

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002400
Centre county:	Dublin 14
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	Declan Ryan
Lead inspector:	Helen Lindsey
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 29 June 2015 09:30 To: 29 June 2015 18:30

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 the first inspection of this centre by the Health Information and Quality Authority (HIQA). As part of the inspection, the inspector visited the house and met with the residents, and staff members. The inspector observed practice and reviewed documentation such as personal plans, medical records, policies and procedures, and staff files.

The centre provided a service to six residents with complex needs including intellectual and physical disability. It was the aim of the service to provide individual supports to people so that they can enjoy experiences, opportunities and lifestyles similar to their peers.

The designated centre was a house for up to six residents with bedrooms on the ground and first floor. There was a large entrance hall that provided space for ease of movement in electric and self propelling wheelchairs. Leading off the entrance hall was a kitchen, dining room and lounge area, all open plan. There was also a sensory room, and access out to the garden.

Along the corridor on the ground floor there was four bedrooms, a staff office and two large bathrooms, one with a level access shower, and the other with an accessible bath. There was also a laundry room, that provided storage for cleaning chemicals and a sluice.

Upstairs was a resident's bathroom with en-suite toilet, and office, staff sleep in room, shower room and large store room.

Residents who spoke with the inspector felt they were happy and safe living in the centre, and felt well supported by the staff. They talked about the different activities they were involved in and were keen to show the inspector certificates of achievement and learning from a signing class.

The inspectors found that the residents received a good service, where their health social and emotional needs were assessed and met. They were seen to live in an environment that was well maintained, and had been designed to meet their needs.

The staff team that supporting the resident were caring and knowledgeable about their needs, but supported and encouraged individuals to be as independent as possible in relation to their abilities. There was a positive atmosphere on the day of the inspection, with lots of joking and laughter.

Personal support plans encouraged residents to set out their goals for the future, and health care plans covered all assessed needs and ensured that people received the care and support they needed to maintain a healthy lifestyle.

Some areas of improvement were needed and they related to records setting out residents support needs around behaviours that challenge, approved restrictive practice in the centre, and the policy on safeguarding needed review. Improvement was also needed in updating residents care plans when the recommendations of health professionals changed.

These matters are discussed in more detail in the report, and the action plan set out at the end.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Residents confirmed, where possible, they were consulted with and participated in decisions about their care and the organisation of the centre. They also had access to advocacy and information about their rights.

Residents were seen to be taking part in a range of different routines in the centre. Those who spoke with the inspector confirmed they were able to make their own decisions about what they chose to do with their time, day and night. On the day of the inspection two people had not gone to their regular day service, and were instead enjoying trips to the library, and out for an evening meal.

Staff explained there was a house meeting each week where residents discussed the meals to be prepared in the house, and they planned for the shopping list. Staff explained that residents would indicate what they wanted to do in the house, and would be supported to achieve that, for example sit in the lounge area, or in the hall on their own seat.

Residents also explained how they were choosing goals to work towards, and during the week following the inspection two residents were going to a hotel for an overnight visit and a pamper session.

There was a complaints policy available, which was also displayed on the wall so people could read it. It set out clear instructions of who raise any concerns or complaints with. It met the requirement of the regulations, for example it clearly outlined the appeals process.

A review of the complaints log was carried out, and it was noted that any verbal complaints had been resolved at a local level, and no written complaints had been received.

Residents said they knew who to speak to if they were unhappy about something, and were able to say how they would contact them. This was confirmed in the questionnaires that they completed for HIQA with the support of the staff. Relatives who completed the questionnaires also said they knew who to complain to if they had any concerns.

The complaints policy referred to residents being able to access advocacy services to support them with a complaint if they chose. There was also information on the notice board in the centre on accessing advocacy services. They had contacted a advocacy agency for a more accessible version of the information, and were waiting for it to arrive.

Staff members were seen to treat residents with dignity and respect on. Residents who spoke with inspectors said they liked the staff, and were seen during the inspection to be having lots of fun talking about things they had done, or were planning to do. For example some residents liked to go out shopping, and others said they liked to do quieter things like go for walks in local parks.

Each resident had personalised their own room with their own possessions. There was a policy in place that covered resident's personal possessions, and records were in place of their belongings.

