

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by St Michael's House
<b>Centre ID:</b>	OSV-0003598
<b>Centre county:</b>	Dublin 11
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St Michael's House
<b>Provider Nominee:</b>	John Birthistle
<b>Lead inspector:</b>	Jim Kee
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	3
<b>Number of vacancies on the date of inspection:</b>	1

## **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:
11 June 2015 09:30	11 June 2015 18:15
12 June 2015 09:25	12 June 2015 16:30

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 an announced inspection and formed part of the assessment of the application for registration by the provider. The purpose of the inspection was to assess the level of compliance with the Health Act 2007(Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities 2013 and the standard of care delivered to residents in the centre.

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, although one document relating to planning

compliance was outstanding at the time of the inspection.

This inspection was of a community based residential centre based in North Dublin, run by St. Michael's House. The designated centre consisted of a detached residential house, and on the day of inspection was providing long term care to four adults, with two of these residents sharing one bedroom on a time share basis. One resident resided in the centre from Monday to Friday, and then the other resident resided in the centre from Friday to Monday. The inspector met with all four residents, and with the staff on duty, observed practice, and reviewed documentation including care plans, medical records, policies and procedures, and staff files.

A number of resident and relatives' questionnaires were given to the inspector on the first day of the inspection. The opinions expressed through the questionnaires were complimentary of the services and facilities provided, with all four residents stating that they liked living in the centre, and that they felt safe living there.

Evidence of good practice was found across all outcomes, and overall the inspector found that residents were offered a good quality service. The centre was found to be in compliance with 12 out of the 18 outcomes. The outcomes on communication, family and personal relationships and links with the community, admissions and contract for the provision of services, safe and suitable premises, safeguarding, notifications of incidents, general welfare and development, healthcare needs, medication management, statement of purpose, absence of the person in charge, and use of resources were deemed to be compliant with the Regulations. However, the inspector found that there were aspects of the service that needed improvement. Five outcomes were found to be in moderate non compliance with the Health Care Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. These moderate non compliances related to the areas of social care needs, health and safety and risk management, workforce, governance and management and the lack of some of the required policies. One outcome, on residents' rights, dignity and consultation, was deemed to be in substantial compliance with the Regulations,

The action plans at the end of the report identifies those areas where improvements were required in order to comply with the Regulations.

**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:**

There were structures in place to ensure that residents were consulted and participated in decisions about their care, and the organisation of the centre. Residents had access to advocacy services, and residents' privacy and dignity was respected. There were policies and procedures in place for the management of complaints, and the only area of concern for the inspector related to the documentation of verbal complaints that were resolved at a local level within the centre.

House meetings were held on a weekly basis, and minutes of these meeting were reviewed by the inspector. Residents and staff discussed a variety of topics at these meetings including menu planning, activities, the statement of purpose, inspections by the Health Information and Quality Authority, and voting in the upcoming referendums. The two residents who resided on the centre on a full time basis were registered to vote, and staff had provided user friendly information to residents to enable them to make an informed decision when voting. Staff had also discussed the vacancy within the centre with the residents and provided assurances that the current residents would be involved in the process.

The complaints process was on display in pictorial format on the kitchen noticeboard, and was also included in the residents guide. There was a detailed organisational policy in place to ensure complaints were appropriately managed. There were no formal complaints recorded within the centre at the time of inspection, and the person in charge informed the inspector that any issues were resolved locally. Verbal complaints were not being documented, and this was discussed with the person in charge. The person in charge agreed that the process of managing verbal complaints and issues raised by residents on an informal basis would be reviewed, to ensure all complaints

were managed properly, and a new protocol was in the process of being implemented on the second day of the inspection.

Residents had access to advocacy services and an advocacy meeting had been held in the centre in May 2015, facilitated by an advocate from the National Advocacy Service. Some of the residents were strong self advocates, and all of the residents had family members to advocate on their behalf. Staff also acted as strong advocates for the residents within the centre.

The inspector observed that staff treated residents with dignity and respect in all interactions during the two days of the inspection. Intimate care plans were in place to ensure personal care practices respected residents' privacy and dignity. Residents had their own bedrooms and staff respected residents' right to privacy within their bedrooms. There was adequate communal space within the centre to ensure that residents could have private contact with friends and family.

