

**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-0002343
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:	Nuala Rafferty
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
13 July 2015 10:30	13 July 2015 18:00
14 July 2015 08:30	14 July 2015 15:30

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

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

Summary of findings from this inspection

This was an announced inspection and formed part of the assessment of the application for registration by the provider. The registration inspection took place over two days and as part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, accident logs, policies and procedures and staff files. The views of residents and staff members were also sought.

The fitness of the persons participating in management and the person in charge were assessed through interview and throughout the inspection process to determine fitness for registration purposes and were found to have satisfactory knowledge of

their roles and responsibilities under the legislation and sufficient experience and knowledge to provide safe and appropriate care to residents. The fitness of the nominated person on behalf of the provider was previously considered as part of this process.

The centre was established to provide long term care for a maximum of six adults with physical and/or intellectual disabilities who have social care needs. The centre is located in a mature housing estate in an urban setting north of Dublin.

Some residents and relatives' questionnaire were received by the Authority during and after the inspection. The opinions expressed through the questionnaires indicated they were broadly satisfied with the services and facilities provided and were highly complementary of staff and the respectful and cheerful manner in which they delivered care to residents.

Currently all residents in the centre are male and over the two days it became clear that there was a deep caring friendship between all of the gentlemen living there. This friendship was evident in the way each of the men chatted and joked with each other, respected each other's privacy and space and helped each other to pack their bags in readiness to leave each morning. In conversation with them they told the inspector about their friendships, who they played pool or music with and how they enjoyed outings together. They also commented on how well the staff look after them and the inspector observed that the relationships between staff and residents were also empowering, respectful and caring. The atmosphere within the centre was relaxed, jovial and there was a sense of balance where everyone's well being was considered important.

All documents submitted by the provider for the purposes of application to register were found to be satisfactory. However, several documents remain outstanding and are required to be submitted to the Authority before a recommendation for registration can be made. These include; evidence of compliance with building planning and development acts 2000-2006; copies of statement of purpose and residents guide and evidence of insurance amongst others.

Overall, evidence was found that residents' healthcare needs were met. Residents had access to general practitioner (GP) services and a full time medical officer as part of the overall services provided by St Michael's House Group. Access to allied health professionals such as physiotherapy speech and language therapists and to community health services were also available. However, it was also found that further inputs were required in order to meet resident's social needs in full.

The inspector found there were aspects of the service that needed improvement such as care planning and policies and procedures.

The Action Plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the Authority's Standards.

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:

Daily routines respected individual choice and preferences such as times for rising or returning to bed. Resident's privacy and dignity was respected through personal care practices, maintaining private communications and contacts with relatives and friends and maximising independence. Locks were available on all bedroom doors and residents were provided with their own key where capacity and safety was determined. CCTV was not in place in the centre.

Staff were observed to try to facilitate residents' capacity to exercise personal autonomy and to help residents exercise choice and control in their daily lives in accordance with their preferences. Independence was promoted and encouraged in personal care and other activities of daily living relevant to assessed abilities. This was very evident where the choice of two of the men who were retired from their day services was respected. Their choice to remain at home while staff brought the other residents to their day care centres each morning was safely facilitated through using an alarm pendant linked through the phone system to a monitoring company.

Systems to safeguard finances were in place and supports to facilitate residents to safely manage their finances were reviewed. It was found that resident's belongings and finances were protected on this inspection by robust systems of recording, balancing and auditing. Each resident's bank account statements were regularly audited by the person in charge.

There was a written operational policy and procedure relating to the making, handling and investigation of written complaints. The procedure identified the nominated person

to investigate a complaint and the appeals process. There was a nominated person who held a monitoring role to ensure that all complaints were appropriately responded to and records were kept. The complaints record was viewed and it was found that issues raised such as poor insulation of the garden apartment or lack of internet access were progressed by the person in charge. The satisfaction of the complainant was sought following the implementation of any proposed measures.

