

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002382
Centre county:	Dublin 9
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Michael's House
Provider Nominee:	Maureen Hefferon
Lead inspector:	Nuala Rafferty
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
02 March 2015 10:30	02 March 2015 19:00
03 March 2015 07:30	03 March 2015 17:00

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 this 6 bed centre for persons with disabilities. 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 members 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.

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 was previously considered as part of this process.

A number of residents' and relatives questionnaires were received by the Authority during and after the inspection. The opinions expressed through both the questionnaires and in conversations with inspectors on site were all satisfactory with services and facilities provided and complimentary on the cheerful manner in which staff deliver a good standard of care.

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

The inspector found there were aspects of the service that needed improvement such as admissions policy, medication management and care planning.

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

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

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

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

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

There was a written operational policy and procedure relating to the making, handling and investigation of written complaints. The procedure identified the nominated person to investigate a complaint and the appeals process. There was a nominated person who held a monitoring role to ensure that all complaints were appropriately responded to and records were kept. A complaints record was in place however it was found that no complaints had been made to date.

Practices observed throughout the inspection evidenced that residents rights were upheld and daily routines were found to respect individual choice and preferences such as times for rising or returning to bed, going for walks or listening to music.

It was also found through conversation with staff and with the relatives of several residents that families were kept informed of all developments in the centre and included to the fullest extent possible in the lives of their loved ones.

Given the profile of the current residents none of whom could communicate verbally and all of whom had a variety of communication methods and needs, formal residents meetings to discuss and agree the daily or weekly activities programme, menu choices or other group life decisions were not held. However, evidence that other forms or types of consultation process to demonstrate that residents or relatives were consulted on or participated in decisions made on the ongoing running of the centre was not available.

Although the inspector was told that opportunities to formally meet with staff to discuss their loved ones care plan on an annual basis and an annual Christmas mass in addition to other social occasions were held, a transparent formal consultation process to seek or action the views of residents or relatives on service delivery or development was not in place.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

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

The current resident profile were found to have very limited communication skills such as verbal reading and writing skills. Staff supported and facilitated their communication using alternative methods such as objects of reference and picture prompts. These individual communication requirements were included in personal plans and reflected in practice. Examples included; pictures of a jacuzzi bath, teapots and objects of reference such as gloves, plates, books and games.

A large folder of pictures depicting types of foods, activities and places to aid communication was also available although not frequently used, the inspector was told that residents were very familiar with staff and although all were non verbal all had good verbal comprehension and understood directions and assistance given by staff.

Residents were found to use body language and were very directive when they required something from staff. For example one resident loved to listen to music and would bring staff to the bedroom and sit beside the music centre and wait for staff to put on the CD. Others would bring staff to the door to indicate they wished to go outside for a walk or direct staff to the kitchen for tea or food.

The centre was located in a congregated setting and not part of a local community but residents were facilitated to visit local shops and leisure facilities on a regular basis.

Residents had access to radio, television and information on local events. Newspapers magazines, facebook and skype were not available although access to the internet was available within the centre this was due to the level of abilities within the centre.

Judgment:
Compliant

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

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

Theme:
Individualised Supports and Care

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

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

Findings:

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

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

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

Residents involvement in activities in the community were supported but this was limited to group activities with other residents or with groups associated with intellectual

disabilities and to date there was little involvement with other community based social groupings for individual residents. However, it was found that the staff were very creative in terms of accessing tickets to GAA and Rugby matches and the inspector noted the Irish rugby jerseys freshly washed following the weekend game where three residents and two staff had attended the Irish rugby International.

In conversation with several relatives, the inspector found that families were very appreciative of all of the efforts staff made to provide a safe homely and happy environment for their loved ones. The inspector learned that staff facilitated residents to join their family for important events both happy and sad such as weddings funerals and christenings.

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

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

Judgment:
Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that

reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

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

Findings:

Some evidence that resident's well being and welfare were maintained by a good standard of evidence-based care and support was found. Detailed personal plans that identified the supports to be provided to maximise each resident's abilities to reach potential for personal development in all spheres of daily life, i.e. personal, social, health and education were in place for some residents. These plans were found to reflect resident's involvement to the extent that the resident was consulted in relation to their wishes and preferences on social needs relating to family and community based contacts visits and outings.