Two of the residents were very independent, and accessed the local community and attended their day services without any support from staff. The residents who required support were facilitated to exercise personal independence and choice by the staff. During the course of the inspection the inspector observed staff accompanying one resident to go shopping for a new hat, and on another occasion staff drove another resident to the post office. Staff also ensured that residents who liked to attend religious services were facilitated to do so. Residents were involved in planning their goals, and one resident preferred to discuss personal planning and goal setting in the more informal environment of a coffee shop and this was arranged by staff.

Residents had opportunities to participate in a wide variety of activities including trips to the cinema, shopping, gardening and holidays. Residents engaged in their own individual activities and these included bowling, football including regular trips to matches, drama and swimming. One resident had recently joined a community walled gardening project and attended a local social club. The more independent residents visited the local shops, pub and local shopping centres.

There were systems in place including a policy on residents' finances to ensure residents were safeguarded in this regard. Detailed records and receipts were kept for all transactions, balances were checked daily and an audit tool was used to ensure residents' incomes and expenditures were reconciled. Residents' personal possessions were also accounted for in lists maintained within their personal folders.

**Judgment:**

Substantially Compliant

**Outcome 02: Communication**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Residents' communication needs were being met in this centre.

There was a policy available to staff on communication with residents. Through discussions with staff and observing practice the inspector was assured that staff were very familiar with the communication needs of the individual residents, which were reflected within the personal plans. The inspector reviewed the communication passport for one resident who had limited verbal communication skills. The communication passport detailed with photos important information relevant to the resident, details of means of communication including details of facial expressions, and advice to readers to assist the resident to communicate effectively. Residents were assisted by staff to use mobile phones were required.

Residents had access to radio and television. There was no internet connection available within the centre at the time of inspection as none of the residents had requested access or shown any interest in accessing the internet within the centre to date. Residents were known within the local community and regularly visited local libraries, shops and attended sporting events and other activities within the community.

**Judgment:**

Compliant

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

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Residents were supported to develop and maintain personal relationships and links with the wider community. Family members were involved in the lives of all the residents.

Two of the residents had a time share agreement in place, with one resident residing in the centre from Monday to Friday and the other resident residing in the centre from Friday to Monday. These residents lived at home with family when they were not residing in the centre. Staff were very familiar with the residents' families, and it was

clear that there was regular communication between staff and the residents' families. Many of the residents had family members who lived in close proximity to the centre. Contact sheets were maintained in residents' personal files to record communication with residents' families, and family involvement in personal planning was also documented.

Arrangements were in place for residents to receive visitors in private without restrictions, and there was a visitors policy in place to inform practice.

During the inspection staff were observed to actively support residents to develop and maintain personal relationships, and one resident's personal goals related to forming new friendships.

Residents used facilities in the local community, including the local church, shops and post office, attended social clubs, and regularly attended sporting events.

**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:**

Residents had an agreed written contract, a contract of care, which included details of the service to be provided and the fees payable. The inspector reviewed three of these contracts, which had been signed by the resident and/or their representative outlining the services provided for the weekly fee, and the next review date.

There was one vacancy within the centre at the time of inspection, and a policy was in place for admissions. The person in charge discussed the admissions process with the inspector, outlining the procedure to ensure that all admissions were in line with the statement of purpose and that the residents currently living in the centre would be involved in the decision making process.

**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:**

Overall residents' wellbeing and welfare was seen to be maintained by a high standard of care and support. The inspector reviewed a number of the residents' personal plans, that included individual plans outlining the residents' goals, and care plans that addressed residents' health, personal and social care needs. A summary of important information for residents was maintained inside the front cover of the personal plans to ensure easy retrieval. However goal planning for some residents required further development, as did the provision of personal plans to residents in an accessible format.

Each resident had an assigned keyworker who was responsible for preparing the personal plans in consultation with the resident, and their representatives were appropriate. An assessment of each resident's health, personal and social care and support needs was carried out as required to reflect changes in the residents' need and circumstances, and at a minimum on an annual basis. The assessments reviewed had multi-disciplinary input, including a joint physiotherapy/occupational therapy assessment for one resident with mobility issues. The needs identified were reflected in care plans which specified the care required to ensure the specific needs were met. Mobility care plans were in place for residents with mobility issues, and epilepsy care plans were in place for residents with epilepsy. There was documented evidence of the involvement of resident's family in the personal planning review process.