Regular residents meetings to discuss and agree the daily or weekly activities programme, menu choices or other group life decisions were held. The inspector was told there were opportunities for families or representatives to formally meet with staff to discuss their loved ones care plan on an annual basis. Social occasions were also held. But a formal consultation process to seek or action the views of residents or relatives on service delivery or development was not yet established. The inspector was told that this was being discussed to determine the best possible way to engage with families and seek their views which would inform the annual report going forward. In conversation with a number of relatives they expressed a high level of satisfaction with the level of consultation and information provided to them at the meetings held about their relatives care plans and in general on the way the centre was managed. They also indicated they would welcome the establishment of any consultation forums in the centre.

Judgment:

Substantially Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

Evidence that staff were aware of the different communication needs of residents and that systems were in place to meet the communication needs of all residents was found.

The majority of the current residents had very good verbal communication skills and could interpret both verbal and body language signals. However some were non verbal with had sight and/or hearing difficulties. Residents identified with verbal communication difficulties were supported and helped to communicate using alternative methods such as expressive body language, picture prompts and lamh sign language. During this inspection it was noted that staff were familiar with the forms of hand sign language which residents used and were observed to use them as part of the daily conversation to include those residents in the conversation with all other verbal residents.

A large number of pictures depicting various activities such as shopping, meals and hair

dressing were also available and noted to be used by staff on the main notice board as a way of clarifying meaning with residents.

The centre was part of the local community and residents were helped to visit local shops, restaurants and leisure facilities on a regular basis. Those who wished to had access to radio, television, magazines and information on local events. Some residents also had their own personal phones laptops and Ipods. Access to social media in the form of internet and skype were not yet available. This issue had been raised by both residents and relatives and had been addressed in so far as the contract for TV and satellite services had recently been changed and access to the internet was now included. But it would be a further month before this contract would be effective.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

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

Findings:

Evidence that residents were supported to develop and maintain positive relationships with family and friends were found. Some relatives called in to spend time with their loved ones or phoned and spoke to the inspector. In conversations with them all relatives spoken too said they were very much involved in the life of their family member within the centre. All said that staff made them feel very welcome and at home in the centre and they were encouraged and included in all aspects of their loved ones lives.

However it was noted that due to health issues or the age profile of siblings' parents and other relatives for some residents contacts were primarily through regular phone calls. Visits were facilitated by staff at the choice of the resident and their family.

Arrangements were in place for each resident to receive visitors in private without restrictions unless requested by the resident. Residents involvement in activities in the community were supported and included group activities with other residents or with main stream community groups such as the local neighbourhood committee and a local social club.

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:

It was found that residents' admissions were in line with the Statement of Purpose. The resident profile of the centre was found to be stable and there were no new or recent admissions.

The most recent admission was over a year ago but in conversation with residents they were clear that they were very involved in the decision of who would move into their house and had several opportunities to meet the gentleman before he moved in on a permanent basis.

On a sample of those reviewed it was found that each resident had a written contract agreed within a month of admission. The contract set out the services to be provided and all fees were included in the contract. Where additional charges pertained these were also included.

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:

Evidence that resident's well being and welfare was maintained by a good standard of evidence-based care and support was found. But some improvements were also found to be required particularly with meeting social needs through meaningful activities and maintaining and developing life skills.

Although personal well being assessments were completed for all residents. They were not detailed enough to enable informed decisions on resident's capacity to engage in formal employment education or training programmes. It was noted that as a result there were no plans to develop or maintain skill developments in place for any resident. Annually reviewed individual personal plans were in place for each resident with goals identified. The plans were found to be person centred and included the preferences interests and personality of the resident concerned. They showed that residents and where applicable relatives were involved and consulted on an ongoing basis. But it was found that although the assessments identified scope for development the plans were not always linked to the assessments and were not outcome based. Many did not identify the interventions required by staff to assist the person develop. Examples included plans to develop numeracy or literacy skills or personal safety skills.

There was a lack of detailed phased processes to support the achievement of outcome based goals such as improving independence to increase level of physical activity or improve independence through learning cookery or baking skills. This meant that these goals were not yet achieved.