Residents were able to practice their religion. Residents beliefs and how they chose to practice their religion were recorded in their files. Some residents attended services with family members.

At the time of the inspection the internet could be accessed on the office computer, but discussions were recorded in management meetings about upgrading to wifi.

Judgment:

Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

Residents were assisted and supported to communicate, appropriate to their identified needs, and had any aids needed to support them.

Staff were aware of the communication needs of the residents, and residents were seen to be speaking and communicating well with residents throughout the inspection. It was also observed that where residents used sign language, other staff and residents had learned some of the signs they used. One resident was seen to be teaching staff and other residents the signs she was learning. She explained she did this every week, and everyone was building up their knowledge of signs.

Records were seen of speech and language therapy referrals, and occupational therapy. Picture exchange was available and polices has been presented in easy read versions.

Each resident had a communication passport that set out how they communicated with others, and what different words or expressions would mean.

There was also an organisation policy on communication support for service users and this was seen to be put in to practice across the designated centre.

Residents had access to TV, radio, DVDs. Staff were in discussion with the IT department about arranging wifi, but internet was available on the office computer if resident wanted to use it.

Residents spoke with inspectors about how they did access their local community, visiting the library, shops and local food establishments.

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.

Residents told inspectors how they kept in contact with their families, and that they were involved in their lives. They talked about visits to them in their house, and trips out, and some had weekends at home with their families.

Relatives who completed the questionnaires were mostly positive about the level of

contact they were able to have with their family member, and the standard of care and support they received. One said 'we are very happy with the care that our relative gets in the centre' another said 'My relative is very happy and is well cared for'. Their only concern related to staffing levels, which is discussed in outcome 17.

Each resident had a care plan that explained who the important people in their life were, and how those relationships were to be maintained. Records showed each contact residents had with their families.

Records showed that families had been involved to some extent in the care planning process, and the person in charge confirmed this was the case.

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:

Inspectors found the provider ensured admissions and discharges were in line with their policy, and each resident had an agreed, written contract.

Inspectors found each resident had a written agreement of the provision of services. A sample of contracts of care were reviewed, and they included the fees to be paid by each resident and outlined the services to be provided. The contracts were signed by the resident or their representative where required.

There was a comprehensive policy and procedures in place for admitting and the discharge of residents. The residents were admitted in line with the Statement of Purpose. The policy set out that those using the service must be consulted as part of the process off assessing any new admission.

There had been no new admissions or discharges to or from the centre in some time. Some residents had lived in the centre since it opened in the 2001.

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):

Findings:

Care and support provided to residents reflected their assessed needs and respected their wishes.

The personal care plans showed that residents had been involved in the assessments to identify their needs and to support them make choices, as much as possible.

All residents has individual personal plans in place. The inspectors read a sample of the plans, and they were seen to identify the needs of the resident, and how they were to be met. They covered areas such as 'my home life', relationships and choice, skills in the community and physical wellbeing. Each residents plan was reviewed regularly, and the records showed that a full review was carried out annually.

There was also a meeting annually to set out what the residents wanted to achieve in their future and included setting any goals that people wanted to meet, and the progress made in meeting them.

Each resident had a copy of their daily routines that were set out in pictorial and plain English format. Residents were seen to be heading out in the morning to their agreed activities, and returning later in the afternoon. Those who spoke with the inspector said they enjoyed the social aspects of attending different services in the day, and spoke of the activities they were involved in. For those who did not speak directly with the inspector, it was noted they appeared relaxed and enjoyed spending time in their chosen part of the centre on their return.

Where residents required involvement of other professionals, records showed that this had been supported. For example some residents had a speech and language therapy assessments, or physiotherapist. There was evidence of other health professionals being involved. For example psychology, psychiatry, dentist, and occupational therapy. This is discussed further under outcome 11.

It was noted that the plans were person centred and gave a good overview of the residents preferences, including their likes and dislikes about how they chose to spend their time.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

Inspectors found the design and layout of the centre to be suitable for its stated purpose, and met the individual and collective needs of residents in a comfortable manner.

