

**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-0002340
Centre county:	Dublin 13
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	John Birthistle
Lead inspector:	Sheila McKeivitt
Support inspector(s):	Jim Kee;
Type of inspection	Announced
Number of residents on the date of inspection:	16
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
12 August 2015 09:30	12 August 2015 17:00
13 August 2015 09:30	13 August 2015 18:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the first inspection of the centre by the Authority. It was an announced inspection and formed part of the assessment of the application for registration by the provider. The inspection took place over two days and as part of the inspection, practices were observed and relevant documentation reviewed such as comprehensive assessments, personal care plans, health files, policies and procedures and staff files. The views of residents and relatives present during the course of the inspection and staff on duty were also sought.

The person in charge and the service manager were in attendance during the

inspection. They both had experience and knowledge of working with residents with disabilities. As part of the application for registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider for the purposes of application to register were found to be satisfactory. However, one document in relation to planning compliance remains outstanding.

Evidence of good practice was found across all outcomes. The centre was in compliance/substantial compliance with 10 out of 18 outcomes inspected against. Some improvements were required in relation to the assessment of residents' communication needs and the provision of appliances, aids and equipment to meet these needs. The practice, documentation and care planning governing the use of restraint required a full review to ensure it reflected the policy. There were no social care workers employed to work in the centre and the social care needs of residents were not been met. Hence, residents' personal personal plans had not been developed or implemented to an acceptable standard. Some records including the statement of purpose required review.

The action plans at the end of this report identifies the outcomes under which improvements are required.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Residents' next of kin and staff consulted with the resident and facilitated residents in making decisions about their life. They were provided with information about their rights and each resident's privacy and dignity was respected.

Resident's privacy and dignity was respected. Two residents showed inspectors their bedroom. All bedrooms had privacy locks in place which only some residents could use independently, however, staff were observed using on behalf of the resident. The bathroom/shower rooms and toilet doors had privacy locks in place. All windows had blinds and curtains in place. The two twin bedrooms had screening in place to ensure the privacy of residents could be maintained.

Residents had access to an adequate amount of storage facilities in their bedroom. Laundry facilities were available within the house and those who required staff assistance were provided with it. Staff assisted residents to safely manage their monies and the inspector was satisfied that robust systems were in place to ensure full compliance with organisational policies.

The rights of residents' were respected. The inspector saw evidence that residents had choice and retained autonomy of their own life as much as possible. For example, staff were observed offering residents choose and staff were able to interpret what the non verbal residents choose was.

Residents who choose to attend religious services were facilitated to do so in the local parish church.

There was a copy of the charter of rights published by the National Advocacy Committee on display in one side of the residential unit. Staff and residents next of kin spoken with were aware of the rights of residents and advocated for residents on a day to day basis.

There was a complaints policy in place which met the legislative requirements. A pictorial copy was on display and accessible to residents on one side of the residential unit, in their bedrooms and a copy was included in the residents guide. There were a minimum number of complaints and those on file were dealt with promptly. Records reviewed showed details of the investigation, outcome and level of satisfaction of the complainant were clearly recorded.

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:

There was a policy on communication with residents. However, inspectors found residents did not have access to assistive technology, aids and appliances to promote their full capabilities. Inspectors found that residents did not have their communication needs assessed fully and therefore it was not evident that their communication needs were been met. 15 residents communicated via non verbal means of communication, however none had detailed communication assessments completed. Inspectors were informed that residents had the basic communication assessment completed which was adequate for verbal residents. Inspectors were informed that non verbal residents had not had input from a speech and language therapist to determine their communication needs.

Residents had access to a television in both living rooms and had music playing devices and radios of choice in their bedroom. General information outlined in pictorial form such as the staff teams, information about rights and complaints policy were all displayed at heights accessible to non wheelchair dependent residents only and therefore required review. Computers and internet were not available in an area accessible to residents and skype had not been set up for any of the residents to use. There was scope to use more objects of reference, equipment and technology to aid communication with residents when they were in their own home. I

Judgment:

Non Compliant - Major

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:

Positive relationships between residents and their family members were supported. There was a visitor's policy in place which stated there were no restrictions. Family members spoken with during the inspection stated they were welcome to visit at anytime. They also explained how staff facilitated residents to visit their family home by accompanying them on the centres transport bus. There was a second sitting room available where residents could receive visitors in private.