The personal plans reviewed by the inspector for some residents contained detailed individual goal plans for the current year, outlining three goals that included new activities, and the development of life skills for the resident based on individual preferences and aspirations. The plans outlined the necessary steps involved, the people responsible for pursuing objectives, and a proposed timescale for achieving the goals. Substantial progress was visible in a number of the goals reviewed for some residents, and a number of the goals had been realised, including one resident having completed a personal safety awareness programme in the community, and participation in a community walled garden project for another resident with an interest in gardening. However the personal plan for one particular resident identified a goal of improving independence. The plan listed the resident's current abilities, but there was no plan in

place to identify further skills and abilities relating to improving independence that could be developed going forward. The plan did not identify the necessary steps involved in achieving the goal within an agreed timescale, or the support necessary to enable the resident to progress the goal. Aspects of some residents' personal plans had been included in their communication passports but personal plans were not available in an accessible format to all residents.

Staff with whom the inspector spoke were very knowledgeable regarding the residents' individual preferences, interest and abilities and outlined a variety of activities in which the residents participated, including walking, swimming, bowling, gardening, drama, attending sporting events, gardening and trips to the cinema.

**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:**

The location, design and layout of the centre were suitable for its stated purpose and met the residents' individual and collective needs in a comfortable and homely way. The inspector observed that residents were very much at home in the centre.

The centre itself is a detached two storey house located in North Dublin. The centre is located next door to another centre operated by St. Michaels House. There was a large open garden space with seating, lawn and flower beds at the back of the house. The premises had suitable heating, lighting and ventilation. The communal space on the ground floor included a large kitchen/dining area with ample cooking facilities, a bright airy sun room with doors to the garden, and a lounge area with comfortable furnishings and a television. There was also a large utility room with laundry facilities located on the ground floor, and a downstairs toilet. There was one en suite bedroom on the ground floor that was not in use at the time of the inspection. Upstairs there were three bedrooms, one of which was en suite. One of these bedrooms was shared between two residents on a time share basis, with one of the residents residing in the centre from Monday to Friday and the other resident from Friday to Monday. The two other residents each had their own bedroom. There was adequate space and suitable storage facilities within the centre. There was a bathroom and a separate shower room located on the

first floor, and also a staff bedroom with en suite facilities that was used as an office during the day. The stairs had been fitted with two handrails to ensure the safety of residents using the stairs.

**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:**

There were measures in place within the centre to promote and protect the health and safety of residents, visitors and staff. The only area of concern for the inspector related to the lack of an appropriate system to review serious incidents or adverse events involving residents.

There were policies and procedures in place for risk management, emergency planning, and health and safety within the centre. The inspector reviewed the most recent health and safety statement. There was a local risk register in place with risks identified specific to the centre itself. Risk assessment forms had been completed in a number of areas including: trips and falls, challenging behaviour, self harm, unexpected absence of resident, manual handling, fire, administration and storage of medicines, infection control, and lone working. Health and safety check lists were conducted monthly by the person in charge. All accidents and incidents, including medicine related incidents, and incidents of challenging behaviour were recorded on eforms on the incident management software system. Details of all such accidents and incidents were also documented within residents' personal files. There was evidence that learning did occur as a result of the investigation of these incidents, and the inspector was shown a new risk assessment that had been completed following one incident. However, the system needed to improve to include other aspects such as falls, and review of incidents, accidents and near misses as part of risk management. The person in charge could not access a review of these incidents and accidents for any given time period, to establish any trends or to facilitate an audit of falls, medication incidents including medication errors or near misses, or audits of challenging behaviour.

The fire evacuation plan was displayed in pictorial form within the centre, and staff spoken to by the inspector were knowledgeable of the evacuation procedure, and the residents who required verbal prompting and support to evacuate. Staff attended annual fire safety training. Personal evacuation plans were in place for residents, and regular fire drills were conducted. Records were available to confirm that all fire equipment

including fire extinguishers, and the fire alarm system were serviced on a regular basis. The emergency lighting system had been serviced by a service engineer in March 2015. There were three exit doors on the ground floor that could be used as emergency exits and all were unobstructed during the inspection. There were no internal fire doors in place within the centre.

