Centre name: A designated centre for people with disabilities operated by St Michael's House
Centre ID: OSV-0003597
Centre county: Co. Dublin
Type of centre: Health Act 2004 Section 38 Arrangement
Registered provider: St Michael's House
Provider Nominee: Maureen Hefferon
Lead inspector: Sheila McKeivitt
Support inspector(s): None
Type of inspection: Unannounced
Number of residents on the date of inspection: 7
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 07 May 2015 09:30
To: 07 May 2015 16:00

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 08: Safeguarding and Safety |
| 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 16: Use of Resources |
| Outcome 17: Workforce |
| Outcome 18: Records and documentation |

Summary of findings from this inspection
This was an unannounced follow-up inspection. The purpose of the inspection was to determine if the provider had taken the stated actions to address the non compliances outlined in the registration inspection report. The registration inspection took place on 27 and 28 January 2015.

On this inspection the provider had addressed some of the non compliances identified under each of the 15 non compliant outcomes identified in the registration inspection report. 3 of the 15 had been addressed in full. The provider remained non compliant with 12 outcomes although there was evidence that the provider was working towards achieving compliance with most outcomes. The person in charge was on leave during this inspection, however her deputy was acting in her absence and was being supported by a clinical nurse manager seconded to the centre for a three month period.
Seven residents were living in the centre which was originally designed to accommodate six residents’. This had not changed since the registration inspection and an adequate amount of communal space was not available to these residents’. Adequate resources had not been put in place to meet the needs of residents such as staffing and appropriate sized premises.

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. However, two documents one in relation to planning compliance and the other relating to fire compliance submitted did not meet the Authority’s requirements and these require submission before a recommendation for registration can be made by the inspector.

Robust systems had been put in place to prevent potential financial abuse and ensure policies were being followed. Some staff had not got up-to-date refresher training in the protection of vulnerable residents’, however, this was now booked. Families were now being communicated with appropriately and their complaints were addressed as per the centre’s policy. Residents’ assessments and care plans had been developed. However, resident representatives were not involved. Some care plans did not reflect the care needs of residents and were not updated when there was a change in residents’ care needs, however, these were in the process of being reviewed. Social care plans in place were not being implemented.

The statement of purpose had been amended, one aspect of it required review and a copy had been provided to residents’ representatives. The dining, communal and storage space for equipment was not adequate to meet the needs of seven residents. This lack of space was resulting in seven residents accommodating communal space that was not adequate to meet the needs of seven residents.

Medication management practices had improved and medication errors were being followed up on by the management team. The acting person in charge was being allocated an adequate number of administration days on the monthly roster to enable her to carry out her role as acting person in charge. Staffing levels and skill mix were not adequate to ensure residents’ needs were being met particularly their social care needs, despite two new social care workers being employed. Staff training had improved with staff having received food safety training and most having received cardiopulmonary resuscitation training.

Records, specifically policies outlined in schedule 5 were not available in final draft and therefore had not been implemented. In addition, some policies were not being fully adhered to. Records of emergency fire checks completed by technical services staff were now detailed and the directory of residents contained all the details outlined in the legislation.

The action plans at the end of this report identifies the twelve outcomes under which improvements are required.
### Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Improvements in practice had been made, two of three actions identified on the registration inspection report had been addressed in full, one was in the process of being addressed, it remained within the proposed time scale of 30 May 2015.

A copy of the complaints policy was in the process of being posted to each of the seven residents family representative and records confirmed that it was on the agenda and was discussed with all staff present. The service manager had provided the acting person in charge with 1:1 training on the policy, two historical complaints were now closed, with the outcome and level of satisfaction of the complainant recorded in line with the complaints policy. There were no new complaints.

A comprehensive review of the service was in the process of being carried out by the multidisciplinary team focusing on assessment of need, personal plans, staff skill mix, families and the environment. It had not been completed to date. The management team had met with six of seven residents family representative. The seventh residents family representative was not contactable. A local communication policy had been developed and implemented. It stated that the keyworker assigned to each resident was responsible for contacting and updating the resident's next of kin on the residents status at least once per month. A record of the conversation was then recorded on a family contact record sheet. A review of which showed that residents' family were communicated with on a greater then monthly basis. This was going to be audited monthly by the person in charge to ensure compliance with the communication policy. This action was within the proposed time scale of 30 May 2015.
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):  
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:  
Improvements in practice had been made, one of three actions identified on the registration inspection report had been addressed in full, two actions were in process, one of which was within the proposed time scale of 30 June 2015 and one which was outside the proposed timescale of 14 April 2015.

