Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002355
Centre county:	Dublin 5
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	John Birthistle
Lead inspector:	Jim Kee
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
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:
26 August 2015 09:30	26 August 2015 20:00
27 August 2015 09:15	27 August 2015 16:45

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 inspection was of a community based residential centre based in North Dublin, run by St. Michael's House. The designated centre consisted of a residential two storey house, and on the day of inspection was providing long term care to five adults. The inspector met with all five residents, and with the staff on duty, observed practice, and reviewed documentation including care plans, medical records, policies and procedures, and staff files.

A number of resident and relatives' questionnaires were given to the inspector during the inspection, with a few also posted to the Authority. The opinions expressed

through the questionnaires were complimentary of the services and facilities provided, with residents stating that they liked living in the centre, and that they felt safe living there.

Evidence of good practice was found across all outcomes, and overall the inspector found that residents were offered a good quality service. The centre was found to be in compliance with 12 out of the 18 outcomes. The outcomes on residents' rights, dignity and consultation, family and personal relationships and links with the community, admissions and contract for the provision of services, safe and suitable premises, health, safety and risk management, safeguarding, notifications of incidents, general welfare and development, healthcare needs, statement of purpose, absence of the person in charge, and use of resources were deemed to be compliant with the Regulations. However, the inspector found that there were aspects of the service that needed improvement. The outcome on communication was found to be in major non compliance with the Regulations due to residents having no access to speech and language therapists to ensure their communications needs were fully met. Four outcomes were found to be in moderate non compliance with the Health Care Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. These moderate non compliances related to the areas of social care needs, medication management, workforce, and governance and management. One outcome, on records and documentation, was deemed to be in substantial compliance with the Regulations.

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

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

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
There were structures in place to ensure that residents were consulted and participated in decisions about their care, and the organisation of the centre. Residents had access to advocacy services, and information about their rights. Residents' privacy and dignity were respected. There were policies and procedures in place for the management of complaints.

House meetings were held on a weekly basis, and minutes of these meeting were reviewed by the inspector. Residents and staff discussed a variety of topics at these meetings including menu planning, activities, fire safety, personal safety, complaints, healthy eating and bone health. Two of the residents had voted in the most recent referendum, and staff had ensured that residents' right to vote were considered and facilitated were possible. Staff had also discussed the most recent admission to the centre with the other residents to ensure their rights and views were taken into account during the admission process

The complaints process was on display in pictorial format on the kitchen noticeboard, and was also included in the residents guide. There was a detailed organisational policy in place to ensure complaints were appropriately managed. The inspector reviewed the complaints records, and the person in charge informed the inspector that efforts were made to ensure issues were resolved locally.

Residents had access to advocacy services and an advocacy meeting had been held in the centre which was attended by residents and their family members, facilitated by an advocate from the National Advocacy Service. One of the residents also attended a self

advocacy group.

The inspector observed that staff treated residents with dignity and respect in all interactions during the two days of the inspection. Intimate care plans were in place to ensure personal care practices respected residents' privacy and dignity. Residents' had their own bedrooms and staff respected residents' right to privacy within their bedrooms. Each resident had a copy of their own care plans, their bedroom key contract, and information about their rights available within their bedrooms in pictorial formats. There was adequate communal space within the centre to ensure that residents could have private contact with friends and family.

Residents accessed the local community, and were known within the local shops. Three of the residents had their own front door keys. The residents were facilitated to exercise personal independence and choice by the staff, and throughout the two days of the inspection residents were constantly offered choices regarding their preferred activities but also encouraged to be independent were possible. One resident had a goal to access the local shops independently and staff had a plan in place, and were actively working with the resident to progress this goal. Staff also ensured that residents who liked to attend religious services were facilitated to do so.

Residents had opportunities to participate in a wide variety of activities including trips to the cinema, bowling, shopping, gardening and holidays. Residents engaged in their own individual activities and these included knitting, drama, tai chi and swimming.

