

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by St Michael's House
<b>Centre ID:</b>	OSV-0002342
<b>Centre county:</b>	Dublin 13
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St Michael's House
<b>Provider Nominee:</b>	John Birthistle
<b>Lead inspector:</b>	Nuala Rafferty
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	10
<b>Number of vacancies on the date of inspection:</b>	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:
17 June 2015 09:30	17 June 2015 19:30
18 June 2015 09:30	18 June 2015 17:00

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

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

**Summary of findings from this inspection**

This was the first inspection of this 10 bed centre for persons with disabilities. This was an announced inspection and formed part of the assessment of the application for registration by the provider. The inspection took place over two days and as part of the inspection, practices were observed and relevant documentation reviewed such as care plans, clinical records, policies and procedures and staff files. The views of residents, relatives and staff members were also sought.

As part of the application for registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority) All documents submitted by the provider for the purposes of application to

register were found to be satisfactory.

The fitness of the person in charge was assessed through interview and throughout the inspection process to determine fitness for registration purposes and was found to have satisfactory knowledge of their role 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.

A small number of relatives questionnaires were received by the Authority after the inspection. The opinions expressed through both the questionnaires and in conversations with the inspector on site were all satisfactory with services and facilities provided.

Overall, evidence was found that all residents' social personal and healthcare needs were broadly 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. The inspector found there were aspects of the service that needed improvement including risk management, assessment and review of development needs and care planning.

Findings which required to be addressed immediately were brought to the attention of the provider nominee during the inspection and a commitment was given by the provider nominee that actions required to address the most urgent findings had commenced and would continue to ensure the needs of all residents would be fully met.

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. Two audio monitoring devices were used to enable staff provide assistance to residents at night in a timely manner and as part of maintaining residents safety.

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.

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 the person

in charge was progressing the issue raised in line with the policy and was advocating on behalf of the complainant.

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. A formal consultation process to seek or action the views of residents or relatives on service delivery or development had recently been established and one meeting had taken place. In conversation with a number of relatives they expressed satisfaction with the level of consultation and information provided to them at the meeting and welcomed the establishment of quarterly meetings in the centre.

**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:**

Evidence that staff were aware of the different communication needs of residents and that systems were in place including external professionals input where necessary, to meet the communication needs of all residents was found.

Several of the current residents had a variety of communication needs, some were non verbal and others had sight and hearing difficulties. Residents identified with verbal communication difficulties were supported and helped to communicate using alternative methods such as expressive body language and picture prompts. During this inspection it was noted that regular staff were familiar with the expressive body language prompts used by some residents to indicate a need, these included smiling, crying or clapping to indicate contentment, discomfort or accepting something offered.

A file containing 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 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 too had access to radio, television, magazines and information on local events. Some residents also had their own personal phones laptops and ipads. Access to social media in the form of internet and skype were also available and some residents regularly used this

medium to view and speak to their relatives living abroad.

**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. Several relatives called in throughout the two day inspection visit to speak to the inspector and/or to spend time with their loved ones. 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 but this was limited to group activities with other residents or with groups associated with intellectual disabilities and to date there was little involvement with other community based social groupings for individual residents

**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.

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 required particularly with meeting social needs through meaningful activities and maintaining and developing life skills.

Personal well-being assessments were completed for all residents. But where the assessments indicated scope for development for independence in areas of finance or social integration, 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 plans to develop or maintain skill developments were not in place for any resident.

Individual personal plans were in place for each resident with goals identified. These



were reviewed annually. 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 the plans were not always outcome based, many were repetitive, having been identified over a number of previous years and all were linked to basic rights which should be implicit for every person. Examples included maintaining contact with family, promoting a healthy diet, going out for meals and shopping. There was a lack of detailed phased processes to support the achievement of outcome based goals. for example improving independence, to increase level of physical activity or improve independence through use of public transport. This meant that these goals were not yet achieved.

Although care plans were in place for every identified healthcare need, they were not all detailed enough to manage the specific problem, such as, mobility or breathlessness. Some did not mention referrals to or recommendations of allied health professionals. Some were not evaluated appropriately to determine their effectiveness. Examples included positive behaviour support plans.

**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 centre is a two storey building located in a settled urban community. In general the centre contained all health and safety aspects and appropriate security. However findings in relation to lack of appropriate fire safety measures were identified and are detailed under Outcome 7 in this report. Appropriate equipment for use by residents or staff was available and maintained in good working order.

Adequate private and communal accommodation included; downstairs; entry hallway; three single bedrooms without ensuite; large fully fitted kitchen cum dining room; a sitting room with fold back double doors to a smaller section of the room to the rear of the house which was generally used as a quiet room for one person; one large assisted

shower room with w.c.(toilet) and w.h.b.(wash hand basin)and parker bath; laundry room; utility; pantry and separate w.c. and w.h.b; one staff sleepover bedroom cum office with shower w.c. w.h.b ensuite. Upstairs; seven single residents bedrooms without ensuite; two shower rooms containing w.c. and w.h.b.