The Speech and Language therapist had reviewed residents' assessments completed in mid 2014, discussed each resident with the acting person in charge and conducted two observation studies to determine communication processes used between staff and residents. Several recommendations to improve communication between staff and residents were made. These recommendations were presented to staff at a staff meeting on 06 May 2015 together with training on different means of communicating with residents on an individual and on a group basis. For example, the basic use of Lamh and consistently using visuals such as photos of meals on the menu board to show what was for dinner and taking the menu board down to a level visible to wheelchair dependent residents. All the recommendations had not been implemented to date, however one residents daily schedule of activities was now accessible to him, this enabled him to choose from several photos and display his chosen activities on his personal activities board.

The speech and language recommendations had not been written into the respective residents care plan. However, this remained within the proposed time scale of 30 June 2015.

Judgment:  
Non Compliant - Moderate

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

**Findings:**
Some improvements had been made, two actions identified on the registration inspection report were in the process of being addressed, both remained within the proposed time scale of 30 May and 30 July 2015.

A full review of the current premises and the premises next door was being undertaken by the organisation’s technical services department to determine if additional space could be made available to residents. The inspector was informed that no decision had been finalised to date. A private room where residents could accept visitors in private had not been made available.

As mentioned under outcome 2 a local communication policy had been developed and implemented. Regular communication with family members was now being recorded. Staff were in the process of reviewing residents’ assessments, once completed, they planned to invite the residents’ family representative to contribute to the development of the residents' personal plan.

The inspector was informed that a staff member had been nominated at the staff meeting to conduct a feasibility study on places of interest in the local and surrounding community, pictures would be taken of amenities identified to enable residents to choose their preferred place to visit using these pictures. The inspector saw a copy of written invites sent to each resident's family inviting them to a coffee morning in the centre on Sunday 17 May 2015. The acting person in charge planned to have regular family inclusive events.

**Judgment:**
Non Compliant - Moderate

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

Findings:
The action plan for this outcome remain within the proposed timescale of 30 July 2015. The mix of residents in the centre remained unsafe. This situation had arisen in mid 2014 when a seventh resident had been admitted to the house which was designed to accommodate six residents.

The management team were in the process of carrying out a review of services provided in the centre as mentioned under outcome one. The acting person in charge stated they were considering changing the centre from a social care module to a social and nursing care module. A multi-disciplinary review of each resident’s care needs had taken place and residents who did not require nursing care had been identified. The inspector saw evidence that an initial consultation process with six of the seven residents’ families had identified that none were currently willing to consider an alternative placement for their relative. Hence, seven residents remained living in the house designed to accommodate six residents. This had a negative impact on residents’ as the lack of an appropriate amount of communal space lead to increased noise levels and this resulted in an increased number of incidents of self injurious behaviour.

A clinic nurse manager was supporting the acting person in charge two days per week. He was assigned review current practices and support them to implement revised policies and guidelines to ensure residents are safe. The clinical nurse manager had conducted a number of observational studies within the house and had provided and implemented some changes in practices to reduce the incidents of behaviours that challenge. For example, increased noise levels in the communal space at dinner time was causing an increase in residents challenging behaviours. The liquidising of residents’ meals was now being completed prior to the residents arriving home, reducing the noise levels and eliminating one of the potential triggers for residents challenging behaviours.

Although practices had improved somewhat the centre was not suitable to accommodate seven residents in a safe manner.

Judgment:
Non Compliant - Major

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:
Improvements were being made to address the six non compliances reflected in the six action plans on the registration inspection report. A process had begun to address the six action plans, they all remained within the proposed timescales of 30 May and 30 June 2015.

A review of nursing documentation had been conducted. The clinical nurse manager had found that nursing documentation was not reflective of the actual resident. He had begun to re-assess each resident and had reassessed two of the seven residents' to date, identifying their care needs. The completed assessments were comprehensive and reflective of the resident in question. The inspector was informed that once each residents assessment had been completed, care plans would be written to reflect each care need identified on assessment. Residents social care plans had not been updated since the registration inspection, all required review with resident family representative involvement and then made accessible to residents. The inspector was informed that the resident, their keyworker and family representative would be involved in the care planning process. Different means of making care plans accessible to residents was being considered.