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

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 available to staff on communication with residents, and the communication policy in pictorial format was available in the front hallway of the centre. Through discussions with staff and observing practice, the inspector was assured that staff were very familiar with the communication needs of the individual residents, which were reflected within the personal plans. The inspector reviewed the communication passports available for a number of the residents. The communication passport detailed with photos important information relevant to the resident, details of means of communication including details of facial expressions, and advice to readers to assist the resident to communicate effectively. Staff within the centre had been working with one resident on an Ipad, with the hope of developing their skills over time to facilitate enhanced communication using assistive apps or other technologies. Staff had also been using objects of reference to further develop communication with non verbal residents. However the residents who required assessment and input from a speech and language therapist did not have access to such services. Staff working with the residents had requested referrals to, and input from speech and language therapists for residents to ensure that each resident received the assistance and support required to fully maximise their communication abilities, and to ensure their communication needs were met.

Residents had access to radio and television. Information was displayed throughout the centre in pictorial format, including the weekly menu planner, the list of household chores, and by using photographs of staff for the weekly roster. All the residents within the centre had personal collections of photographs, and photographs were on display throughout the centre and used within residents communication passports and other documentation. Residents took great pride in going through their photographs with the inspector, and in some cases these photographs communicated information about the resident's life story to date. There was no internet connection available within the centre at the time of inspection, and one resident who required access had a personal mobile internet connection. Residents were known within the local community and regularly visited the local shops, post office, cafes, restaurants and attended other activities within the community.

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:
Residents were supported to develop and maintain personal relationships and links with

the wider community. Family members were involved in the lives of all the residents.

Staff were very familiar with the residents' families, and it was clear that there was regular communication between staff and the residents' families. During the inspection two residents had made arrangements to spend time with family members. Contact sheets were maintained in residents' personal files to record communication with residents' families, and family involvement in personal planning was also documented.

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

During the inspection staff were observed to actively support residents to develop and maintain personal relationships, and one resident had a previous personal goal of improving contact with a family member. Staff were seen to encourage residents to maintain links with friends in other centres within the organisation and organised events including Halloween parties to ensure these relationships were maintained.

Residents used facilities in the local community, including the local church, shops and post office, attended a social club, and went to local cafes and restaurants for meals.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

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

Findings:
Residents had an agreed written contract, a contract of care, which included details of the service to be provided and the fees payable. The inspector reviewed three of these contracts, which had been signed by the resident and/or their representative outlining the services provided for the weekly fee, and those items/services not included within the fee.

There had been one recent admission to the centre, and a policy was in place for admissions. The person in charge discussed the admissions process with the inspector, outlining the procedure to ensure that all admissions were in line with the statement of purpose and the process of consultation with residents currently living in the centre. The admissions process considered the wishes, needs and safety of the individual, and staff

had made every effort to ensure the transition was as smooth as possible and that the resident felt at home.

Judgment:
Compliant

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

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

Each resident had an assigned keyworker who was responsible for preparing the personal plans in consultation with the resident, and their representatives were appropriate. An assessment of each resident's health, personal and social care and support needs was carried out as required to reflect changes in the residents' need and circumstances, and at a minimum on an annual basis. The assessments reviewed had multi-disciplinary input, including input from physiotherapists, occupational therapists, psychologists and dieticians. However from reviewing the residents' files it was clear that care plans were not in place for all residents' health care needs. There was no care plan in place for one resident who suffered from constipation, and who was prescribed medicines both on a regular and on an as required basis to manage the condition. Staff spoken to by the inspector were knowledgeable of the management of this condition, but this information had not been incorporated into a care plan to ensure that guidance was available to all staff to ensure that this condition was appropriately managed, and that clear information regarding signs of constipation were outlined, including when the prescribed PRN medicines were to be used, and when referral was necessary. One resident had also recently required medical attention for a foot infection, and although a

care plan outlining a foot bathing routine for this resident was in place there was no overall care plan in place to ensure consistent management of foot care. The epilepsy care plans in place also required review to ensure that comprehensive guidance was available to staff on the procedure to be followed when a resident experienced a seizure.