The centre had a vehicle that staff used to transport residents. Vehicle inspection checks were reviewed to indicate its roadworthiness. Each resident had a transport profile sheet.

Satisfactory procedures were in place for the prevention and control of infection, including guidelines on dealing with the winter vomiting bug. An infection control and hygiene audit had been conducted by an infection control specialist nurse earlier in the year. Hand hygiene posters were on display in the centre, and staff had completed hand hygiene training.

The centre had an emergency plan which outlined procedures to be followed in the event of loss of electricity, water or heating, and also in the event of flooding or a gas leak.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

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

**Findings:**

Inspectors found that measures were in place with regard to the safeguarding of residents.

Measures were in place to protect residents from being harmed or suffering any form of abuse, including a policy outlining measures to prevent, detect and respond to any allegation of abuse. Staff with whom inspectors spoke were knowledgeable with regard to their responsibilities in this area, and had attended training on safeguarding residents. Intimate care plans were in place for residents who required support with

personal care. All observed interactions between staff and residents were respectful, and demonstrated a consent based approach by offering choices in relation to daily living tasks and activities. Residents appeared very much comfortable and at home within the centre. Residents stated that they had no concerns regarding their safety in this centre on all questionnaires submitted to the Authority, and feedback from relatives confirmed satisfaction with the safety of residents.

The person in charge confirmed that restrictive practices in operation within the centre related to the locking of one resident's wardrobes, and this practice had received approval from the positive approaches monitoring group within St Michael's House, and was fully discussed with the resident's family. The person in charge explained that this practice would be reviewed, but that the resident in question preferred staff to hold their keys for the wardrobe. There was a detailed policy in place for the provision of positive behavioural support, and the inspector reviewed one positive behaviour support plan for a resident who exhibited behaviour of concern. The plan had been developed in association with a clinical psychologist, and included details on staff responses and supports.

**Judgment:**  
Compliant

#### **Outcome 09: Notification of Incidents**

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

**Theme:**  
Safe Services

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

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 within the specified time frames.

**Judgment:**  
Compliant

#### **Outcome 10. General Welfare and Development**

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

**Theme:**

Health and Development

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

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

**Findings:**

Residents' opportunities for new experiences, social participation, education, training and employment were facilitated and supported. There was no organisational policy available on access to education, training and development as detailed in Outcome 18, although there were brief guidelines available which had been developed within the centre.

All four residents attended day centres, where they were supported to avail of a variety of activities and classes. One resident had supported part time employment in a local retail park.

Residents engaged in social activities internal and external to the centre, with residents attending local social clubs, socialising in the local community, and attending sporting events. The residents also participated in organised holidays and trips, the most recent involving three residents and two staff travelling to Wales.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

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

**Findings:**

The inspector found that the residents were supported to access health care services, and that staff supported residents on an individual basis to achieve and enjoy best possible health.

The inspector reviewed a number of the residents' files and found that personal wellbeing care plans were in place for assessed health care needs such as pain management, oral hygiene, nutrition, emotional wellbeing and mental health supports. Review of clinical contact sheets evidenced access to general practitioner (GP) services, specialist clinical services such as neurology, dermatology, and allied health care services including physiotherapy, dental services, speech and language, occupational

therapy, dietetics, psychology and chiropody. Residents had access to their own GP, but could also avail of the services of the organisation's medical officer who conducted annual medicals. Keyworking staff spoken to by the inspector were very knowledgeable of residents' individual healthcare needs, and ensured all necessary referrals and follow ups were scheduled, including annual dermatology appointments for one resident, and screening for heart disease for another resident with a family history of heart problems.

Residents were involved in planning the weekly evening meal menu within the centre, and the menu on display in the kitchen detailed food that was nutritious and varied. The inspector was shown pictures used to assist residents in making their food choices. Information and support in relation to healthy eating was provided to residents. Staff prepared meals within the centre, and residents were encouraged to be involved in the preparation of evening meals as appropriate to their ability and preference. One resident was reviewed by the dietician on a regular basis, and prescribed nutritional supplements to maintain a healthy body weight.