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

Findings:
The action identified under this outcome had not been addressed within the proposed timescale of 30 April 2015. The communal, dining and storage space did not meet the
needs of residents'. The space available was not suitable to accommodate seven residents'. A full review of the environment had not been completed and a temporary second sitting room had not been made available to residents.

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

Findings:
Improvements had been made under this outcome. Four of the three action plans had been addressed in full, within the proposed timescale, one remained outstanding and was outside the proposed timescale of 22 April 2015.

The inspector did not witness residents self harming during this inspection, however, just two residents were in the centre at the time of the inspection. It was quite and calm with minimum noise levels. Therapeutic interventions for each resident had been reviewed by the psychologist and the clinical nurse manager. Staff had been observed providing care to residents to determine what their routine practices were and identify where improvements could be made. Different strategies were being tried such as, having split dinner setting. The psychologist had discussed residents behavioural support plans with staff at a recent staff meeting and the number of incidences of self harm had reduced with the implementation of these strategies.

The finances of residents were checked. Records, receipts and written accounts were reflective of the amount of cash been held. A system had been introduced whereby staff checked all residents' finances daily, in addition the acting person in charge was carrying out a monthly audit on all residents finances and the service manager carried out a random audit of one resident's financial accounts each month. No errors had been identified since the new robust system had been implemented.

Although, staff had a good knowledge of safeguarding residents', two staff had not had refresher safe guarding vulnerable adults training since 2008. The inspector was
informed that they were booked to attend this training on 01 July 2015.

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

**Findings:**  
Improvements had commenced under this outcome, however the action plan had not been addressed in full within the proposed time scale of 30 April 2015.

One resident was now receiving an individualised day service provided by staff within the house. This service was provided from 10.30 until 14.30, activities preferred by the residents had been purchased to extend the choices available for the resident, such as sensory and art related activities. The inspector observed the resident in question choosing photos of the activities he wanted to do and staff assisted him to post these on the resident’s individualised activities schedule. This allowed the resident to see what activity was next. The schedule included activities outside of the house, such as, going to post letters and going out for lunch. This was an interim arrangement when an appropriate day service was been sourced for the resident.

A member of staff was in the process of conducting a feasibility study to determine what community facilities were suitable and accessible to residents and additional care hours had been put in place in the evenings to ensure residents could get out if they wished.

**Judgment:**  
Non Compliant - Moderate

**Outcome 11. Healthcare Needs**  
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

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

Findings:
The two action plans under this outcome had been addressed within the proposed timescale. Improvements were evident, the inspector observed staff providing assistance to one resident at breakfast time. Assistance was provided in a calm, relaxing environment with staff sitting at the same level as the resident and communicating with them while providing assistance.

One resident with no evidence of having had a medical review within a year at the registration inspection, had received a full medical review.

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:
Medication management had improved. The system used to administer medications had been reviewed and both actions under this outcome were met. Staff were observed administering medications in line with best practice. They confirmed they had received refresher safe administration of medication training since the registration inspection and confirmation of their attendance was viewed. Two social care workers (where possible) or a staff nurse were now administering medications.

Medication errors had reduced with the changes in administration practices. Errors were being followed up upon and actioned in a more detailed manner by the management. The development of these monitoring systems together with the monthly audit of all medication errors had lead to a mark decrease in the number of medication errors taking place in the centre. The monthly audit result were feedback to staff at their monthly meeting.

Judgment:
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:
The statement of purpose had been reviewed and updated since the last inspection. It contained all the information outlined in schedule 1. However, the organisational structure was not clear and required review. A copy of the updated statement of purpose had been submitted to the Authority on 01 May 2015 and the inspector saw evidence that a copy was posted to each residents family representative.

Judgment:
Compliant

Outcome 14: Governance and Management

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

Theme:
Leadership, Governance and Management

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

Findings:
One of the two action plans under this outcome had been addressed. Support had been sought from a clinical nurse manager to assist the existing management team. The clinical nurse manager had been seconded to work in the centre for a three month period with two days per week being supernumerary. The additional support had made
the management of the centre more streamlined.

The person in charge was on leave. Her deputy was in charge in her absence. The inspector reviewed the roster and saw that she was allocated up to six management days per monthly roster. She confirmed that this was adequate to ensure she could manage the centre effectively. In addition, the clinical nurse manager was supernumerary for the two days per week he was allocated to work in the centre.