The personal plans reviewed by the inspector contained individual goal plans for the current year, outlining three goals for each resident based on individual preferences and aspirations. However the plans were not consistently and sufficiently detailed in outlining the necessary steps involved, the supports required to maximise the resident's personal development, the people responsible for pursuing objectives, and a proposed timescale for achieving the goals. The goals set included 'best possible health', and 'exercise rights', with no information documented as to what these goals meant to the resident, or the steps necessary to support the resident in achieving their goals. The personal plan for one particular resident had previously identified a goal of joining a choir. There was no indication that this goal had been reviewed to assess the effectiveness of the plan, or if the goal had been achieved, although from talking to staff it was clear that efforts had been made to progress the goal. Aspects of some residents' personal plans had been included in their communication passports to ensure their availability in an accessible format. Each resident had copies of their care plans and their personal passports available in their bedrooms, and some residents had their personal goals on display in pictorial format. There was evidence including emails that residents' family members had been involved in the personal planning process.

Residents were supported when moving between services as clearly demonstrated by the recent admission of one resident to the house from another centre within St. Michaels House. There were supports put in place, including the development of a transition passport to ensure the resident settled in to her new home.

Staff with whom the inspector spoke were very knowledgeable regarding the residents' individual preferences, interest and abilities and outlined a variety of activities in which the residents participated, including swimming, bowling, music, drama, attending musicals, and going on day trips. The residents had a large number of photographs of trips and activities in which they participated and showed some of these to the inspector during the inspection.

Judgment:
Non Compliant - Moderate

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

Findings:
The location, design and layout of the centre were suitable for its stated purpose and met the residents' individual and collective needs in a comfortable and homely way. The inspector observed that residents were very much at home in the centre. The staff and management of the centre were proactive in ensuring that the changing needs of the residents was their priority and in adapting the premises to meet these needs.

The centre itself is a two storey house located in North Dublin, and had been recently renovated and refurbished. The house was bright, welcoming and well kept. There were photos of the residents, current and past displayed throughout the house adding to the homeliness. There was an enclosed garden space with seating at the back of the house, and a further garden area set out in lawn at the front of the house. The house was located close to local amenities including a pharmacy, post office and shop. The premises had suitable heating, lighting and ventilation. The communal space on the ground floor included a large kitchen/dining area with ample cooking facilities, a dining table and chairs and a sofa, with doors to the garden, and a lounge area with comfortable furnishings and a television. There was also a large utility room located in a separate building at the rear of the house with laundry facilities. There was one en suite bedroom on the ground floor, and at the time of the inspection a communal quiet room was being used as a bedroom for one resident. This resident had sustained a fall on the stairs. The staff outlined the plan to convert this room to a permanent bedroom by sealing over the doors to the adjoining lounge area and by installing further storage for the resident. There were also plans to install a shower in the downstairs toilet for use by this resident. The resident showed the inspector around her new bedroom and was happy with the plans to use this as a bedroom on a permanent basis. Upstairs there were a further five bedrooms, one of which was used as a staff bedroom/office. There were plans to convert the smallest of the upstairs bedrooms into a communal quiet room. There was adequate space and suitable storage available within the centre.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:
There were measures in place within the centre to promote and protect the health and safety of residents, visitors and staff.