Individual personal plans to support residents overcome recent bereavements were in place and identified staff's understanding of the need to provide emotional well being supports during the grieving process. Evidence of good practice was also found in positive behavioural support plans with staff endeavouring to reduce the amount and frequency of restrictive practices such as body suits with plans identifying the importance of monitoring mood and behaviours when choosing outfits.

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

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

Some individual personal plans referenced supporting documents such as the distress assessment tool for details relating to behaviours associated with pain management or intimate care. However, on review of the assessment tools these behaviours were not detailed.

A care plan was not in place for every identified healthcare need, such as, hypertension, constipation or urinary retention

Evidence that residents, their next of kin or nominated advocates were consulted and

involved in the development of personal or healthcare plans was available

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

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

Efforts to provide furnishings, fixtures and fittings which created a personalised comfortable living space which also promoted residents' safety, dignity, independence and well being were noted.

Adequate private and communal accommodation included; six single residents bedrooms without ensuite all bedrooms with one exception contained a wash hand basin. There was a large fully fitted kitchen cum dining room; sitting room; large conservatory also used as a visitor's room; one large bathroom with assisted jacuzzi bath and toilet; large assisted shower room with toilet; full laundry facilities with adequate washing machine, tumble dryer and sluicing sink; linen room; pantry; staff office, cloakroom and shower. There was also a small patio area to the front of the centre which was accessible via a sunny corridor with glass veranda doors and small enclosed landscaped rear garden with safe play and seating areas and safe access and egress available.

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

Appropriate assistive equipment was in place and available and included ceiling hoists in bathroom and shower areas shower chairs and also exercise bikes to aid and maintain level of mobility for some residents.

The centre was found to be appropriately and tastefully decorated and contained pictures and paintings by some residents and reflected their personalities and preferences.

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 found that in general good governance processes and safe practices implemented by the person in charge with staff promoted and protected the health and safety of residents. Safe and appropriate practices in relation to moving and handling, infection prevention and control and reasonable measures to prevent and reduce risk of accidents were found to be in place.

The entrance to the centre was secure and a visitors' log was in use to monitor the movement of persons in and out of the building. Inspectors observed this record to be in use.

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

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

However, some improvements were found to be required. The centre is situated on a

congregated setting with several other centres who deliver similar services. The fire procedures in place particularly at night required staff to provide assistance to other centres. This centre was 'teamed' as a support to two others in the nearby vicinity. In order for staff to provide assistance in an emergency situation at night it would require the only staff person on duty to leave residents unattended for an unspecified length of time.

Although personal emergency evacuation plans for all residents were in place all were not sufficiently specific to guide staff.
For those residents who may be un co-operative or at risk of re entry during an evacuation the plans did not clarify how these behaviours should be managed or prevented.

In addition all staff had not received up to date fire training as required on an annual basis. Although all were aware of the general procedures to be followed in the event of an emergency some were not fully knowledgeable of specific aspects of the fire procedures in place for example; provision of assistance to other centres; designated area for transfer of residents in such an event; It was unclear by whom and at what point the fire brigade should be called. Some staff understood this was the duty of the float clinic nurse manager at night and others stated they would do so as they were in charge of the centre.

It was further noted that although fire procedures were being implemented by staff as required by the organisations policy, full evacuation fire drills were not being held bi annually and simulated fire drill only were conducted during 2014.

Judgment:
Non Compliant - Major

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
Measures were in place to protect residents from being harmed or suffering abuse. There was a policy which provided guidance for staff to manage incidents of abuse. In

conversation with some staff members, the inspector found they were competent in their knowledge regarding reporting mechanisms within the centre and what to do in the event of a disclosure about actual, alleged or suspected abuse. Although all residents spoken with were unable to express feeling safe, the inspector observed they appeared comfortable with staff and did not exhibit behaviours associated with distress or anxiety.

Where some residents exhibited aspects of behaviour that challenges on occasions, staff were familiar with potential triggers and measures were in place to appropriately manage the behaviours.