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 submitted one in relation to planning compliance and the other relating to fire compliance did not meet the regulatory requirements. The Authority developed templates need to be signed and returned before a recommendation for registration can be made by the inspector.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
The action under this outcome had been partially addressed. Staffing had improved with the recruitment of two social care workers, however, no additional staff nurses had been employed to work in the centre up to the time of this inspection. A speech and language therapist had come in to support residents and staff develop communication aids and it was evident through observation that this was having a positive outcome for at least one resident.

As mentioned under outcome six, no changes had been made to the premises since the last inspection.

**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:**
Some issues in relation to staffing had been addressed since the last inspection. This was reflected in the fact that three of the five action plans had been addressed in full. However, the two not addressed were outside the proposed timescale of 30 April 2015.

The staffing levels and skill mix had improved since the last inspection. Two social care workers had been recruited and commenced work on a full-time basis. However, no staff nurses had been recruited to date and there was only one part-time nurse employed in the centre. This was not enough to ensure the nursing care needs of six of the seven residents were met. Although a temporary solution of the secondment of a clinical nurse manager to the centre was effective this secondment was due to finish on 15 July 2015.

The inspector noted additional staffing hours had been put in place in the evenings to ensure residents were being facilitated to attend activities/socialise outside of the house. This together with staff on unplanned leave had lead to an increase in the number of care hours covered by agency and relief staff. A review of the roster showed 349 care hours were covered by relief and agency staff over a four week period in April 2015 this was up from 236 care hours in January 2015. The acting person in charge told the inspector that they had changed the way they rostered staff, by reducing the number of relief and agency staff used on day duty using them to cover the waking night. This ensured residents' had staff that knew them well caring for them when they were awake and was leading to a reduction in frequency of negative outcomes for residents’ such as the number of incidents of self-harm.

All staff had refresher food safety training completed since the last inspector the staff sign in sheet was available for the inspector to view and staff spoken with confirmed they had received this training. Six of the nine permanent staff had completed cardiopulmonary resuscitation training since the registration inspection and dates for the remaining three to attend were booked. The acting person in charge had scheduled dates and times to commence supervisory meetings with individual staff every 4-6 weeks as stated in the organisations policy.

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

Findings:
Some improvements had occurred under this outcome since the last inspection. Three of the five action plans had been addressed, the remaining two were within the proposed time frame of 30 May 2015 and the acting person in charge stated that they were on target to meet these time scales.

The inspector noted that the medication management policy reflected the medication management practices in the centre.

The emergency lighting had been checked on 12 March 2015 and records reflected the work completed. The directory of residents had been developed and it now met the legislative requirements. The two actions in relation to policies were in the process of being addressed.

Judgment:
Non Compliant - Moderate

Closing the Visit

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

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

*Report Compiled by:*

Sheila McKeivitt  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider's response to inspection report¹

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<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>
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<td>07 May 2015</td>
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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 comprehensive review of the service had not been completed to determine how the seven resident's rights to privacy and dignity was going to be respected in relation to, his or her living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Action Required:**
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:
• (A) A comprehensive review has been completed, which included:
  • Premises: Proposal of moving to a larger premises is ongoing, exploring the possibility of renovating the office to a second sitting room if the number of residents remain the same.
  • Families: local policy on communication is being adhered to.
  • (B) One family is open to considering an alternative residential placement, consultation process has begun, The resident and family have visited and are positive in relation to the move. A final consultation meeting will be arranged in the next two weeks after the resident has had an opportunity to visit overnight.
  • (C) Staffing: CMN2 will be appointed to the designated centre permanently, review of staff skill mix and staffing levels have been increased to meet the assessed needs of the residents.
  • minutes are available for review.

Proposed Timescale: (A) 5/6/15 (B) 30/6/15 (C) Completed on 10/6/2015

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

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**Outcome 02: Communication**

**Theme:** Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents required/recommended communication needs were not outlined in a personal care plan.

**Action Required:**
Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

Please state the actions you have taken or are planning to take:
SLT recommendations will be incorporated into all care plans.
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<tbody>
<tr>
<td><strong>Theme:</strong> Individualised Supports and Care</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
All communication aids recommended had not been implemented to date

**Action Required:**
Under Regulation 10 (3) (b) you are required to: Ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their full capabilities.