Although care plans were in place for every identified healthcare need, all were not found to be detailed enough to manage the specific problem, such as, epilepsy or breathlessness. All plans did not reference referrals to or recommendations of allied health professionals or were evaluated appropriately to determine their effectiveness.

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:

Overall the design and layout of the centre was found to meet the needs of the current resident profile in line with the Statement of purpose. The The centre is a two storey semi detached house located in a settled urban community. It had been renovated and included large bright rooms with health and safety aspects, security, and decorative but

comfortable features. Appropriate equipment for use by residents or staff was available and maintained in good working order.

Efforts to provide furnishings, fixtures and fittings which created a personalised comfortable living space which also promoted residents' safety, dignity, independence and well being were noted.

Adequate private and communal accommodation included; Five single residents bedrooms. There were no ensuite bathrooms.

Downstairs there was; one bedroom; a large fully fitted kitchen cum dining room; one large and one small sitting room; one large bathroom with shower and toilet; small laundry with adequate washing machine, tumble dryer and sorting shelf ;under stair storage cupboard. The rear garden was on two levels and which was accessible via the kitchen with glass veranda doors. Both levels were paved with accessible ramping and hand rails. The garden had side shrubbery and plants and a large marble patio table and benches which was purchased by the relatives of a former resident.

Upstairs there were five bedrooms four were residents rooms and one staff sleepover cum office with shower ensuite; one small bathroom with w.c. whb and non assisted jacuzzi bath.

The sixth resident had separate accommodation in a self contained apartment in the rear garden. The apartment was a single storey building with an adequate sitting room with small kitchenette and bedroom with shower ensuite.

The maintenance of the main building and apartment both internal and external were found to be of a good overall standard with suitable heating, lighting and ventilation. There was a good standard of hygiene and the centre was found to be visually clean and hygienic. The kitchen was fully operational with sufficient cooking facilities and equipment and was well organised. Service records were found to be up to date and maintenance contracts including domestic and clinical waste were in place. Adequate storage was found and corridors were uncluttered and safe for residents mobilising.

As all residents were fully and independently mobile within the centre grab rails were not installed in the hallways.

However it was noted that all windows were not fitted with window restrictors. The windows were found to be capable of opening sufficiently to allow a person to climb or fall through. This was raised with the person in charge and service manager who contacted the technical services department to have the restrictors fitted on all windows. An action in relation to this can be found under Outcome 7.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The inspector found that in general good governance processes and safe practices implemented by the person in charge with staff promoted and protected the health and safety of residents. Processes and procedures in relation to; health and safety and moving and handling, safe evacuation of residents and staff in the event of fire; fire procedure was prominently displayed; smoke detectors were located in all bedroom and general purpose areas. Emergency lighting and fire exit signage was provided throughout the building. The inspector reviewed service records which showed that fire equipment, the fire alarm system, and emergency lighting were regularly serviced. Fire escape routes were unobstructed.

Personal emergency evacuation plans for all residents were in place and were sufficiently specific to guide staff.

Arrangements were also in place for responding to emergencies including procedures and policies covering responses in the event of a resident being absent or missing without staff knowledge. A centre specific emergency plan to direct and guide staff in response to any major emergency such as power failure, flooding or other form of emergency was available and had recently been reviewed. The plan identified all resources available to ensure residents safety such as alternative accommodation. Some additional equipment to effectively and safely respond to emergencies was available such as; blankets and search torches.

Safe and appropriate practices in relation to moving and handling, infection prevention and control and reasonable measures to prevent and reduce risk of accidents were found to be in place.

Overall the centre and grounds was found to be safe and secure with key code access to the front door and large wall with high locked gate enclosing the rear garden and apartment.

An action related to the absence of window restrictors on all windows referenced in outcome 6 is included under this outcome.

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:

Measures were in place to protect residents from being harmed or suffering abuse. There was a policy which provided guidance for staff to manage incidents of abuse. The use of monitors or CCTV were not in place on this visit. Staff endeavoured to respect residents' dignity and privacy and could tell the inspector what they should do in the event of an allegation, suspicion or disclosure of abuse, including report procedures.