The accommodation was a house for up to six residents with bedrooms on the ground and first floor. There was a large entrance hall that provided space for ease of movement in electric and self propelling wheelchairs. There was also a residents personal furniture, which they enjoyed relaxing on. Leading off the entrance hall was a kitchen, dining room and lounge area, all open plan. There was also a sensory room, and access out to the garden.

Along the corridor on the ground floor there was four bedrooms, a staff office and two large bathrooms, one with a level access shower, and the other with an accessible bath.

There was also a laundry room, that provided storage for cleaning chemicals and a sluice.

Upstairs was a resident's bathroom with en-suite toilet, and office, staff sleep in room, shower room and large store room.

Residents had added items to personalise rooms according to individual tastes, some liked to have a lot of items around them and had shelving and cupboards and lockers. Other residents preferred a more minimal environment with just a few personal items. Residents could lock their rooms, if they chose.

There were sufficient toilet, shower and bathroom facilities and to meet the needs of the resident, including appropriate hoists, and changing facilities. There were alarm call points in the bathrooms, and staff said it supported residents privacy and dignity as they could call for staff when they needed support.

The centre was seen to be clean, warm and suitably decorated. Inspectors reviewed

maintenance records and found the building to be well maintained. Inspectors also found that there were adequate storage facilities for the equipment used by residents. The centre was designed in a way that facilitated freedom of movement. There were handrails and wide corridors, and large open spaces.

Inspectors reviewed the maintenance records of these and found that they are kept in good working order and checked on a regular basis. Staff were observed to be knowledgeable about this equipment, and confirmed they had received training.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The inspector observed a range of measures in place in the centre to manage risks in relation to health and safety, including manual handling training and fire training.

Staff were seen to be maintaining a safe environment for residents. There were risk assessment in place for residents, covering a range of areas, for example risk associated with epilepsy, and use of equipment for individuals.

The inspector reviewed the incident report documents and found they had been fully completed. Appropriate control measures had been put in place following risk assessments to minimise the risk of reoccurrence. For example in relation to needle stick injury.

There was also a risk register for the centre, that included risk for the residents and staff, for example storage of chemicals, food safety and medication safety.

Learning from incidents and accidents was incorporated in the resident care plans to minimise risk of another incident. Staff were asked to sign to show they had read documents where practice had changed.

There was a range of fire equipment available in the designated centre including fire extinguishers and fire blankets. It was recorded on the equipment register that these had been serviced. This included the fire alarm every six months, the emergency lighting annually and the fire equipment such as extinguishers annually.

Emergency lighting and fire doors were in place and all fire exits were seen to be unobstructed during inspection.

There was a fire plan in place that was displayed in the entrance hall and clearly described the routes to use in an evacuation. The inspector read the personal evacuation plans that had been completed for residents to consider what support if any would be needed in the evacuation of the centre. These plans were summarised to one sheet to advise staff in which order to evacuate residents, for example for the mobile residents to be prompted to leave, then to support those that needed assistance.

There was also an emergency plan in the event of power outage, loss of water, heating, electricity and staff knew who to contact in the case of an emergency. Alternative accommodation and an emergency kit were available in the event of such emergencies.

Fire drills were completed regularly and evacuation of residents took place on during the day and early morning to familiarise residents with the procedure should an emergency occur. Residents spoken with knew what to do if there was an alarm, advising the inspector that 999 had to be called and they had to 'get out'.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

There were systems in place to safeguard residents and protect them from the risk of abuse. However, some improvement was needed in the recording of residents needs in behaviour support plans, clarity on any approved restrictive practice in the centre and the safeguarding policy needed to be updated in line with the recent HSE policy document.

There was a policy and procedure on the prevention, detection and response to abuse for adults. It included the definitions of different types of abuse including neglect and psychological abuse and discriminatory abuse. However it required some improvement to be in line with the recent National Health Service Executive (HSE) policy on protection. The action for this is made under outcome 18.

The acting person in charge was clear of her role in any safeguarding response and very

clear around the process of managing an allegation of abuse and its investigation. At the time of inspection, there were no cases of allegations of abuse recorded. Residents told inspectors that they felt secure in their home. In the questionnaires they completed for HIQA they stated that 'I feel happy here' and 'I like living here because it's a nice place'.