**Please state the actions you have taken or are planning to take:**
- Visual schedules have been implemented.
- Staff are compiling a directory of Lamh signs that accessible to residents.
- Lamh signs will be introduced at the next staff meeting 24/06/15 by staff trained in the use of Lamh signs.
- Staff will use Lamh to support residents via multiple modes of communication to aid their understanding.
- Visual aids will be implemented to support residents to access their environment with minimal support.

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<th>Proposed Timescale: 31/07/2015</th>
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### 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 facility available for residents to 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:**
- One family is open to considering an alternative residential placement, consultation process has commenced. The resident and family have visited, plans to stay overnight have commenced. The Final consultation meeting will take place before 30/6/15
- A second sitting room will be made available for residents.

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<th>Proposed Timescale: 31/07/2015</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Individualised Supports and Care</td>
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</table>
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Communication between the centre, residents’ and their families was not adequate to maintain good relationships.

Action Required:
Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

Please state the actions you have taken or are planning to take:
- The local policy on communication is being adhered to by all staff. Key workers communicate with families at least monthly.
- Records are maintained and available for review.
- PIC has increased communication with families, a family coffee morning has taken place on 17/05/15
- Families have informed the Service Manager they are satisfied with the increased level of communication.
- New personal plans will be developed by keyworker with involvement of residents and family members.
- Personal Plans will be in an accessible format.
- PIC will review all personal plans monthly at staff meetings and supervision meeting.

Proposed Timescale: 31/07/2015

Outcome 04: Admissions and Contract for the Provision of Services
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The mix of residents in the centre is unsafe.

Action Required:
Under Regulation 24 (4) (b) you are required to: Ensure the agreement for the provision of services provides for, and is consistent with, the resident’s assessed needs and the statement of purpose.

Please state the actions you have taken or are planning to take:
(A) One resident is exploring a move to and other residential house, this will reduce the numbers to 6 residents.
- CMN2 has been made available supernumerary.
- The CNM2 has reviewed and updated shift plans reducing potential triggers for residents challenging behaviour.
- Additional staff have been allocated to support residents to have increased access the community and achieve personal goals.
- The CMN2 continues to review the effectiveness of guidelines and positive behaviour support plans to ensure residents are safe.
• The assigned psychologist has regular communication with the PIC to ensure Positive Behaviour Support Plans are effective and in date
• Ongoing coaching for all staff in relation to best practices and Positive Behavioural Support Guidelines.

Proposed Timescale: (A) 30/7/15 Completed on 10/06/2015

Proposed Timescale: 30/07/2015

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:
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There are deficiencies in documentation i.e. assessments and care plans relating to those residents' identified as having nursing care needs.

Action Required:
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

Please state the actions you have taken or are planning to take:
A. All assessment of needs are completed.
B. Care plans will be reviewed and updated as required.

Proposed Timescale: (A) Completed on 10/06/2015 (B) 31/08/15

Proposed Timescale: 31/08/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The needs of all residents' were not comprehensively assessed.

Action Required:
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

Please state the actions you have taken or are planning to take:
- All residents assessment of needs are completed.

**Proposed Timescale: 10/06/2015**

**Theme: Effective Services**

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Residents' next of kin were not involved in their personal plans.

**Action Required:**
Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

**Please state the actions you have taken or are planning to take:**
- Key workers will liaise with families in relation to devising personal plans.
- the PIC has developed a local Policy on Communication with families which all staff adhere to.

**Proposed Timescale: 31/07/2015**

**Theme: Effective Services**

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Residents' personal plans were not made available in an accessible format to the residents and, their representatives were not aware of them.

**Action Required:**
Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

**Please state the actions you have taken or are planning to take:**
- All personal plans will be made available to residents in an accessible format.
- All families will be involved in developing personal plans.
- All documentation will be made available for review.

**Proposed Timescale: 31/07/2015**

**Theme: Effective Services**

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was no written evidence why residents personal goals outlined in their personal plans were not being implemented by the residents' named key workers.

**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:**
- Key workers will maintain accurate records in relation to personal goals.
- The PIC has devised a tracking system to review progress on personal plans
- PIC will review these monthly and ensure all records are up to date.

**Proposed Timescale:** 31/07/2015

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Personal plans were not effective in improving outcomes for residents' as they were not being implemented.

