**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were not available for review in the centre, those not available were as follows:
- communication with residents’
• access to education, training and development
• monitoring and documentation of nutritional intake
• provision of information to residents’
• a visitors policy

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:
Communication - The registered provider has developed a communication Policy in consultation with key stakeholders and service users. The PIC attended a training session on 30/04/15 on the contents of the policy. The PIC will brief the staff team on the contents and implementation of the policy. All staff will sign off on the policy at the next staff meeting 04/06/15. The policy will be available for review in the designated centre.

A Visitors Policy - A visitors policy will be completed in consultation with all residents of the designated centre 31/8/15

Nutrition Policy - The registered provider has developed a nutrition policy. The PIC was briefed on the contents of the policy on 30/06/15. The PIC will brief the staff team on the contents and implementation of the policy at the staff meeting on 04/06/15. The guidelines will be available for review in the designated centre.

The provision of information to residents - The registered provider has developed Guidelines on the provision of Information to Residents. The PIC will brief the staff team on the contents and implementation of the policy at the staff meeting on 04/06/15. The guidelines will be available for review in the designated centre.

Access to education, training and development - The PIC of the designated centre will ensure that a policy is written up to include suitable access to education, training and development for all residents 31/08/15. The staff team will then be briefed on the contents and implementation of the policy.

Proposed Timescale: 31/08/2015
Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The directory of residents did not include all the details as outlined in schedule 3.

Action Required:
Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care
Please state the actions you have taken or are planning to take:
The PIC will ensure that the directory of residents will include all relevant information in accordance with the Health Act 2007.

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