Staff members had received training in adult protection, and training booked for the small number who had not. Those spoken with on the day of the inspection were clear on what constitutes abuse and what action to take if they suspected or witnessed abuse taking place.

All residents were seen to be treated with respect by the staff. There was also a respectful relationship between the residents living together in the houses. Mostly residents enjoyed living together.

All residents were seen to have an assessment of their intimate support needs as part of their personal support plan. The plans encouraged residents to maintain and develop personal care skills, but also receive the support they need.

Where residents had behaviour that challenged this was recorded and there were strategies in place to manage any incidents. However, in one example it was identified that information was not clear about what the resident's behaviours were. For example a current report did not describe how the resident interacted when they were stressed or anxious. This could result in staff not knowing what to expect or how to respond.

There were policies in place in the service about the use of restraint. Individual risk assessments had been carried out where these were needed, and the assessment considered the least restrictive practice. Staff were aware of the safety checks needed where these were used, and records showed these were done regularly.

However it was noted in one example that an assessment said there were no restrictions in place, however they had a prescription for a PRN medication that was to reduce agitation and would be classed as a chemical restraint.

Also staff were not fully clear of all the restrictions in place, and when they had been last reviewed. The person in charge set out a plan to put a record in place that could be accessed by staff to ensure they were clear about what practice was approved in the centre for individual residents.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding any incidents and accidents. The person in charge was clear of what incidents needed to be notified and the timescales in which they must be notified to the Authority. To the knowledge of inspector all incidents and accidents were reported clearly, and in a timely manner.

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 had opportunities for new experiences, social participation, education and employment.

Residents were encouraged to take part in a range of activities, both in the house, and in their day services.

Inspectors spoke with the some residents about these activities and all reported they enjoyed their options and routines, and did things that were of interest to them. For other residents reviews were seen to have taken place to check that they remained settled in their day activities, and whether other opportunities should be explored. For example for those thinking about retirement.

Each resident had a personal support plan in place about their interests and goals they wanted to achieve. Progress against these goals was recorded, and the inspector was told of one goal that was being achieved the week of the inspection, where residents were going for an overnight in a hotel including a meal out.

Residents told inspectors about their busy social lives, and shared experiences of recent events such as birthday parties, trips out shopping, or out in to the local parks.

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 there were arrangements in place to provide health care for each resident, and they had access to medical and allied healthcare professionals as needed. Some improvement was needed in implementing health professional advice, and clear recording of resident's behaviours.

There was evidence seen in the records that residents had good access to general practitioners (GP's) and also had an annual health check by a doctor. GP notes on residents files set out the treatment they received, including checking residents where staff felt their usual presentation had changed.

For each of the residents identified health needs there was a care plan in place with clear instruction on the support needed to support the resident. For example osteoporosis, vision, emotional wellbeing.

There was evidence that residents accessed other health professionals such as occupational therapy, speech and language therapy, optician and dental services. Letters and medical reports were available as part of the residents records, covering their whole time in the service.

It was noted that some improvement was needed in updating resident's records when the advice of a professional, such as the speech and language therapist had changed, or there was a risk of residents not receiving the correct diet. For example where a modified diet recommendation had changed, although it was seen to have been put in place in practice, record gave conflicting information.

Staff explained how the shopping list was put together taking in to account residents preferences. A weekly plan was decided at a house meeting, and then the shopping was completed, sometimes with the support of residents.

Staff supported the residents to have a varied and healthy diet, in line with any assessed nutritional needs. Food stuff available in the houses was seen to reflect those required by resident in relation to dietary needs, for example the provision of a blender to provide modified consistency meals.

Residents also reported that they enjoyed eating out, and told inspectors of some of their favourite places to visit. Two residents were going out on the evening of the

inspection.

Menus were seen in the house, and resident explained the meals they chose. Snacks and drinks were available in the houses, and residents either accessed them when they wanted, or some had support in line with their dietary requirements.

Mealtimes were seen to be positive and social events, with general chat about the day's events, or the plans for the day. Meals were seen to be appetizing, and residents confirmed they liked what was served.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

There was evidence of good medication management practices and procedure in the centre, and staff who were administering medication had received training.