**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 were written operational policies implemented within the centre relating to the ordering, prescribing, storage and administration of medicines to residents. However, the inspector found deficiencies relating to medication management practices, including lack of comprehensive audit of practice within the centre as outlined in Outcome 14 and the fact that medicine related incidents including medication errors and near misses could not be reviewed to identify trends as detailed in Outcome 7.

Medicines were supplied by a retail pharmacy business in blister packs were appropriate, and all medicines were stored securely within the centre. There was a local policy available to inform practice in administering medicines from blister packs. All medicines received from the pharmacy were checked by staff, and drug audit records were maintained for all medicines. However, these audits only checked for discrepancies in the quantities of the medicines, and did not include any monitoring of medication management practices. There was no system in place in the centre to comprehensively review all aspects of medication management as detailed under Outcome 14. Staff received training on the safe administration of medicines every two years. The inspector

observed staff administering medicine to one resident, and the process was in accordance with best practice guidelines. The inspector reviewed a number of the medication prescription and administration sheets, and there was evidence of review by the prescriber.

One resident was self administering medicines at the time of inspection, following an assessment which was completed every 6 months or following any significant change. There was an accessible treatment plan available to assist the resident to take the medicine correctly, and staff had a system in place to ensure the medicine was being taken correctly as prescribed.

Staff were aware of procedures to be followed for disposal of unused and out of date medicines, and the inspector was shown documentation from the company contracted to dispose of clinical waste. All medication errors were recorded on drug incident/error forms and submitted to the organisation's head office, and were also discussed at staff meetings to ensure appropriate learning could occur, but there was no system in place, or facility within the incident management software for the person in charge to review medication errors and other medicine related incidents for any given period of time.

**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:**

An updated statement of purpose was provided to the inspector. The statement of purpose set out the mission statement of the organisation and of the centre itself. The statement of purpose was a detailed document that described the services and facilities provided for residents, and included all the information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The statement of purpose was accessible to residents and their representatives and was stored in a document holder in the hallway of the centre.

**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):**

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

### **Findings:**

Management systems were in place to ensure that the service provided within the centre was safe, appropriate to residents' needs, consistent, and effectively monitored. The only area of concern related to the lack of a comprehensive medication management audit. The annual review had not been made available to residents.

There was a clearly defined management structure in place, which identified the lines of authority and accountability in the centre, with a clear emphasis on professional conduct. Staff were supervised on an appropriate basis, with the person in charge conducting one to one supervision meetings with staff on a regular basis. Staff meetings were held on a regular basis to discuss a variety of issues including residents' progress with personal goals. The inspector reviewed the staff minutes for the previous two staff meetings held in May and March 2015.

The inspector reviewed the most recent report on the unannounced six monthly review of health and safety, and the quality of care and support provided in the centre. This unannounced visit had been conducted in January 2015 by the services manager, on behalf of the registered provider. The review was structured and comprehensive, and contained an action plan to address identified areas of concern. The services manager provided the inspector with the annual review of the quality and safety of care in the centre that was carried out in May 2015. This annual review had involved consultation with residents, their families, and staff, and included a review of audit documentation. Policies and procedures, incidents, complaints and resources for the centre were also reviewed as part of this process. Action plans were also incorporated into this review with completion dates and named staff responsible for completing the actions. At the time of inspection the review had not been finalised into a document suitable to make accessible to residents, and there were no overall conclusions regarding the accordance of the quality and safety of care and support in the centre, with standards.

There was no comprehensive medication management audit system in place within the centre that reviewed all aspects of medication management including prescribing, administration, storage, documentation and medicine related incidents.

The person in charge had been recently appointed in May 2015. Arrangements had been put in place to ensure a smooth transition for the residents and staff and the new person in charge had worked with the outgoing person in charge for a period of time. The inspector found that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis, providing good leadership to staff, was well known to residents, and was clearly resident focused and committed to professional development. The person in charge worked full time, managing three centres in total, one of which was located right next door and the other centre was also located in North Dublin. The person in charge had been involved in managing centres for over 10 years, with qualifications in social care and management. The person in charge demonstrated good knowledge of the legislation and associated statutory responsibilities throughout the inspection. One of the social care workers was also named as a person participating in the management of the centre (PPIM) and there was a system in place to ensure that in the absence of the person in charge one of the social care workers was nominated to manage the centre. Management meetings involving the person in charge and the services manager (who reported to the provider nominee) were planned to be held bi-monthly. The service manager had attended the centre on the two days of the inspection and attended the feedback meeting held at the end of the inspection.