Communication between staff and the residents next of kin was good. Those spoken with told inspectors that they were kept informed of all issues in relation to their loved one where necessary or when the resident requested. However, as mentioned under outcome 5 they were not involved in the development of their personal plan.

Residents were seen by inspectors being supported to link with the local community. Inspectors, saw staff taking resident out for a trip in the centres bus.

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:

The admissions policy in place outlined the procedure to be followed prior to a resident being admitted to the centre. It included the involvement of the person in charge, the resident to be transferred and his/her next of kin. However, inspectors were informed that the centre had stopped admitting residents due to the providers plan to de-congregate .

Contracts of care were available for each resident and admission to the centre was in line with the admissions policy. The contracts were signed and dated by the respective residents next of kin and the person in charge. The contracts included details about the supports, care and welfare the resident would be expected to receive and details of the services to be provided. Each contract included the fees to be charged per week and any additional costs that may be charged were clearly outlined.

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:

Inspectors found that each residents' health care needs were been met .

Inspectors reviewed a sample of residents individual personal files and found that the resident and their key worker were involved in the completion of this assessment. It reflected the residents interests and preferences and outlined how staff could assist the resident to attend to their activities of daily living. All assessments had been reviewed within the past year.

Each resident had a corresponding outcome based personal plan which outlined to 3 personal outcome based goals set for 2015. The goals outlined for each resident were vague. They related to one off events such as ' I would like to attend a show', hence the goal being reached did not show improvement in the quality of life for the resident. In the absence of any qualified social care workers being employed in the centre,

inspectors saw that health care assistants were completing these documents. Health care assistants told inspectors they had not received any training on assisting the resident to set and implement personal goals. Inspectors noted that there was no evidence of families being involved in this aspect of the residents care. Documents in relation to personal plans were filed and stored in the staff office, they were not accessible to residents. Hence, there was no evidence that the resident had ownership or played a part in progressing their personal plan.

Staff facilitated residents to get out and about and to pursue activities of interest to them. This was enhanced by the availability of three buses and drivers.

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 centre was located in a seaside residential suburb of Co Dublin. The detached three storey building was an old institutional building which was originally run by a religious order who signed it over to the organisation in 2006. There was a primary school for children with disabilities on the ground floor together with a day care facility for adults and a swimming pool. The residential service, home to sixteen adults was located on the first floor. Administration offices are located on the second floor. The premises had adequate heating, lighting and ventilation.

The providers application requested registration for seventeen residents. However, inspectors were informed that they were now down to sixteen residents and as they were closed to admissions only wished to be registered to care for a maximum of sixteen residents'. The residential unit on the first floor had been recently renovated. The dormitory style communal bedrooms had been reconfigured to provide 12 single and 2 twin bedrooms. Inspectors viewed each one of these large spacious bedrooms, each had been personalised to meet the residents personal likes, preferences, hobbies and items of interest. The bedrooms met the needs of each wheelchair dependent resident with plenty of floor space to maneuverer equipment. All bedrooms were bright and airy, some with direct access to an outside balcony and with sea views. All bedroom windows had restrictors in place. There were an adequate number of large wheelchair

accessible bathrooms with wash hand basin and assisted toilet to meet residents needs.

There was a large amount of communal space available to residents including two large living areas, one of which had direct access to the outside balcony. In addition, residents had a dining room come kitchen where they had their breakfast and evening meals. The main kitchen where all cooked food was prepared was situated on the ground floor of the building. Meals were transported to the residential service in a heated trolley in the lift. The corridors were wide and airy. Each floor was accessible via a wide open stairway with handrails and a lift which residents were seen using with the assistance of staff.

Residents had access to two balconies one accessible from the garden the second accessible from one of the two living rooms. These were safe with high railings in place, they contained flower pots and one had a functioning water feature. Staff explained how one resident loved the sound of running water, this resident was observed using this space after their day care. Residents had access to the sensory garden attached to the primary school outside of school hours. Inspectors saw this was a well designed relaxing space which was suitability designed for wheelchair users. Car parking spaces were available to the front of the house.