There were policies and procedures in place for risk management, emergency planning, and health and safety within the centre. The inspector reviewed the most recent health and safety statement, a copy of which was framed and displayed in the hall. There was a local risk register in place with risks identified specific to the centre itself. Risk assessment forms had been completed in a number of areas including: aggression and violence, self harm, unexpected absence of resident, manual handling, fire, administration and storage of medicines, infection control, and lone working. Health and safety check lists were conducted monthly by the person in charge. All accidents and incidents, including medicine related incidents, and incidents of challenging behaviour were recorded on eforms on the incident management software system. Details of all such accidents and incidents were also documented within residents' personal files and the person in charge maintained a summary sheet of all accidents and incidents. There was evidence that learning did occur as a result of the investigation of these incidents, and the inspector was shown a new assessment that had been completed following one incident that had resulted in a plan to reduce the risk of falls for one resident. The fire evacuation plan was displayed in pictorial form within the centre, and staff spoken to by the inspector were knowledgeable of the evacuation procedure, and the residents who required verbal prompting and support to evacuate. One of the residents also explained the fire evacuation procedure to the inspector. Staff attended annual fire safety training. Personal evacuation plans were in place for residents, and regular fire drills were conducted. Records were available to confirm that all fire equipment including fire extinguishers, and the fire alarm system were serviced on a regular basis. The emergency lighting system had been serviced by a service engineer in April 2015. There were three exit doors on the ground floor that could be used as emergency exits (not including the patio doors in the downstairs room that had been converted to a bedroom) and all were unobstructed during the inspection. Keys were required to open two of these doors and the keys were available in break glass units beside the doors.There were fire doors in place in bedrooms and the inspector observed that bedroom doors had intumescent strips in place, while the door from the kitchen to the hallway had a brush seal in place. However there were no self closers in place on any doors within the centre. The inspector outlined the importance of self closers on fire doors during the feedback, particularly the door between the kitchen and the hallway.

Satisfactory procedures were in place for the prevention and control of infection, including the display of hand hygiene posters, and staff had completed hand hygiene training.

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

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

Measures were in place to protect residents from being harmed or suffering any form of abuse, including a policy outlining measures to prevent, detect and respond to any allegation of abuse. Staff with whom inspectors spoke were knowledgeable with regard to their responsibilities in this area, and had attended training on safeguarding residents. Intimate care plans were in place for residents who required support with personal care. All observed interactions between staff and residents were respectful, and demonstrated a consent based approach by offering choices in relation to daily living tasks and activities. Residents appeared very much comfortable and at home within the centre. Residents stated that they had no concerns regarding their safety in this centre on all questionnaires submitted to the Authority, and feedback from relatives confirmed satisfaction with the safety of residents.

The person in charge confirmed that restrictive practices in operation within the centre related to the locking of the kitchen door at night while the staff member on duty was sleeping, and this practice had received approval from the positive approaches monitoring group within St Michael's House. The person in charge outlined the rationale for this practice and there was no evidence that it was negatively impacting on any of the residents. There was a detailed policy in place for the provision of positive behavioural support, and at the time of the inspection staff were awaiting updated advice from the clinical psychologist regarding the development of a positive behaviour support plan for one resident. This support plan was subsequently forwarded to the inspector.

Judgment:
Compliant

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where

required, notified to the Chief Inspector.

Theme:
Safe Services

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

Findings:
A record of all incidents occurring in the designated centre was maintained, and where required notified to the Chief Inspector within the specified time frames.

Judgment:
Compliant

Outcome 10. General Welfare and Development
Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

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

Findings:
Residents' opportunities for new experiences, social participation, education, and training were facilitated and supported. There was no organisational policy available on access to education, training and development as detailed in Outcome 18. All five residents attended day centres, where they were supported to avail of a variety of activities and classes.

Residents engaged in social activities internal and external to the centre, with residents attending classes in the community such as knitting classes for one resident, socialising in the local community by going out for coffee and meals and using facilities in the community, including the cinema, going bowling, and attending events such as musicals. Residents had certificates of completion for various courses and activities available within their files and it was clear that these achievements were valued by the residents. Staff encouraged residents to develop skills to increase their independence, and one resident was being supported to increase their independence by accessing local shops, while another resident was being supported to develop new skills using an Ipad, while another resident discussed computer classes with the inspector. The residents also participated in organised holidays and trips, including two residents going on holiday to Waterford, one resident attending a family wedding, and day trips to a number of

different locations including the Botanic gardens and Trim castle.