However, evidence that efforts were made to identify and alleviate underlying causes of behaviour that may challenge for each individual resident was not found. For some residents behaviour patterns known to relate to increased levels of anxiety had been historically identified and these had recently reoccurred. In conversation with staff it was found that staff were aware of the differences between usual forms of behaviour that challenges for example, self injurious behaviour such as self hitting and intensified or unusual forms such as pulling out hair.

It was also found that staff had introduced measures to manage the behaviours and these included appropriate allied health professionals such as psychology however, systems to safeguard residents in terms of the reasons for behaviour change and underlying causes were not fully reviewed or explored. Some explanations were given by staff as possible causes such as staff changes in centre or day service and attention seeking however, staff acknowledged that the staff changes were some time ago and did not co relate to recent heightened behaviour and there was no clear system established to determine the possible underlying cause.

Given the vulnerability of the current profile in terms of their communication abilities whereby body language and behaviours were the main forms of communication this did not ensure that residents were fully protected from potential abuse.

It was found that there were some restrictive procedures in place on this inspection. These included universal practices such as locking doors to restrict access to the kitchen and laundry areas and final exit doors. Also all in one body suits and glove with cuff to limit hand movements were in use. These measures had been assessed and were regularly reviewed. It was noted that staff endeavoured to limit the use of these restrictions through using less restrictive elements of clothing which still maintained privacy and dignity. The inspector noted that on regular occasions residents rights to freely exit the building (whilst also reviewing the levels of risk) were recognised with all final exit doors were left unlocked whilst being supervised by all staff.

Bed rails were in limited use and were specific to those persons who required to remain in an upright position to facilitate their nutritional requirements. On review of the records and in conversation with staff and on observation it was found that the practice was fully assessed in terms of safety and appropriateness.

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

Judgment: Non Compliant - Moderate

Outcome 09: Notification of Incidents <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i>
Theme: Safe Services
Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.
Findings: A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. Quarterly notifications had been submitted to the Authority as required and within the appropriate time frame.
Judgment: Compliant

Outcome 10. General Welfare and Development <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>
Theme: Health and Development
Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.
Findings: Evidence that an assessment process to establish each residents educational, employment or training goals in accordance with their wishes and capacities was found, and a personal well being assessment had been carried out. This is detailed under Outcome 5 of this report. It was found that due to their assessed capacities that with the exception of one person the current profile of residents were not involved in education or employment programmes. One resident did avail of a supported employment programme with an external company on a monthly basis. However, it was noted that residents were facilitated to participate in social experiences

through visits to cinema, shopping trips and other outings, it was found that although systems were not established to develop opportunities for residents to develop new skills or maintain life skills through continuous development or training programmes the current profile of residents were not assessed as having capacity to engage in this level of development.

Staff ensured that residents were facilitated to engage in activities normally associated with basic life rights such as going for a walk or drive, visits to the park and shopping for groceries or personal shopping.

Staff endeavoured to promote independence and encouraged and supported residents to maintain and develop life skills, primarily associated with maintaining the activities of daily living such as personal washing and dressing, being involved with laundry and physical exercise routines to maintain mobility.

All of the residents had access to a day care service.

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:

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

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

The current resident group were noted to have a variety of complex health and social

needs and required a high level of intervention and support with all of the activities of daily living in terms of physical, personal, emotional and social needs. Staff endeavoured to meet these needs and it was noted that the person in charge ensured that residents with underlying medical issues were regularly reviewed and following clinical re assessments were referred to the multi disciplinary team for additional supports. Examples included residents referrals for speech and language psychology and psychiatric inputs. However, it was found that care plans to assess manage and effectively review interventions were not in place for all healthcare needs, this is also referenced under Outcome 5 with a required action.

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

Judgment:
Compliant

Outcome 12. Medication Management

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

Theme:
Health and Development

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

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

Findings:

There was a new operational policy which included the ordering, prescribing, storing, administration and prescribing of medicines.