Assistive equipment required by all residents' was available to meet her needs.

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 health and safety of residents, visitors and staff was promoted and protected. The risk management policy in place met the legislative requirements as it included measures in place to identify and manage risk and outlined procedures to follow in the event that specific risks did occur. The person in charge completed risk assessments on a monthly basis and there was a risk register in place. There was an up-to-date local health and safety statement in place. The emergency plan was detailed and included the procedures to be followed in the event of an emergency. Staff had an emergency pack in place.

Records were available to confirm that fire equipment including fire extinguishers, the fire blanket, emergency lighting and the fire alarm had all been tested by professionals within the required time frame. All corridor and bedroom doors were fire doors and fire

evacuation included transverse evacuation.

All staff had completed fire training within the past year and those spoken with had a clear understanding of the procedure to be followed in the event of a fire. Inspectors saw that each resident had an individual fire evacuation plan in place some had fire evacuation pads in their bedroom. Records reviewed showed that fire drills were practiced on a regular basis during the day. However, there was no evidence that a fire drill had been practiced at night time when less staff were on duty.

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:

Measures were in place to protect and safeguard residents which included a policy on, and procedure in place for, the prevention, detection and response to abuse. Staff spoken with had a clear understanding of the procedure to follow and all had completed safeguarding training.

One resident who could communicate verbally told inspectors that she felt safe in the centre. Residents' relatives told inspectors they were satisfied that the centre provided a safe and secure environment for residents to live in. The main entrance to the residential centre was situated on the ground floor, it was also the entry door to the swimming pool and primary school. It was manned by a receptionist during the daytime and from 20.00 - 23.00 hours by a security man. There was a visitors book at reception which all those entering the building were asked to sign. The door was locked at night time and entry was controlled by night staff in the residential unit who had access to a screen where they could view the closed circuit television located at the front door. It was one of two entrances into the building, the second a side entrance was accessible by staff only. It was secure when not in use. Inspectors saw residents bedroom doors had privacy locks in place and the two twin bedrooms had privacy screens around both beds.

All sixteen residents' required staff support with their personal needs and all had detailed intimate care plans on file. All residents' had some form of restraint in use. Those with bed rails had risk assessments in place to reflect their use, however these assessments did not state what period the restraint was used for and what alternatives, if any were trialled and tested prior to using the form of restraint. Residents with seat belts and/or lap straps in place did not have risk assessments in place to reflect their use. Residents with restraint in place had no care plan to reflect care required when restraint was in use.

Staff were observed communicating in an appropriate manner with residents. They took time to sit down at the residents level to ensure eye contact and observe the resident to ensure they could determine their needs. This was particularly important as 15 of the residents communicated non verbally.

There was a policy and procedure for the management of residents' monies and a procedure on personal possessions and it was adhered to. Residents were not capable of managing their finances independently some were facilitated by staff others by their next of kin. There was a robust system in place and residents could access their money when they wished. The records reflected monies held and receipts were available to reflect all monies spent. The centre was in the process of providing all residents with individual bank accounts currently half of the residents had personal bank accounts.

The staff and management team carried out regular audits on the management of resident accounts.

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:

A record of all incidents occurring in the designated centre was maintained. Quarterly and three day notifiable incidents had been submitted to the chief inspector 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 were engaged in social activities but these are limited in scope. There was no policy on access to education, training and development. However, there was an assessment process to establish each resident's educational/employment/training goals detailed in their personal file.

All 16 residents attended day care facilities 5 days per week which was situated on the ground floor of the same building. Staff from the centre accompanied residents down to the day care facility and cared for them in the day service during the day.

Staff were observed engaging in some activities with residents. After their day care inspectors saw staff facilitating residents to enjoy the evening sun on the centres balcony. Inspectors also saw residents been facilitated to enjoy the services available on their doorstep. For example, inspectors saw staff accompanying residents out to the seaside promenade. However, residents did not have person centred individual activity plans based on their preferences, likes and skills. Although inspectors acknowledged that residents scope for development was restricted somewhat due to their profound physical and intellectual disability they observed some areas for development had not been explored. For example, the newly developed environment had the light switches at normal height on the wall rather than at a level accessible to the 16 wheelchair dependent residents.