The medication policy met the requirements of the regulations; it included procedures relating to the ordering, prescribing, storing and administration of medicines. The policy also included a procedure for self-administration of medication. At the time of inspection the person in charge told the inspector that no residents were self medicating.

Training records reviewed showed that staff had received updates in the safe administration of medication. The inspector found staff were knowledgeable in medication management, and were able to explain the arrangements in place for each resident. Due to the times medication were administered in the centre, the inspector did not observe it happening in practice.

The inspector reviewed the prescription sheets for a number of residents and found each medication was accompanied by a signature from the prescribing general practitioner (GP). The medication charts were reviewed by the GP six monthly or more frequently if required.

Prescription sheets reviewed were clear and distinguished between "as required" (PRN) and regular medication. The maximum amount for PRN medication was consistently recorded on prescription sheets and the purpose of the required medication. These evidenced based practices in prescribing would minimise the risk of drug errors, near miss or overuse of PRN medication administration.

There were good practices around the management and understanding of the use of PRN medications. Protocols were in place to support staff making a decision about when they needed to be administered.

There was no resident requiring medications that required special controls during the inspection. The facilities were available to store these type of medications safely should they be required.

Medication management was the subject of a regular audit by the person in charge. There was evidence of learning from the outcome of the audit, for example in relation to appropriate storage of medication.

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:

Inspectors found that the Statement of Purpose met the requirements of the Regulations.

The Statement of Purpose accurately described the type of service and the facilities provided to the residents. It reflected the centre's aims ethos and facilities. It also described the care needs that the centre is designed to meet, as well as how those needs would be met.

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:

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

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

Findings:

The inspector found there were effective management systems in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. There was a clearly defined management structure which identified the lines of authority and accountability in the centre.

Arrangements were in place to ensure staff could exercise their personal and professional responsibility for the quality and safety of the services provided. The provider had established a management structure, and the role of the person in charge and staff were clearly set out and understood. There was a cohesive team in place and staff were very clear about their role, the support and the reporting structures in place. For example, the person in charge was supported in her role by the service manager, the Staff Nurse PPIM who provided cover in the absence of the person in charge and staff team, including the multidisciplinary team

At the time of the inspection the person in charge was off work, and a member of the team was acting in their role. They were found to be clear on their responsibilities and supported the inspection by providing all information that was requested. They were knowledgeable of the regulations, and knew actions they needed to take in a range of different scenarios, for example if an allegation of abuse were to be made. The post of the person in charge was full time. Residents knew the acting person in charge very well and were clearly enjoying engaging with her, with many jokes being made.

The provider nominee was interviewed by the inspector prior to this inspection. He reported that he was satisfied that the structure and the regular meetings with the management team ensured he was kept up to date on the designated centre. He reported that he received updates formally and informally on a regular basis to ensure he was up to date in relation to the quality and safety of the centre. Staff told inspectors that he visited the centre periodically and that he was approachable and supportive.

There was an on all system provided out of hours including weekends and staff were aware that they could seek advice at any time.

The provider nominee had recently completed a comprehensive annual review of the quality and safety of care in the designated centre and the person in charge and the service manager had completed a review of all residents' assessments and care plans. The inspector was informed that The person in charge and the service manager were in the process of combining both of these reports to provide a detailed summary to the Chief Inspector, and a picture and word format summary to the residents on completion.

Judgment:

Compliant

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 provider nominee was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The provider nominee had appropriate contingency plans in place to manage any such absence. There were satisfactory arrangements in place through the availability of the supervisor to cover short absences of the person in charge, and a period of absence greater than 28 days would be covered by the programme manager. The supervisor and the programme manager demonstrated a clear understanding of their role and responsibilities under the Regulations if required to deputise for the person in charge.

The provider nominee was aware of the requirements to notify the Authority in the event of the person in charge being absent.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

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

Findings:

Inspectors found that sufficient resources were provided to meet the needs of residents.

There was sufficient staff to meet the needs of the residents. Each resident was supported to spend their time in a way that suited them. All went out daily to access other services, with some choosing to stay home on certain days.