**Action Required:**
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

**Please state the actions you have taken or are planning to take:**
PIC will ensure all personal plans are implemented through a tracking system at staff support meetings and monthly staff team meetings.

**Proposed Timescale:** 31/07/2015

**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 designated centre did not meet the needs of residents in relation to dining, communal and storage space.

**Action Required:**
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.
Please state the actions you have taken or are planning to take:
(A) One resident is exploring an offer of an residential placement, this will free up a second sitting room.
If the resident decides to not to take up the alternative residential placement, the office will be moved and this will be renovated to make a second sitting room.
(B) Proposed move to a larger premises is currently in development

Proposed Timescale: (A) 15/07/15 (B) 30/11/15

Proposed Timescale: 30/11/2015

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:
Two staff had not completed refresher training in relation to safeguarding residents and the prevention, detection and response to abuse since 2008.

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:
Staff will complete training in relation to safeguarding residents.

Proposed Timescale: 01/07/2015

Outcome 10. General Welfare and Development
Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
One resident did not have access to daycare, education and/or training.

Residents living in the centre had not been provided with the support to access activities of their choice in the wider community (outside of daycare).

Action Required:
Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.
Please state the actions you have taken or are planning to take:
• Resident is on waitlist for individualised day service, Psychologist has been assigned to review assessments already completed in relation to day service needs and will carry out any additional assessments required to determine the type of day service required to meet the needs of this resident.
• However, the resident is receiving 2:1 supports which enable the resident to engage in purposeful activities.
• Service commences 10:30 to 14:30 Mon-Fri.
• All documentation is available for review

Proposed Timescale: 31/08/2015

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<tr>
<th>Outcome 13: Statement of Purpose</th>
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<td><strong>Theme:</strong> Leadership, Governance and Management</td>
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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The organisational structure outlined in the reviewed copy of the statement of purpose was not clear.

**Action Required:**
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
• Statement of purpose has been updated.
• A copy will be forwarded to the Authority.

Proposed Timescale: 11/06/2015

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<thead>
<tr>
<th>Outcome 14: Governance and Management</th>
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<tr>
<td><strong>Theme:</strong> Leadership, Governance and Management</td>
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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Two documents, one in relation to planning compliance and the other relating to fire compliance remain outstanding.

**Action Required:**
Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013, you are required to: Provide all documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

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

Proposed Timescale: 02/08/2015

Outcome 16: Use of Resources
Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre is not adequately resourced to meet the needs of the seven residents as outlined in the statement of purpose.

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

Please state the actions you have taken or are planning to take:
• Staff Nurse (WTE) will commence employment 31/07/15.
• Staff Nurse (PTE) will commence employment 31/08/15.
• SCW (WTE) will commence on 13/07/15

Proposed Timescale: 31/08/2015

Outcome 17: Workforce
Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents were not receiving continuity of care due to the number of care hours being covered by relief/agency staff each month.

Action Required:
Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than
Please state the actions you have taken or are planning to take:
- Staff Nurse (WTE) will commence employment 31/07/15.
- Staff Nurse (PTE) will commence employment 31/08/15.
- Social Care worker will commence employment 13/07/15.

Proposed Timescale: 31/08/2015
Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The numbers and skill mix of staff was not adequate to meet the needs of residents'. There was only one staff nurse employed part-time in the centre.

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:
- Following on from a review of resident assessment of needs it was identified that an increase of Nursing staff was required.
- Staff nurses have been recruited and start date have be set.

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 and were not implemented. They included:
- access to education, training and development
- communication with residents’
- monitoring and documentation of nutritional intake.
- provision of information to residents’.
- creation of, access to, retention of, maintenance of and destruction of records’.

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:

(A) access to education Training and Employment will be completed by December 2015

• (B) communication with residents Policy has been developed.
• (B) monitoring and documentation of nutritional intake.
• (B) provision of information to residents’ has been completed
• (B) creation of, access to, retention of, maintenance of and destruction of records’ has been developed.
• (B) Policies have been presented at staff meeting support will be given to understanding each policy and sign as read and understood.

Proposed Timescale: (A) 30/12/15 (B) 24/06/15

Proposed Timescale: 30/12/2015

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All policies outlined in schedule five had not been reviewed within the past three years.

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

Please state the actions you have taken or are planning to take:
• All policies outlined in schedule five will be reviewed and updated where required.

Proposed Timescale: 30/12/2015