The interactions between residents and staff were observed to be respectful. Residents who were verbal could tell the inspector that they trusted staff and whether they had a favourite. They could also say who they would go to if they had any worries or problems. Where residents were non verbal the inspector observed they appeared comfortable with staff.

There were no restrictive practices found on inspection and although there was one recent report of an incident of behaviour that challenged this was found to be directly related to a lack of understanding by a recent staff member on the communication method of one resident. The matter was quickly resolved and no there had been no recurrence.

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. Quarterly notifications had been submitted to the Authority as required and within the appropriate time frame.

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:

Evidence that an assessment process to establish each residents educational, employment or training goals in accordance with their wishes and capacities was found, and a personal well being assessment had been carried out. This is detailed under Outcome 5 of this report. It was found that due to their assessed capacities the current profile of residents were not involved in education or employment programmes

However, it was noted that although residents were facilitated to participate in social experiences through visits to cinema, shopping trips and other outings, it was found that systems were not established to develop opportunities for residents to develop new skills or maintain life skills through continuous development or training programmes for those residents assessed as having capacity to engage in these pursuits.

Although staff endeavoured to promote independence and encouraged and supported residents to maintain and develop life skills, these were primarily related to personal care and household chores.

On review of documentation it was noted that some residents were identified as having capacity to develop skills such as numeracy literacy, money management; and personal safety but formal documented processes with identified interventions were not in place to enable development and maintenance of programmes to support life skills through social education and training.

Two residents were retired and no longer attended a day service, yet there was no identified structure or process to engage them in retaining skills or developing new ones. Some residents had expressed wishes to try new interests such as baking, cooking their own meals and learning computer skills but there was little evidence that these wishes were being fulfilled.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

Evidence that residents' health care needs were met through timely access to general practitioner (GP) services and other allied health care services and were provided with appropriate treatment and therapies was found.

Residents were supported on an individual basis to enjoy the best possible health. Staff tried to encourage and enable residents to make healthy living choices through healthy eating plans and exercise routines.

The current resident group were noted to have a variety of health and social needs. Staff endeavoured to meet these needs and it was noted that some residents with complex healthcare needs and underlying medical issues had recently been reviewed and where required, following clinical re assessments were referred to the multi disciplinary team for additional supports.

Although the system to make sure healthcare plans reflected the care delivered and were amended in response to changes in residents' health was in place it was not implemented for all residents and checks in place did not ensure all plans were effective enough to maintain or improve a resident's health. Actions in relation to this are included under Outcome 5

Residents were provided with food and drink at times and in quantities adequate for their needs. All meals were prepared in the centre and residents were encouraged to be involved in the preparation of evening meals as appropriate to their ability and preference. Food was properly served and was hot and well presented. The evening meal was found to be a relaxed and sociable affair. Residents were facilitated to enjoy their meal independently, privately and at their own pace, where assistance was required it was offered in a discreet and sensitive manner.

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:

Evidence that the processes in place for the handling of medicines, were safe and in accordance with current guidelines and legislation were found and there were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

It was found that each of the residents had their prescribed medications recently reviewed by a Medical Officer.

Staff were familiar with each resident's medication and facilitated residents to take their medication at the prescribed time as part of their daily routine. Details of all medicines administered were correctly recorded and a record of staff signatures and initials were maintained in line with best practice.

Improvements to the policy and procedures in place to ensure the safe and timely return of unused or out of date medications were found to be needed. Although staff could explain in detail the system in place and being followed, records to show when medicines were returned to the pharmacist which were dated and signed by either the staff returning the medications or the pharmacist to show they were received were not in place. The organisations medication management policy did not include guidance on the safe disposal or return of medications. An action in relation to this can be found under Outcome 18.