Residents access to technology that may enhance their life was limited. The two computers which staff and residents had access to were situated in a room at the far end of the residential unit far away from the general living area. Inspectors were informed that residents had not been assessed to determine if they had the physical capacity to use a portable device such as an ipad or tablet.

Inspectors observed that items which could enhance residents senses were limited. There was no sensory room accessible to residents within the residential centre, although inspectors observed their was plenty of available space.

Judgment:

Substantially 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 health care needs of residents were being met and records reflecting this were available for review in each residents file.

Inspectors reviewed a sample of residents' files and saw evidence that they were facilitated to access and to seek appropriate treatment and therapies promptly from allied health care professionals and the local acute hospital when required. Written evidence of relevant reviews were available in resident files. Residents with specific medical problems had a care plan in place to reflect the care required to manage this health problem. These were reviewed within the past year and when there was a change in their care needs.

All residents' were reviewed by their General Practitioner (GP) on a regular basis and had their health status well monitored. They had a full medical review completed annually.

Residents did not have the capacity to be involved in the preparation, cooking or serving of their meals. There was a full catering team employed in the main kitchen situated on the lower ground floor of the residential centre. Inspectors saw that residents had access to adequate quantities of nutritious food to meet their dietary needs. Those on special diets were facilitated by staff to maintain this diet. Inspectors saw that catering staff had a good knowledge of residents on special diets. However, the list of resident meal consistencies was not available for the kitchen for catering staff to refer too. The four weekly rotating menu was reviewed inspectors were informed it had not been reviewed by a dietitian to ensure that its nutritional content was meeting the needs of residents. In addition, the variety of meals on offer could be reviewed considering the menu was only changed six monthly.

Judgment:

Substantially 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:

Inspectors found that practices regarding drug administration and prescribing were in line with best practice. There was an operational policy available which included the ordering, prescribing, storing, administration and prescribing of medicines. The practices in relation to ordering, storing and disposal of medication were in line with the policy. There was a policy on self administration of medicines, however, none of the residents self administered their medications.

Inspectors saw records which showed that all medications brought into and out of the centre were checked. An audit of each resident's medications was completed on a weekly basis by staff; any discrepancies were identified and reported to the service manager by completion of an error form. These were reviewed, recommendations made and fed back to the person in charge who was given a set period of time to implement the recommendations made. However, inspectors noted the number of medications was the aspect of medication management was audited. A more detailed audit taking into account all aspects of medication management was not being conducted, as all sixteen residents were on a number of medications a more in dept audit system could provide a clear, concise review of medication management in the centre..

Medications were administered by staff nurses and practices observed were in line with An Bord Altranais (ABA) Guidance to Nurses and Midwives on Medication Management, July 2007. Inspectors noted that staff were not entering the opening date on Liquid medications prescribed such as eye drops in line with best practice.

The inspector saw that each of the residents had their prescribed medications reviewed by their GP on a regular basis.

Judgment:

Substantially 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:

The statement of purpose had been revised within the past year, a copy was submitted to the Authority and reviewed prior to this inspection. It included details of the services and facilities provided. However, it did not contain a number of pieces of information as required in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013. For example, it did not include the local organisational structure, the emergency procedure followed or outline the arrangements for dealing with complaints to mention but a few items not included.

A copy of the statement of purpose was available to residents in the house and the person in charge stated she had sent a copy to resident representatives .

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There was a clearly defined management structure that identified the lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced clinical nurse manager with authority, accountability and responsibility for the provision of the service. She was the named person in charge, employed full time to manage the centre, having completed a course in management. The inspector observed that the person in charge was involved in the governance, operational management and administration of the centre on a consistent basis.

During the inspection she demonstrated sufficient knowledge of the legislation and of her statutory responsibilities. She was supported in her role by a team of clinical nurse managers, staff nurses, health care assistants, household, catering, transport, maintenance and administration staff. The two clinical nurse managers had been nominated to manage the centre in her absence.

Both were met on inspection.