Externally there was a small paved area front and to the rear and side of the building. The grounds were neat and tidy, with small storage areas for cleaning equipment and domestic bins . The rear of the building was enclosed through locked gates on either side. There were shrubs and plants to the front of the centre and a small patio and lawn to the rear with ramped access for wheelchair users.

Efforts to reflect resident's individuality and preferences in relation to colour and furnishings in bedrooms were noted and photographs pictures and fixtures which reflected interests and hobbies were evident.

The maintenance both internal and external was 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.

Appropriate assistive equipment was in place and available and included ceiling hoists in bathroom and shower areas shower chairs and also exercise bikes to aid and maintain level of mobility for some residents.

However, although the centre was in general well maintained, some aspects needed to be improved such as aspects of wood work on some door frames and skirting's and paint work on walls were marked and scuffed.

There was a damp patch on the ceiling of the person in charge office and the inspector was told that the maintenance team were aware of a water leak but the cause had not yet been identified.

Racking in the utility room for mop heads to facilitate appropriate drying and storage was found to be required.

**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:**

Although there were good governance processes and safe practices being implemented by the person in charge with staff to promote and protect the health and safety of residents risks relating to lack of effective fire safety arrangements were found. 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.

Arrangements were 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. In conversation with them it was found that staff were aware of these procedures.

Evidence of effective review of the systems in place to assess and manage risks associated with response to emergencies was found. A centre specific emergency plan to direct and guide staff in response to major emergencies such as power failure or flooding 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 search torches, blankets and lists of emergency numbers.

Records relating to fire safety were readily available regarding the regular servicing of fire equipment and fire officer's visits. Fire escape routes were unobstructed. Fire equipment and alarms were tested and arrangements were in place for the maintenance of the system and equipment. Individual personal emergency evacuation plans for all residents were in place. Staff had received annual training in fire safety as required under the legislation and all staff spoken with demonstrated a good knowledge of the procedures to be followed in the event of a fire, and the contents of the emergency plan.

However, it was found that effective fire safety management systems were not in place and the procedures in place for the evacuation of residents were not adequate enough to ensure the safe evacuation and placement of all residents in the centre.

There was a lack of adequate means of escape. In conversation with staff and on review of the procedures in place the inspector learned that residents sleeping upstairs were to be evacuated via an external fire escape route.

But those residents who were immobile were to remain on the top platform of the fire escape to await rescue by the fire brigade whilst others would be brought down the fire escape steps to a safe location away from the building by staff.

On this inspection visit there were two residents who were immobile in upstairs bedrooms. There were also three others with sight or hearing impairments and who required close supervision and direction by staff. There were two staff rostered on night duty shift. The centre's fire procedure specified one person to evacuate upstairs residents and one to evacuate downstairs. It was noted that staff carried out fire drill practices (up to the point of evacuation to the hallway downstairs and the last bedroom before the exit door upstairs) approximately five times per year and four had been conducted to date in 2015.

The inspector was told that the centre had recently been provided with alternative means of escape. Three evacuation ski pads to enable staff safely evacuate immobile residents were received in the previous week. But staff had not yet received training on their use this was scheduled for the week following inspection. In the meantime the pads had been stored in the attic. Sufficient evacuation pads to safely evacuate other residents' with limited mobility or other impairments were not available.

Although individual personal emergency evacuation plans were in place for all residents, they did not identify all potential risks associated with an evacuation for each person. The capacity of some residents to quickly mobilise in an emergency was known to be inconsistent. This would reduce the persons' ability to function requiring a higher level of assistance in an emergency situation. The potential of some residents to be uncooperative, identified during trial evacuation drills, were also not included.

Further serious gaps in fire safety measures were also found including; Lack of adequate containment measures such as; a lack of directional signage; compartmentation on the upstairs corridors; lack of fire retardant doors; intumescent strip seals or automatic door closures on any internal doors within the building with the exception of two doors in the entrance hallway.

The inspector viewed the attic space which was a large insulated space running the entire length of the building. The attic was found to store a large volume of combustible materials such as; historical documentation and files; house decorations for various occasions such as Halloween and Christmas; unused bedding and bed quilts and suitcases.

All of these issues were raised with the person in charge and service manager on the first day of inspection. Immediate actions were required to be taken by the provider within a specific and short timeframe.

On the second day of the inspection a detailed plan to mitigate the risks was formulated by the provider nominee. Prior to the end of the inspection evidence that this plan was being implemented was found. The plan was noted to be specific appropriate and timely. Evidence of the implementation included;

Additional ski pads ordered ; training for staff on use of ski pads arranged for the 19th June immediately following inspection; visit to the centre by the organisations technical services manager and health and safety officer to address containment measures.