Staff were supporting one resident to self medicate and to date this was proving successful. Individualised guidelines in the centre to direct and support staff on safe processes to be followed were in place and included;

- documented risk assessment of suitability or capacity of residents currently self medicating
- documented process to assess suitability or capacity
- supervision process
- review process
- documentation of medication taken or omitted by the resident

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

A written statement of purpose was available which broadly reflected the service provided in the centre. On review it was found that the document contained all of the information required by Schedule 1 of the Regulations. Copies were available for residents in 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:

Evidence that management systems within the centre were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored was found

The person in charge and the person who will replace the person in charge in the event of an absence both engaged with the process to determine fitness as part of the inspection and demonstrated sufficient knowledge of the legislation and statutory responsibilities associated with their roles. It was found that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis, provided good leadership to staff, support to families

and was resident focused.

An annual review of the quality and safety of care in the designated centre had not yet been conducted although a template is has been devised. The inspector was told the review would include the views of residents and relatives when the consultation forum is established. A report on a six month quality review by the service manager was carried out in conjunction with the person in charge. This incorporated aspects of service such as; equipment maintenance; emergency procedures and planning; transport maintenance; restrictive practice review; nurse manager on call supports and safeguarding. An action plan on areas identified for improvement was incorporated.

The service manager and person in charge met regularly to discuss the service provision budgets and resources for the centre. There was evidence of positive responses to recent requests made for additional resources for internet access and replacement of transport whilst the centre's minibus was being repaired.

All documents have not yet been submitted to the Authority for a recommendation for registration to be made. These include amongst others; evidence of compliance with building planning and development acts 2000-2006; copies of statement of purpose and residents guide and evidence of insurance.

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:

There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge.

A qualified social care worker with nine years experience was identified to replace the person in charge and was noted to be familiar with residents' social and healthcare needs and aware of the responsibilities of the role in relation to notifications and protection of residents.

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:

Evidence that resources were available and directed towards supporting residents to achieve the goals set within their individual personal plans was available. Examples include the flexibility of staff rosters to support residents on a regular basis to enjoy social events such as concerts holiday breaks and also to facilitate healthcare needs such as hospital appointments with staff resources made flexible and available.

Overall, the facilities and services in the centre reflect those outlined in the statement of purpose.

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 levels and skill mix of staff were sufficient to meet the direct care needs of the current resident profile on this inspection and staff were supervised appropriate to their role. The person in charge worked alongside staff on a regular basis and regular team meetings to discuss improvements and ongoing developments were held.

The inspector observed staff and residents interactions and found that staff were respectful patient and attentive to residents needs. It was noted that staff provided

reassurance to residents by delivering care to them in a quiet confident manner.

Recruitment processes were reviewed on this inspection and on review of a sample of staff files these were found to meet the requirements of Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) Regulations 2013.

Evidence that all staff received up-to-date mandatory fire training safeguarding vulnerable persons and moving and handling was viewed and also additional training provided such as; basic food hygiene, emergency first aid and safe administration of medication.

The person in charge had also carried out an analysis of training needs and identified further training for new staff on lámh sign language and infection prevention and control.

A vacancy for 0.5 whole time equivalent social care worker existed since January 2015. The position was being filled on an ongoing basis through a mix of regular agency or bank relief staff who were familiar with residents. However it was noted that this vacancy had existed for a considerable length of time and required to be filled on a permanent basis to ensure continuity of care for residents. Although staffing numbers were sufficient to meet residents current identified needs it was also observed that the profile of residents was ageing and the level of staffing should be reviewed on an ongoing basis to ensure it meets needs as they residents condition or circumstances change.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

In a sample of those reviewed it was found that general records as required under Schedule 4 of the Regulations were maintained including key records such as the

statement of purpose and function, resident's guide, and notifications as required under Regulation 31.

Records were maintained in respect of accident and incidents, clinical records and documentation of reviews and recommendations by clinicians were retained in the centre.

A directory of residents was established which included all the required information and was being maintained.

All of the policies required to be maintained under Regulation 4 and listed in Schedule 5 were available although some policies were in need of review.