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

The administration of medication to residents was observed, and it was noted that staff were familiar with each resident's medication and facilitated residents to take their medication at the prescribed time as part of their daily routine. Details of all medicines administered were correctly recorded. The inspector saw that each of the residents had their prescribed medications recently reviewed by a Medical Officer. Observation of

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

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):

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

Findings:

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

Information which requires to be included in the statement of purpose includes;

- the specific criteria used for admission including policy and procedures for emergency admissions
- the arrangements for consultation with and participation of residents in the operation of the centre.

Judgment:
Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:
Leadership, Governance and Management

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

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

Findings:

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

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

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

An action plan on areas identified for improvement was incorporated. It was noted that this was the first review conducted to comply with the regulations and efforts to improve the quality and safety of care were ongoing. However, the review did not include clinical reviews such as medication management care planning or level of access vs client need to allied health professional inputs or identify the need for a staff training plan linked to the resident profile which is further referenced under Outcome 17.

The service manager and person in charge met regularly to discuss the service provision budgets and resources for the centre and in conversation with them the inspector was told that they are aware of the need for additional resources and have raised this with the provider.

Two documents one in relation to planning compliance and the other relating to fire compliance remain outstanding and are required to be submitted to the Authority before a recommendation for registration can be made.

Judgment:

Non Compliant - Major

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge.</p> <p>A qualified nurse with the required experience was identified to replace the person in charge however, this person was on leave during the registration inspection and familiarity with residents' social and healthcare needs or awareness of their responsibilities of the role in relation to notifications and protection of residents could not be determined.</p>
<p>Judgment: Compliant</p>

<p>Outcome 16: Use of Resources <i>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</i></p>
<p>Theme: Use of Resources</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: Evidence that resources were available and directed towards supporting residents to achieve the goals set within their individual personal plans was available. Examples include the flexibility of staff rosters to support residents on a regular basis to enjoy family events such as weddings and birthdays or social events such as concerts and also to facilitate healthcare needs such as hospital appointments and in patient stays with staff resources made flexible and available.</p> <p>Overall, the facilities and services in the centre reflect those outlined in the statement of purpose.</p>
<p>Judgment: Compliant</p>

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:

An actual and planned rota was in place and although absences were covered primarily by agency staff, these were usually the same people to provide consistency and security for residents.

The inspector found supervision of staff practice by the person in charge in conjunction with supports to provide learning and development were reviewed and monitored on an ongoing basis. The person in charge worked alongside staff on a regular basis and regular team meetings to discuss improvements and ongoing developments were held.

The levels and skill mix of staff were sufficient to meet the needs of the current resident profile on this inspection and staff were supervised appropriate to their role. The inspector observed staff and residents interactions and found that staff were respectful patient and attentive to residents needs and provided reassurance to residents by delivering care to them in a low key calm confident manner. However, it was noted that few staff were currently licensed to drive the centre minibs which caused difficulty in rostering arrangements to facilitate residents social care needs. This will need to be closely monitored and actioned if required to ensure residents are not negatively impacted

Recruitment processes were reviewed on this inspection and was satisfied that the requirements of Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) Regulations 2013 had been met.

Evidence that all staff received up-to-date mandatory moving and handling and vulnerable adult protection was viewed and also additional training provided such as; positive behaviour supports first aid and CPR.

However, it was found that all staff had not received annual fire safety training and a training needs analysis was required to ensure all staff were updated on clinical aspects of care specific to the resident profile. The person in charge undertook to conduct this analysis and forwarded a training plan for staff which includes; management skills for nursing team; venepuncture; wound care, report writing, pain management and additional positive behaviour support training.

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:

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

Similar findings in relation to records required under Schedule 3 were also found. Records were maintained in respect of accident and incidents, nursing and medical records and improvements further to the last inspection were found to have been made with documentation of reviews and recommendations by clinicians now retained in the centre.

A directory of residents was in place established and contained all of the information specified under Schedule 3 point 3 (a) - (e) and schedule 4 Points 7, 8 and 9

All of the policies required to be maintained under Regulation 4 and listed in Schedule 5 were available although some remained in draft form such as the fire procedure and processes and require to be reviewed and signed off by the senior management team.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002382
Date of Inspection:	02 and 03 March 2015
Date of response:	13 April 2015

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

A transparent formal consultation process to seek or action the views of residents or relatives on service delivery or development was not in place

Action Required:

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted

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

and participates in the organisation of the designated centre.