The person in charge reported directly to a Service Manager who reported to a Regional Director (also nominated person on behalf of the provider). The person in charge met with the service manager every 2 weeks and the service manager met with the nominated person on behalf of the provider every 4 weeks, minutes of all management meetings were available for review. These showed a clear open channel of communication.

The service manager had visited the centre unannounced on two separate occasions in 2015 and conducted a review of the health and safety and quality of care and support provided to residents. Records of these visits were examined and they did not evidence a review of all aspects of the service provided, hence they were quite vague and appeared to be based on observation only. Inspectors noted that the 2 issues identified on the first unannounced inspection had been addressed. An annual review of the service had been completed in April 2015, this included the residents and their representatives views of the service, it identified areas of good practices and areas which required improvement including the environment. The areas for improvement had been addressed. However, the document could be developed further to ensure a more comprehensive review of the service is completed.

As part of the application for renewal of registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider for the purposes of application to register were found to be satisfactory. However, one document in relation to planning compliance remains outstanding and it is required to be submitted to the Authority before a recommendation for registration can be made by the inspector.

Judgment:

Non Compliant - Major

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The Chief Inspector had not been notified of any proposed absence of the person in charge to date. Inspectors were satisfied that arrangements were in place for the management of the centre during her absence.

As mentioned under Outcome 14, two clinical nurse managers, both met on inspection had been named as persons who would manage the centre in the absence of the person in charge. Inspectors met both on inspection and found they demonstrated a good clinical knowledge of residents and had the required experience and qualifications to manage the centre in the absence of the person in charge.

Judgment:
Compliant

Outcome 16: Use of Resources

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

Theme:
Use of Resources

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The centre was not resourced with enough staff to ensure the effective delivery of care and support in accordance with the centre's Statement of Purpose. The person in charge managed resources available to her effectively to ensure the care needs of residents were met. However, there were no social care workers employed in the centre and therefore, the centre did not have enough resources to support residents achieving their individual personal plans.

Judgment:
Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:

There were enough staff to meet the assessed needs of the 16 residents. Staff included the person in charge, two clinical nurse managers, staff nurses and health care assistants. However, there were no social care workers employed to work in the centre. The lack of their expertise was evident in the under development of the social care aspect of residents' lives.

The inspector reviewed staff training records and saw evidence that all staff had up-to-date mandatory training and those spoken with had a good knowledge of policies and procedures. In addition, staff had positive behavioural support, first aid, food safety, and hand hygiene training in place. Staff spoken with felt well supported. The person in charge said that staff appraisals had just commenced with approximately one quarter of the staff having had one completed to date in 2015. Minuted team meetings were being held on average every month and it was evident that a variety of topics were discussed at these meetings.

There were no volunteers working in the centre.

The recruitment process was found to be safe and robust. Four staff files were reviewed on this inspection and all documents outlined in schedule 2 were available in each of the files reviewed.

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 (Residents and Adults) with Disabilities) Regulations 2013 were maintained in a manner so as to ensure ease of retrieval.

An insurance certificate was submitted as part of the registration pack and it showed that the centre was adequately insured against accidents or injury to residents, staff and visitors. This document also confirmed that the buses used by residents were adequately insured.

There was a directory of residents which contained all the required information outlined in schedule 3.

The centre had some of the written operational policies as outlined in schedule five available for review. However, they did not have a policy on access to education, training and development or on the provision of information to residents. The National policy on the use of restraint was not being adhered to as alternatives used prior to restraint being used were not identified in the residents assessment form. In addition, the communication policy stated that residents would be enabled to try new technology to help them communicate. However, inspectors did not see evidence of this and as mentioned under Outcome 10 saw scope for further development in this area.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Sheila McKeivitt
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

**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-0002340
Date of Inspection:	12 August 2015
Date of response:	15 September 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 02: Communication

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Resident did not have detailed communication assessments completed, hence staff were not aware of particular or individual communication supports required by each resident.

1. Action Required:

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

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

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

The person in charge has allocated Keyworkers time to develop communication assessments. Keyworkers and residents will be supported by a nominated Speech and Language Therapist to complete this work.

Detailed communication assessments will be available for review in the designated centre.

Proposed Timescale: 31/10/2015

Theme: Individualised Supports and Care

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

Residents did not have access to assistive technology, aids and appliances that may promote their full capabilities.