Judgment:
Compliant

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

Theme:
Health and Development

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

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

The inspector reviewed a number of the residents' files and found that care plans were in place for assessed health care needs such as pain management, oral hygiene, nutrition, diabetes, emotional wellbeing and mental health supports. Care plans were not in place for certain identified needs such as foot care and constipation for residents as required, and some care plans required further development and this is outlined in Outcome 5. Assessment tools were in use for residents to ensure pain or discomfort could be identified in residents who had limited forms of verbal communication. Review of clinical contact sheets evidenced access to general practitioner (GP) services, specialist clinical services such as neurology, cardiology, and allied health care services including physiotherapy, speech and language (although this service was limited to referrals relating to swallowing difficulties only as outlined in Outcome 2), occupational therapy, dietetics, psychology and chiropody. Residents had access to their own GP, but could also avail of the services of the organisation's medical officer, and the nurse on call service which was available at all times within the centre. Keyworking staff spoken to by the inspector were very knowledgeable of residents' individual healthcare needs, and ensured all necessary referrals and follow ups were scheduled. The person in charge had organised a separate clinical file for one resident who had a significant number of recent health related appointments, with an easily accessible list of appointments maintained at the front of this folder. Staff attended outpatient appointments with residents and their family members were necessary.

Residents were involved in planning the weekly evening meal menu within the centre, and the menu on display in the kitchen detailed food that was nutritious and varied. The inspector was shown pictures used to assist residents in making their food choices. Information and support in relation to healthy eating was provided to residents. Staff prepared meals within the centre, and residents were encouraged to be involved in the

preparation of evening meals as appropriate to their ability and preference. Two of the residents required coeliac modified texture diets and the staff were knowledgeable of their individual requirements, and ensured that when eating out that their needs could be met.

Judgment:
Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

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

Findings:
There were written operational policies implemented within the centre relating to the ordering, prescribing, storage and administration of medicines to residents. However, the inspector found deficiencies relating to medication management practices, including lack of comprehensive audit of practice within the centre as outlined in Outcome 14 and the fact that medicine related incidents including medication errors and near misses could not be reviewed to identify trends. The PRN protocols in place also required further development to ensure sufficient guidance was available to staff in administering these medicines.

Medicines were supplied by a retail pharmacy business in blister packs were appropriate, and all medicines were stored securely within the centre. The pharmacist had visited the centre and provided training to staff to inform practice in administering medicines from blister packs. All medicines received from the pharmacy were checked by staff, and drug audit records were maintained for all medicines. However, these audits only checked for discrepancies in the quantities of the medicines, and did not include any monitoring of medication management practices. There was no system in place in the centre to comprehensively review all aspects of medication management as detailed under Outcome 14. Staff received training on the safe administration of medicines every two years, and all staff had received further training on the administration of buccal medication required to manage epileptic seizures. Staff spoken to by the inspector were knowledgeable of best practice regarding administering medicines to residents, and of residents' individual medicines. The inspector reviewed a number of the medication prescription and administration sheets, and there was evidence of review by the prescriber.

The inspector also reviewed the PRN (as required) medicines prescribed for residents within the centre. The guidelines/protocols in place required review to ensure that clear

precise instructions were available to all staff, especially staff who may not work in the centre on a regular basis or those staff who were new to the centre, on the administration of these medicines. One resident had been prescribed a PRN medicine for constipation but there was no guidance available to indicate when this was to be administered, or for how long it was to be administered or any reference of linking this to an overall care plan to manage constipation. The PRN guidelines in place for buccal midazolam also required updating to ensure that clear precise instructions were available to staff. One resident had been prescribed a steroid cream on a PRN basis, but the guidelines in place were not sufficiently detailed to inform staff.

Staff were aware of procedures to be followed for disposal of unused and out of date medicines. All medication errors were recorded on drug incident/error forms and submitted to the organisation's head office, but there was no system in place, or facility within the incident management software for the person in charge to review medication errors and other medicine related incidents for any given period of time, as part of a comprehensive audit of medication management.