The premises were well maintained. Records of maintenance being carried out in a timely manner were seen.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspector observed that there were sufficient staff with the skills and experience to meet the assessed needs of the residents at the time of the inspection.

Residents were seen to have a good relationship with staff and received any support they needed in a respectful, timely and safe manner. Where residents had specific communication styles, staff were aware of this and responded appropriately. Residents were seen to be having fun, and enjoying the atmosphere in the house.

The staff knew the residents well, and were seen to have the skills and experience to meet their needs. Four out of the five families who responded to the HIQA questionnaire said they thought that staffing could be improved in the centre. Staff explained that they planned the roster around arranged events and made sure residents had a range of opportunities. On the day of inspection there were enough staff to meet the resident's needs, and the roster showed there were consistent staffing levels.

Across the staff team most of the mandatory training (fire, manual handling, adult protections) had been provided, with courses booked for those who needed to complete vulnerable adults training. Other training that was relevant to the needs of the residents, for example autism, LAMH and positive behaviour support was also provided. The person in charge was also trained to train staff in areas such as safe administration of medication, and managing epilepsy.

Staff files reviewed contained all the required documents as outlines in schedule 2, which was evidence of a robust recruitment process. Evidence of up to date registration with the relevant professional body was seen for the nursing staff employed in the centre.

A process of staff supervision was being rolled out in the organisation. The person in charge was starting to hold regular meetings with individuals.

Minutes were seen of staff meetings, covering issues such as training, the regulations and standards and individual resident's needs.

Staff said they felt supported by the person in charge and could arrange to meet them if they needed to discuss anything with them. They worked full time based in the centre.

At the time of the inspection a member of the staff team was temporarily covering the role, and were very clear on the policies and processes they needed to follow, and how to oversee the quality of service provided to the residents.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

The inspector found that there were systems in place to maintain complete and accurate records and the required policies were in place.

Written operational policies were in place to inform practice and provide guidance to staff. Inspector found that staff members were sufficiently knowledgeable regarding these operational policies.

As discussed in Outcome 8, the policy on the prevention, detection and response to abuse for adults required some improvement to be in line with the recent National Health Service Executive (HSE) policy on protection.

Inspectors found that medical records and other records, relating to residents and staff maintained in a secure manner.

The directory of residents was maintained up-to-date, and satisfactory evidence of insurance cover was in place.

Inspector read the residents' guide and found that it provided detail in relation to all of the required areas. This document described the terms and conditions in respect of the

accommodation provided and provided a summary of the complaints procedure.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Helen Lindsey
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002400
Date of Inspection:	29 June 2015
Date of response:	22 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 08: Safeguarding and Safety

Theme: Safe Services

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

Not all restrictions were set out, and had clear records of their approval, monitoring and review.

Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures

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

including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

1. The PPIM has reviewed all restrictions and established a record file for restrictive procedures within the designated centre. The mechanical restraint referred to in the report has been approved by positive approaches monitoring committee dated 06/05/2015. Documentation is available for the HIQA inspector to review.
2. The Consultant Psychiatrist, PPIM and service manager have reviewed guidelines in relation to PRN Medication. Following this meeting the PRN medication has been discontinued dated 16/07/2015. The medical notes and Medication Administration Sheet are available for the HIQA inspector to review.

Proposed Timescale: 22/07/2015

Theme: Safe Services

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

Not all behaviour support plans provided sufficient information to fully guide staff practice.

Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

The psychologist for the designated centre is currently reviewing the support plans to ensure that they provide sufficient information to fully guide staff practice. The up dated guidelines will be available for the HIQA inspector to review.

Proposed Timescale: 10/08/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Not all care plans reflected the current recommendations of health professionals.

Action Required:

Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

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

The Service Manager and PPIM will ensure that all care plans will be reviewed and monitored on a quarterly basis in order to implement the recommendations of health professionals. This practice has commenced 07/07/2015.

Proposed Timescale: 30/09/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

The policy on protection of vulnerable adults needed to be updated in line with the Health Service Executive (HSE) national policy.

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The registered provider is currently updating the Safeguarding policy to bring it in line with the National Policy on Safeguarding. The Policy will be fully implemented when the review is complete.

Proposed Timescale: 31/10/2015