2. Action Required:

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

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

Residents will be facilitated to access assistive technology, aids and appliances to promote communication by making these available in living areas. This process has commenced with the purchase of an Ipad for one individual.

This work commenced on 15th September 2015, it is anticipated the work will take three months to complete.

Proposed Timescale: 15/12/2015

Theme: Individualised Supports and Care

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

Residents access to the internet was limited.

3. Action Required:

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

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

In addition to access to a telephone, television and radio, measures will be put in place

to ensure residents have access to the internet. The person in charge met with the Information Technology Manager on the 10th September 2015 regarding access to internet in the building with recommendations to purchase a stand alone internet connection. This will facilitate internet access in the living areas. The person in charge will arrange for purchase and installation of this equipment.

Proposed Timescale: 15/10/2015

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 are not made available in an accessible format to the residents or their representatives.

4. 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:

The key-workers with support from the person in charge will develop accessible personal plans for each resident and their representatives.

Proposed Timescale: 31/01/2016

Theme: Effective Services

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

Evidence was not available to show that personal plan reviews were conducted in a manner that ensures the maximum participation of each resident, and his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

5. Action Required:

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

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

Residents and families will be informed and invited to participate in meetings to develop personal plans with their key-workers and clinicians.

Letters will be sent to resident's families to inform them of the process and to invite them to meet with key-workers and clinicians.
The person in charge and Day Centre coordinator will meet regularly with residents and key-workers to review the personal plans and the residents participation in them.
Minutes of these meetings will be available for review.

Proposed Timescale: 15/09/2015

Theme: Effective Services

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

There were no social care workers employed in the centre and social based personal plans were completed by health care assistants who had received no training in personal planning.

6. Action Required:

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

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

The person in charge has requested training, mentoring and support for individual nurses and health care assistants in personal planning.

Training will include comprehensive assistance of need, outcome based goals, making plans accessible to residents and tracking and recording progress on goals.

This programme of training and support will begin on 30th September 2015. There will be regular mentoring and support until all personal plans are complete.

Proposed Timescale: 30/01/2016

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:

Staff had not practiced a fire drill at night time.

7. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

A night time Fire Evacuation drill was completed by night staff on 28th August 2015 with the support of the Fire Safety Officer. These practices will now form part of regular Fire Safety Training Schedule. This was recorded using the internal eform recording system.

Proposed Timescale: 28/08/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Evidence was not available to indicate that restrictive procedures including physical, chemical or environmental restraint used, was applied in accordance with national policy and evidence based practice.

8. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures 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) Risk Assessments to be updated by the person in charge.

2) All restrictive practices to be reviewed by the Positive Approaches committee.

The person in charge will review all restrictive practice including physical, chemical and environmental restraint used to ensure they are applied in accordance with Organisational Policy and evidence based practice.

This review will include risk assessments which will be updated as necessary by the person in charge.

All restrictive practices will be referred to positive approaches monitoring group for approval.

Proposed Timescale: 1) 30th September 2015 2) 30th October 2015

Proposed Timescale: 30/10/2015

Theme: Safe Services

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

Residents with restraint in use did not have care plans to reflect the care required by the resident when restraint was in use.

9. 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 person in charge and the CNM1 will update Care Plans to reflect the care required by the resident when restraints are in use. The care plan will include the consent of each resident and/or his/her representative.

Proposed Timescale: 18/09/2015

Outcome 10. General Welfare and Development

Theme: Health and Development

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

Residents did not have access to facilities/equipment within their home that would enhance their development, senses and general abilities.

10. Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

The person in charge will review all available facilities on site to ensure that facilities and equipment are used to their full potential. The education training and employment policy, when developed, will enhance opportunities for residents to make best use of facilities available.

Proposed Timescale: 21/12/2015

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:

The variety and nutritional content of meals offered on the four week menu required review.

11. Action Required:

Under Regulation 18 (2) (c) you are required to: Provide each resident with adequate quantities of food and drink which offers choice at mealtimes.

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

The person in charge and person participating in management have reviewed the menu with catering staff.