Judgment:
Non Compliant - Moderate

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

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

Findings:
An updated statement of purpose was provided to the inspector. The statement of purpose set out the mission statement of the organisation and of the centre itself. The statement of purpose was a detailed document that described the services and facilities provided for residents, and included all the information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The floor plans contained in the statement of purpose required updating to reflect the conversion of the quiet room downstairs into a bedroom, and these updated floor plans were subsequently submitted to the Authority. The statement of purpose was accessible to residents and their representatives and was stored in a document holder in the hallway of the centre.

Judgment:
Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

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

There was a clearly defined management structure in place, which identified the lines of authority and accountability in the centre. Staff were supervised on an appropriate basis, with the person in charge conducting one to one supervision meetings with staff on a regular basis. Staff meetings were held on a regular basis to discuss a variety of issues including staff keyworking roles and training requirements. The inspector reviewed the staff minutes for the previous staff meetings held in June 2015.

The inspector reviewed the most recent report on the unannounced six monthly review of health and safety, and the quality of care and support provided in the centre. This unannounced visit had been conducted in December 2014 by the services manager, on behalf of the registered provider. The review was structured and comprehensive, and contained an action plan to address identified areas of concern. The services manager provided the inspector with the annual review of the quality and safety of care in the centre that was carried out in May 2015. This annual review had involved consultation with residents, their families, and staff, and included a review of audit documentation. The review also contained a summary of areas of good practice and areas of concern. Policies and procedures, incidents, complaints and resources for the centre were also reviewed as part of this process. Action plans were also incorporated into this review with completion dates and named staff responsible for completing the actions. At the time of inspection the review had not been finalised into a document suitable to make accessible to residents, and there were no overall conclusions regarding the accordance of the quality and safety of care and support in the centre, with standards.

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

to facilitate identification of trends and to identify learning and any necessary changes to practice.

The person in charge had been managing the centre for over three years, and was well know to all the residents. The inspector found that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis, providing good leadership to staff, and was clearly resident focused. The person in charge worked full time in the centre, and also completed a number of 'sleepover' shifts each month. The person in charge had qualifications in social care and was in the process of completing further education to obtain a certificate in front line management. The person in charge demonstrated good knowledge of the legislation and associated statutory responsibilities throughout the inspection. One of the social care workers was also named as a person participating in the management of the centre (PPIM) and there was a system in place to ensure that in the absence of the person in charge one of the social care workers was nominated to manage the centre. Management meetings involving the person in charge and the services manager (who reported to the provider nominee) were held on a regular basis. The service manager had attended the centre on the two days of the inspection and attended the feedback meeting held at the end of the inspection.

The provider nominee had submitted the required documentation regarding planning compliance on behalf of the registered provider.

Judgment:
Non Compliant - Moderate

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

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

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

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 sufficiently resourced to ensure the effective delivery of care and support to residents in accordance with the statement of purpose, although the inspector did have concerns regarding the centre's reliance on relief and agency staff as outlined in Outcome 17.

The inspector found that the facilities and services in the centre reflected the statement of purpose, and that adequate resources were available to support residents achieving their individual goals and to ensure their needs were met.

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 found that the levels and skills mix of staff were sufficient to meet the needs of residents during the two days of this inspection. However from reviewing the staff rosters it was clear that there was no capacity within the assigned number of staff to work all the necessary hours including cover for annual leave, and this resulted in a reliance on relief and agency staff.

The inspector observed that staff on duty during the inspection were familiar with the needs of the residents, and provided care in a considerate and respectful manner. The staff employed in the centre were social care workers. Nursing support was available from within the organisation if required and staff had access to the nurse manager on call at all times. The person in charge informed the inspector that part time staff worked extra hours when required. However the staffing levels allocated to the centre were not sufficient to cover all of the necessary hours including annual leave and this resulted in reliance on relief staff and agency staff and this was clear from reviewing the staff rosters. The inspector was informed that at the time of the inspection there was minimal reliance on agency staff as there were regular relief staff from within St. Michaels house available to work the majority of the time and this ensured continuity of care, but the inspector had concerns regarding the sustainability of this system, and the fact that the increasing needs of the residents within the centre would put further pressure on existing staffing levels. The reliance on relief staff and agency staff also resulted in increased demands on existing staff to maintain and update the required paperwork. The annual audit had also identified that extra staffing may be required in the future due to the changing needs of residents. The person in charge outlined the induction process in place for agency staff or relief staff not familiar with the centre or the residents, and this included the availability of an essential guide to outline important information.