**Judgment:**

Non Compliant - Moderate

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

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The Chief Inspector had not been notified of any proposed absence of the person in charge of the centre at the time of the inspection. There were arrangements in place for the management of the centre during any such absence. There was one social care worker named as a person participating in the management of the centre (PPIM). The service manager was also named as a PPIM, with overall management responsibility for the centre.

**Judgment:**

Compliant

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<b>Outcome 16: Use of Resources</b> <i>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</i>
<b>Theme:</b> Use of Resources
<b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.  <b>Findings:</b> The centre was sufficiently resourced to ensure the effective delivery of care and support to residents in accordance with the statement of purpose.  The inspector found that the facilities and services in the centre reflected the statement of purpose, and that adequate resources were available to support residents achieving their individual goals and to ensure their needs were met.
<b>Judgment:</b> Compliant

<b>Outcome 17: Workforce</b> <i>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.</i>
<b>Theme:</b> Responsive Workforce
<b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.  <b>Findings:</b> The inspector found that the levels and skills mix of staff were sufficient to meet the needs of residents at the time of this inspection.  The inspector observed that staff on duty during the inspection were familiar with the needs of the residents, and provided care in a considerate and respectful manner. The staff employed in the centre were social care workers. Nursing support was available from within the organisation if required and staff had access to the nurse manager on call at all times. Regular relief staff from within St. Michaels House were available to

ensure continuity of care, and the person in charge informed the inspector that there was some flexibility in staffing between this centre and the centre next door if required to support residents. However there was some reliance on agency staff at the time of the inspection, although the inspector was informed that this would be reduced when the staff vacancy within the centre was filled. Staff rosters were reviewed, but these rosters also included the staff working in the centre next door and there was no clear differentiation of the staff on duty in each centre. One staff member was designated as being in charge in the absence of the person in charge.

The person in charge held support meetings with staff, and worked in the centre on a regular basis to ensure sufficient supervision of practice.

Staff had up to date mandatory training in place including fire, food safety, manual handling, safeguarding, and safe administration of medicines. Staff also had access to first aid training, positive behaviour support training, hand hygiene and risk analysis training.

The organisation had recruitment procedures in place to ensure appropriate selection and vetting occurred. Staff files reviewed as part of the inspection did not meet all the requirements of Schedule 2 of the Regulations because the files provided to the inspector did not include a full work history, together with a satisfactory history of any gaps in employment.

There were no volunteers working in the centre at the time of inspection.

**Judgment:**

Non Compliant - Moderate

**Outcome 18: Records and documentation**

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

**Theme:**

Use of Information

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

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

**Findings:**

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in

Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were maintained to ensure completeness, accuracy and ease of retrieval with the exception of certain details in the residents directory, certain details as required by Schedule 2 as outlined under Outcome 17, and ease of retrieval of incidents and accidents, including medication incidents as outlined under Outcome 7.

The residents guide was accessible to residents within the centre and contained all the information specified in the Regulations.

Insurance documentation was made available to confirm the centre was adequately insured against accidents or injury to residents, staff and visitors.

The centre had the majority of the written operational policies as listed in Schedule 5 of the Regulations. The policies that were not available, some of which were under development at the time of inspection included:

- The use of restrictive procedures and physical, chemical and environmental restraint
- Provision of information to residents
- Access to education, training and development

The residents directory was reviewed by the inspector and not all of the information as required by Schedule 3 of the Regulations was detailed including:

- The date on which the resident first came to reside in the designated centre.
- The name and address of any authority, organisation or other body, which arranged the resident's admission to the designated centre.

**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:***

Jim Kee  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by St Michael's House
<b>Centre ID:</b>	OSV-0003598
<b>Date of Inspection:</b>	11 June 2015
<b>Date of response:</b>	20 July 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:**

Verbal complaints were not being documented in the centre to ensure all complaints were managed properly.