These included; medication policy, in house fire procedure and the procedure for responding to independent pendant alarm monitoring company.

It was found that the medication policy did not include guidance on the procedure staff were to follow to ensure the safe disposal or return of medications.

The fire procedure was not specific enough to inform who would be in charge in the event of a fire at all times or where the assembly point was located.

The procedure in place to respond to alerts from the independent monitoring company did not include updated information on back up from other units and the extent of this support or what type or level of assistance an external back up staff member would provide.

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:

Nuala Rafferty
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-0002343
Date of Inspection:	13 July 2015
Date of response:	21 August 2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

A transparent formal consultation process to seek or action the views of residents or relatives on service delivery or development was not in place

1. Action Required:

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

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

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

The PIC together with the Service Manager will facilitate an annual meeting with families to gather their views on service delivery and development.

In consultation with residents the PIC will develop a process that will support residents to contribute to ongoing service delivery and service development.

Proposed Timescale: 25/09/2015

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:

Individual personal plans were not detailed enough to adequately support resident's continued personal independence and life skills development.

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:

The PIC will review with each resident their preferences in relation to education, employment, training and skill development to enhance independence. Following this Individual Programmes will be developed with residents with clear short and long term SMART goals together with a detailed plan to support and evaluate these.

Proposed Timescale: 30/11/2015

Theme: Effective Services

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

Reviews of health care plans were not sufficiently robust to determine their effectiveness or take account of changes in the resident's circumstances or new developments.

Some care plans did not include advice from allied health professionals

3. 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:

The PIC will review all health care plans to ensure that they are detailed enough to manage the specific problem and that they incorporate recommendations by allied health professionals.

Proposed Timescale: 30/11/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Measures were not in place to ensure the safety of residents from accidental falls from windows where window restrictors were not in place on all windows.

4. Action Required:

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

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

Restrictors have been fitted on the downstairs front windows.

Proposed Timescale: 17/07/2015

Outcome 10. General Welfare and Development

Theme: Health and Development

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

Formal documented processes with identified interventions were not in place to enable development and maintenance of programmes to support life skills through social education and training

5. 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 PIC and Key Workers will review with residents their goals in relation to developing existing skills and learning new skills that will enhance independence within the house and in the community. Following this Individual Programmes will be developed with residents with clear goals together with a detailed plan to support and evaluate these. Training will be provided through everyday experiences and formal settings.

Proposed Timescale: 30/11/2015

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:

All documents have not yet been submitted to the Authority for a recommendation for registration to be made. These include amongst others; evidence of compliance with building planning and development acts 2000-2006; copies of statement of purpose and residents guide and evidence of insurance.

6. 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:

Compliance with Planning. St. Michaels's House is the process of completing documentation in relation to Planning Compliance and is in communication with HIQA in relation to this.

Statement of Purpose / Resident Guide These documents were furnished to the Authority with the application and were found to be in compliance. A factual accuracy report has been submitted.

Proposed Timescale: 21/08/2015 and Ongoing

Proposed Timescale: 21/08/2015

Theme: Leadership, Governance and Management

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

An annual review of the quality and safety of care in the designated centre had not yet been conducted.

7. 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 PIC together with the Service Manager will undertake an Annual Review of the Centre

Proposed Timescale: 25/09/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

All policies and procedures in place were not sufficiently specific to guide staff such as medication policy; alarm response policy and fire procedure.

8. Action Required:

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

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

1. Medication Policy - St. Michael's House Medication Policy is being reviewed to incorporate a section in relation to the disposal and return of medication. All unused medication is currently disposed through a licensed contractor subject to St. Michael's House Waste Management Policy. October 1st 2015
2. Fire Procedure - These documents have been amended to identify who is charge and assembly points. July 15th 2015
3. Pendant Alarm - The procedures have been amended to detail the supports provided by back up units and staff. July 15th 2015.

Proposed Timescale: 1. 01/10/2015; 2. 15/07/2015; 3. 15/07/2015

Proposed Timescale: 01/10/2015