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

Staff had up to date mandatory training in place including fire safety, food safety, manual handling, safeguarding, hand hygiene and safe administration of medicines, except for one member of staff who was awaiting updated fire safety training. Staff also had access to first aid training and risk assessment training.

The organisation had recruitment procedures in place to ensure appropriate selection and vetting occurred. Staff files reviewed as part of the inspection met all the requirements of Schedule 2 of the Regulations.

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

Judgment:
Non Compliant - Moderate

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

Findings:
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were maintained to ensure completeness and accuracy. Residents had good access to their own records and staff had ensured that residents had their own personal copies of their care plans and other documents including their key contracts.

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

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

The centre had the majority of the written operational policies as listed in Schedule 5 of the Regulations. The policies that were not available, some of which were under development at the time of inspection included:
-Provision of information to residents (a brief document was available)
-Access to education, training and development (there was information available regarding minimum requirements for staff training and updates to training, and also information regarding staff applications for training courses. The person in charge also informed the inspector that a local policy would be developed regarding access to education, training and development)

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:

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

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002355
Date of Inspection:	26 August 2015
Date of response:	24 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 Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents did not have access to speech and language assessments and therapy to ensure that they received the assistance and support required to fully maximise their communication abilities, and to ensure their communication needs were met.

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 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

Please state the actions you have taken or are planning to take:
The Speech and Language manager will be attending the unit on the 29th September 2015 and they will review the person communication needs. The PIC will ensure that any guidelines following this review will be fully implemented.

Any new referrals will now be sent to the Speech and Language Department so that residents can access speech and language assessments and therapy to ensure that they received the assistance and support required to fully maximise their communication abilities and to ensure their communication needs be met.

Proposed Timescale: 31/10/2015

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 care plans were not in place to address all the residents' health care needs as outlined in the report, including plans for constipation and foot care as required by individual residents. A number of the health care plans in place required review to ensure that the plans were sufficiently detailed and comprehensive to enable all staff to provide consistent appropriate care.

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

Please state the actions you have taken or are planning to take:
All care plans have been reviewed by PIC and Health & Medical Trainer to ensure that the plans are now sufficiently detailed and comprehensive to enable all staff to provide consistent appropriate care.

Personal care plans that were not present at time of inspection are now all present including the health care needs of residents. Staff have been fully briefed by PIC in relation to the contents of each of these plans.

All Plans are available in the centre for review.

Proposed Timescale: 23/09/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plans were not consistently and sufficiently detailed in outlining the necessary steps involved, the supports required to maximise the resident's personal development, the people responsible for pursuing objectives, and a proposed timescale for achieving residents' goals.

3. Action Required:
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:
A review by the PIC and PPIM of Personal Plans was undertaken in order to implement an Individual Planning folder for each resident, to include a SMART assessment tool. This tool assists staff and residents to identify the specific goal, to measure the success of the goal, to ascertain if the goal is attainable and relevant to ensure a realistic time frame as to when this will be achieved.

We have included a monthly IP report sheet to highlight the steps taken each month to achieve goals and to include any service user/key worker meetings each month. There will also be a section to record family participation.
Also included will be a copy of the resident's goal s in pictorial format.

Proposed Timescale: 23/09/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plans did not consistently include information regarding the review of all aspects of residents' plans including their individual goals, to indicate assessments regarding the effectiveness of the plan, or to indicate if the resident had achieved their goals.