**Action Required:**

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

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

maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

The P.I.C has implemented a local complaints book. This will include the complaint, the outcome and whether the resident was happy with the outcome, and if not what other resolution can be made until a satisfactory outcome for the resident has been determined. All other complaints will continue to adhere to the St Michaels House Complaints and Compliments Policy

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

**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:**

Personal plans were not available in an accessible format to all residents

**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:**

A review by the P.I.C to assess the Individual Plans to determine what is required to ensure the personal plans are assessable to residents. Speech and Language resource tools have been used to assist the resident in the implementation of their plan. Accessible versions of the Personal Plans individualised for each resident are available on inspection

**Proposed Timescale:** 30/07/2015

**Theme:** Effective Services

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

One of the personal plans reviewed by the inspector did not identify the necessary steps involved in the resident improving skills to maximise independence or the proposed timeframe.

**Action Required:**

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those

responsible for pursuing objectives in the plan within agreed timescales.

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

The P.I.C and the keyworker have developed a S.M.A.R.T action plan to support the resident achieve their goals. The steps to support the residents with their goals have been clearly outlined. It will also include a proposed timeframe of commencement and the completion of goals. Evidence is available in the resident's personal file.

**Proposed Timescale:** 30/07/2015

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

**Theme:** Effective Services

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

The person in charge could not access a review of incidents and accidents for any given time period, to establish any trends or to facilitate an audit of falls, medication incidents including medication errors or near misses, or audits of challenging behaviour.

**Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

The organisation IT department is reviewing and developing accessibility for the review of incident and accidents, audits of falls and challenging behaviour, which in turn will establish any trends. The monthly medication management audit devised by the organisation Health and Medical Training Officer will incorporate a full review of all medication incidents, errors or near misses

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

**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:**

There was no comprehensive medication management audit system in place within the centre that reviewed all aspects of medication management including but not limited to, prescribing, administration, storage, documentation and medicine related incidents.

**Action Required:**

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to

residents' needs, consistent and effectively monitored.

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

The organisation Health and Medical Training Officer has devised a monthly medication Management Audit which will review all aspects of medication management. This form will be completed monthly by the P.I.C

**Proposed Timescale:** 30/07/2015

**Theme:** Leadership, Governance and Management

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

The annual review of the quality and safety of care and support in the centre had not been finalised into a document suitable to make accessible to residents, and there were no overall conclusions regarding the accordance of the quality and safety of care and support in the centre, with standards.

**Action Required:**

Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

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

The P.I.C and the register provider will review the Annual Report for the centre to finalise it and make it accessible for the residents and their families. A summary of the full report will be developed to discuss the actions, the process and the findings from the audit. This report will be discussed at the housemeeting and sent to families.

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

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The staff rosters reviewed by the inspector included the staff working in the centre next door and there was no clear differentiation of the staff on duty in each centre. The roster needs to clearly identify the staff on duty within the centre.

**Action Required:**

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

The P.I.C and the P.P.I.M have devised the roster so that it is colour coded, to highlight

the lead on shift and to determine which designated unit the staff are on duty in.

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

**Theme:** Responsive Workforce

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

Staff files reviewed as part of the inspection did not meet all the requirements of Schedule 2 of the Regulations because the files provided to the inspector did not include a full work history, together with a satisfactory history of any gaps in employment.

**Action Required:**

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

The P.I.C will review with the organisation HR department all staff files, to ensure full work history are detailed and that any gaps in employment are addressed.

**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:**

The following policies were not available:

- The use of restrictive procedures and physical, chemical and environmental restraint
- Provision of information to residents
- Access to education, training and development

**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:**

The Provision of information to residents is available in guidelines until full consultation with residents within the organisation has been completed and then it will be available in Policy by 31st December 2015. The organisation Policy on the Use of Restrictive Practices has been effective since July 2015. Access to education, training and development policy will be completed by 31st December 2015

**Proposed Timescale:** 31/12/2015

**Theme:** Use of Information

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

The residents directory was reviewed by the inspector and not all of the information as required by Schedule 3 of the Regulations was detailed including:

- The date on which the resident first came to reside in the designated centre.
- The name and address of any authority, organisation or other body, which arranged the resident's admission to the designated centre.

**Action Required:**

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

The P.I.C will access resident's files to determine day, month and year of when the resident first resided in the centre. While assessing resident's files it will also determine the name and address of any authority organisation or other body that arranged the residents admission to the centre. The residents directory will be updated to include this information

**Proposed Timescale:** 05/08/2015