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

The PIC will continue the process of establishing the preferences of residents on service delivery through alternative means of communications (e.g. use of visual aids, objects of reference).

The PIC will consult with each family in a manner which will suit them. The PIC will write to families to advise them of this process. This will involve discussions on Standards of care, safety and wellbeing, individuals support needs.

Discussion will also include the decor of the centre, meal choices, activities, staffing. Improvements and Future wishes.

This work will be included as part of the annual report for the designated centre. The PIC will ensure this consultation process is reflected in the Statement of Purpose. The annual report will be available for inspection.

Proposed Timescale: 22/05/2015

Outcome 05: Social Care Needs

Theme: Effective Services

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

Some individual personal plans were not detailed enough to adequately support resident's continued personal independence and life skills development.

Action Required:

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

The PIC will arrange for a review of the personal plans of each of the residents to address issues of continued personal independence and life skills development.

The PIC will ensure that the plans incorporate phased programmes suitable to the individuals needs and capacities with clear steps and timelines.

The updated personal plans will be available for inspection.

Proposed Timescale: 30/06/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

A plan was not in place for every identified need.

Action Required:

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

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

The PIC will ensure that a review of the individuals assessment of need will take place. Identified needs will have a corresponding care plan which will be reviewed monthly and updated when necessary. Updated assessment of needs and corresponding care plans will be available for inspection.

Proposed Timescale: 31/05/2015

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:

All personal emergency evacuation plans were not sufficiently specific to guide staff. For those residents who may be unco-operative or at risk of re entry during an evacuation the plans did not clarify how these behaviours should be managed or prevented.

Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

Personal emergency evacuation plans were reviewed by the PIC and now include how to support each individual during an evacuation, including specific guidelines for staff on the order of evacuation and measures to prevent re-entering the building. The updated emergency plans are available for inspection.

Proposed Timescale: 02/04/2015

Theme: Effective Services

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

The fire procedures in place at night did not ensure residents safety.

Action Required:

Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for

reviewing fire precautions.

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

The PIC has in consultation with others developed a new procedure clearly identifying the role of the staff in the designated centre, the Float CNM2 and the staff from 2 identified neighbouring designated centres.

The PIC has called a meeting with the staff team in the designated centre, the fire officer and the Float CNM2 for the 22nd of April.

At the meeting the PIC will go through the new procedure clearly identifying the role of the staff during the night time fire drill/evacuation.

A full night time drill/evacuation will be arranged for Saturday the 25th of April 2015 to test the new procedure.

On completion of the drill the PIC will ensure a full review will take place to ensure effectiveness.

Proposed Timescale: 30/04/2015

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:

Evidence that efforts were made to identify and alleviate underlying causes of behaviour that is challenging for each individual resident was not found.

Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

The PIC will ensure a full review of the residents positive behaviour support plan will take place.

The first review took place on the 10th of April 2015 with the relevant allied health care professional involved and the positive behaviour support plan was updated and now contains information on functional analysis, with appropriate proactive and reactive strategies.

Further similar reviews will take place in the next 3 months.

Proposed Timescale: 30/06/2015

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 document did not contain all of the information required by Schedule 1 of the Regulations such as;

- the specific criteria used for admission including policy and procedures for emergency admissions
- the arrangements for consultation with and participation of residents in the operation of the centre.

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:

1. The PIC has reviewed the Statement of Purpose and has updated it to include the specific criteria used for admission including Policies and Procedures for emergency admissions.
2. The PIC will include the consultation process with the families in the Statement of Purpose.

Proposed Timescale: 1. Completed 10/04/2015.

2. Completed 10/04/2015.

Proposed Timescale: 10/04/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Two documents one in relation to planning compliance and the other relating to fire compliance remain outstanding and are required to be submitted to the Authority before a recommendation for registration can be made.

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 the 13th of January 2015 states "applications that have been submitted without the above documentation will be process up to a point of "proposed decision" and then after the 1st of March 2015 assuming all else is in order". "A notice of proposal will be issued".

The document in relation to planning will be forwarded to the Authority.

Proposed Timescale: 30/06/2015