This will be reviewed by the dietician on 22nd September 2015 to ensure the nutritional content was meeting the needs of the residents.
Fruit, drinks and snacks are available in the Dining Rooms.
The person in charge and will ensure any recommendations are implemented.

Proposed Timescale: 22/09/2015

Theme: Health and Development

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

The consistencies of food to be served to each resident was not available for reference to kitchen staff.

12. Action Required:

Under Regulation 18 (2) (a) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

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

The person participating in management has ensured that the list of resident's meal consistencies has been updated and is available to catering staff.

Proposed Timescale: 25/08/2015

Outcome 12. Medication Management

Theme: Health and Development

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

The opening date was not entered on liquid medications.

13. Action Required:

Under Regulation 29 (4) (c) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

The person in charge will instruct all nurses of the requirement to enter the opening date on all liquid medication in line with An Bord Altranis Guidance for Nurse and Midwives on medication management July 2007.

The person participating in management with responsibility for medication audit will monitor liquid medication to ensure this date is entered. A record of this will be documented at nurses meetings.

Proposed Timescale: 16/08/2015

Theme: Health and Development

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

The systems in place to audit medication management were not robust enough.

14. Action Required:

Under Regulation 29 (4) (c) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

A detailed medication audit carried out by CNM1 and Staff Nurse is now in place. A detailed medication audit system has been developed by the CNM1 and Staff nurses. Detailed audits will take place at a minimum of every three months.

Proposed Timescale: 16/08/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

A statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 was not available.

15. Action Required:

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

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

The local organisational structure, Emergency procedures, Complaints procedure have been added to the Statement of Purpose. The site plan of the first floor will describe the layout of the two units and living areas.

The person in charge is updating the Statement of Purpose.

Proposed Timescale: 22/09/2015

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:

A completed planning compliance form had not been submitted hence the registration of this centre cannot be progressed.

16. Action Required:

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

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

- 1)The architect has provided the relevant planning compliance document which will be submitted to the Health Information and Quality Authority.
- 2)A completed planning compliance form.

Proposed Timescale: 15/09/2015

Theme: Leadership, Governance and Management

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

The annual review tool required review to ensure a more comprehensive review of the service is completed on an annual basis.

17. Action Required:

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

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

The person participating in management on behalf of the provider nominee will ensure that a comprehensive review including qualitative data is in place. The review will enhance learning and development and will be completed on an annual basis.

Proposed Timescale: 31/01/2016

Outcome 16: Use of Resources

Theme: Use of Resources

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

There were not enough resources to support residents achieving their individual personal plans.

18. Action Required:

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

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

The person in charge has identified the need for social care staff and has reported this to the provider nominee.

The provider nominee has reviewed all posts and has made commitment to employ social care workers at the next available opportunity. Health care workers will all receive and mentoring to support residents achieving their individual personal plans.

Proposed Timescale: 01/12/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

The skill mix of staff did not ensure that staff with the relevant social care qualifications were employed to meet the social care needs of residents, the statement of purpose and the size and layout of the designated centre

19. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

The introduction of Social Care workers will enable residents to fully participate in the facilities stated in the statement of purpose.

The person in charge has identified the need for social care staff and has reported this to the provider nominee.

The provider nominee has reviewed all posts and has made commitment to employ social care workers at the next available opportunity. Health care workers will all receive and mentoring to support residents achieving their individual personal plans.

Proposed Timescale: 01/12/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

There were no policies in relation to the provision of information to residents and access to education, training and development prepared in writing, adopted and implemented as 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.

20. 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 policy on the provision of information to residents has been developed and is now in place in the designated centre. An education training and development policy is being developed by the Provider Nominee and will be implemented by December 21st 2015.

Proposed Timescale: 21/12/2015

Theme: Use of Information

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

The policies in relation to the use of restraint and the communication policy were not reflected in practice.

21. 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:

1. Following review of all restrictive practices the person in charge will ensure that staff follow the policies and procedures on restraint.
2. Development of communication assessments, use of objects of reference, equipment and technology aids will ensure the communication policy is reflected in practice. Regular review between the person in charge and nominated speech and language therapist will ensure the communication policy is reflected in practice.

Proposed Timescale: 1) 18th September 2015 2) 31st October 2015

Proposed Timescale: 31/10/2015