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

Please state the actions you have taken or are planning to take:
St. Michael's House Personal Planning System Steering Group has been engaged in a comprehensive consultation process with staff and service users to identify the best way to ensure St. Michael's House can support all service users. The Steering Group and Working Groups established as part of this process have now designed two documents which will make up the Personal Planning System 1. "All About Me" and 2. "Assessment of Need". They are currently been piloted in a number of locations with a

view to rolling in out across the organisation. Training and support will be provided for frontline staff, PIC's, Service Managers and Clinicians during the early part of 2016. The service will continue to provide updates as they progress.

However in the interim the PIC has reviewed all personal plans including the resident's goals, We have included a monthly IP report sheet to highlight the steps taken each month to achieve goals and to include any service user/key worker meetings each month. There will also be a section to record family participation. This review will also include an assessment on the effectiveness of each plan taking into account changes and circumstances and new developments

Proposed Timescale: 31/12/2015

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 guidelines/protocols in place for the use of PRN (as required) medicines required review to ensure that clear precise instructions were available to all staff on the administration of these medicines.

5. Action Required:
Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:
The PIC reviewed with the Health and Medical Trainer the guidelines and protocols in place for the use of PRN medication used in the unit these have been updated to provide clear and precise instructions to staff on the administration of these medicines. These guidelines/care plans are now in place in the designated centre. All staff to sign off on new guidelines /care plans.
The Pharmacy have now started to pilot all medications in Tamper Evidence Sealed bags, this will include a signed copy of the receipt in the sealed bag. When they are delivered staff will open the bag, check the correct order of medication is present. Staff will sign original receipt which is then stored in the designated centre and the pharmacy will retain a copy of this receipt for pharmacy records.

Proposed Timescale: 31/10/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no comprehensive medication management audit system in place within the centre that reviewed all aspects of medication management including but not limited to prescribing, administration, storage, documentation and an analysis of all medicine related incidents to facilitate identification of trends and to identify learning and any necessary changes to practice.

6. Action Required:
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
The organisation Health and Medical Training Officer has devised a "Medication Management Audit Tool" which will review all aspects of medication management. The PIC has received training from the organisation Health and Medical Training Officer in the completion of the Medication Management Audit Tool. This tool will be completed every three months by PIC.
The Health and Medical Trainer has devised a "Drug Error Questionnaire" to be completed by the PIC each month this will form an analysis of all medication related incident's and facilitate identification of trends and identify learning and any necessary changes to practice.
The Health and Medical Trainer has devised a document "Audit Record of Medication Leaving Centre with Service User", this is filled out and recorded by a staff member and signed by family member receiving medication. This is available for review in the centre.

Proposed Timescale: 23/09/2015
Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The annual review of the safety and quality of care and support in the centre had not been finalised into a document suitable to make accessible to residents, and there were no overall conclusions regarding the accordance of the quality and safety of care and support in the centre, with standards.

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

Please state the actions you have taken or are planning to take:
The PIC has reviewed the annual report and adapted it using pictures to make it more accessible to residents. This is available for review in the centre.
The Service Manager will review the annual report for the designated centre and will

ensure that there are overall conclusions regarding the quality and safety of care supports in the designated centre.

Proposed Timescale: 24/10/2015

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The staffing levels allocated to the centre were not sufficient to cover all of the necessary hours including annual leave/sick leave and this resulted in reliance on relief staff and agency staff which was evident from reviewing the staff rosters.

8. 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 Service Manager has requested a roster review of the designated centre to highlight the need for additional staffing. In the interim the PIC will ensure where practical that only staff that are familiar with the designated centre are employed on a relief basis.

Proposed Timescale: 02/10/2015

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 Schedule 5 policies that were not available, some of which were under development at the time of inspection included:
-Provision of information to residents
-Access to education, training and development

9. 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:
Provision for Information to Residents

The registered provider is developing The Provision of Information to Residents Policy will be completed by December 2015

Access to Education, Training and Development
The Staff Training and Development Department are currently engaged in a review process. Following review a Training and Development policy will be drafted and the deadline for this is end of October 2015

Proposed Timescale: 31st December 2015

Proposed Timescale: 31/12/2015