**Judgment:**

Non Compliant - Major

**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:**

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

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

**Findings:**

The use of visual monitors or CCTV was not in place on this visit. Although audio monitors were in place, their use was limited and appropriate. 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.

Where some residents exhibited aspects of behaviour that challenges on occasions, staff were familiar with potential triggers and measures were in place to appropriately manage the behaviours. There was evidence that efforts were made to identify and alleviate underlying causes of behaviour that may challenge for each individual resident.

Medications were prescribed for use in very specific circumstances to alleviate anxiety related to certain care interventions for some residents and as a last resort in response to extreme behaviours however, it was found these measures were not often used.

With the exception of bed rails, restrictive practices were not found to be in place within the centre. Although the use of bed rails were limited, on review of documentation it was found that there was little evidence to support the appropriate use of the rails in all cases.

The inspector was told that the rails were used for some residents to maintain safety by reducing the risk of falls or enable self re positioning whilst in bed. However, there were contradictory assessments evidencing residents' inability to effectively re position or where there were risks associated with the use of the bed rails. In addition evidence that alternatives to the use of bed rails were considered or trialed was not available.

**Judgment:**

Non Compliant - Moderate

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Services

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

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

**Findings:**

A record of all incidents occurring in the designated centre was maintained 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:**

Residents were facilitated to participate in social experiences through visits to cinema, shopping trips and other outings. However, systems were not established for residents to develop new skills or maintain life skills through continuous development or training programmes. A personal well being assessment process to determine each residents' educational, employment or training goals in accordance with their wishes and capacities was in place. But on review of a sample number it was found that these were not completed in enough detail to fully and appropriately determine each person's capacity for development.

Staff ensured that residents were facilitated to engage in activities normally associated with basic life rights such as going for a walk or drive, visits to the park and shopping for groceries or personal shopping. Promotion of independence was encouraged by staff primarily associated with maintaining the activities of daily living such as personal washing and dressing, being involved with laundry and physical exercise routines to maintain mobility.

All of the residents had access to a day care service.

**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 GP services and other allied health care services and were provided with appropriate treatment and therapies was found. Staff tried to encourage and enable residents to make healthy living choices.

Residents were supported on an individual basis to enjoy the best possible health. Some residents had particular healthcare needs which required a high level of supervision and monitoring, this was provided in a non-intrusive manner.

Inputs from allied health professionals such as; psychology, physiotherapy speech and language and occupational therapy services with written evidence of relevant reviews were available and informed care planning. However it was found that a care plan for every healthcare need was not in place and improvements to those in place were required. An action relating to this finding is included under Outcome 5

Records of clinical interventions to treat manage and monitor ongoing healthcare needs were found to be up to date and reflected the residents' health care status.

Daily progress notes were maintained and referred to health care plans. These notes form part of a good communication system to inform staff on the parts of each plan implemented throughout the day. But it was noted that they did not always include residents emotional or mental health status such as mood or attitude so that a clear picture of residents' overall health could be formed.

Residents were provided with food and drink at times and in quantities adequate for their needs. All meals were prepared in the centre and although their participation was limited for safety reasons residents were involved in the preparation of evening meals as appropriate to their ability and preference. Food was properly served and was hot and well presented. Meals were relaxed and sociable, 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, including controlled drugs, 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.

The administration of medication to residents was observed, and it was noted that 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

It was found that each of the residents had their prescribed medications recently reviewed by a Medical Officer. Observation of medication administration practice was satisfactory and a record of staff signatures and initials were maintained in line with best practice

There was a safe system in place for the ordering and disposal of medications and the inspector saw records which showed that all medications brought into and out of the centre were checked and recorded.

**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 did not contain all of the information required by Schedule 1 of the Regulation. The statement referenced that emergency admissions would be facilitated where a vacancy arose. But the criteria for emergency admissions was not included. Also although the statement referenced both full and part time staff it did not give a clear breakdown of the wholetime equivalent



number of staff employed at each grade.

A further clarification is required in relation to the maximum number of residents to be admitted at any one time, with no mobility or limited mobility who use wheelchairs given the design and layout of the centre.

A copy of the document was available in the centre.

**Judgment:**

Substantially Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

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 service manager both engaged with the process to determine fitness as part of the registration process 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 and consistent leadership to staff, support to families and was clearly resident focused.

An annual review of the quality and safety of care in the designated centre had taken place and a draft report was provided to the inspector. It included aspects of the six month quality reports by the service manager and the person in charge such as; number of notifications submitted to the Authority; updated policies and procedures; number of compliments and complaints received and resolved. It also identified that a staff training analysis had been carried out and the number of staff vacancies were filled. Residents' views on their life experiences in the centre and relatives views on their experience of service delivery were sought and included and all views expressed were positive.

The review considered some aspects of the quality and safety of the care and support delivered in the centre. It indicated that data collated such as incidents and accidents

were critically analysed to identify trends and learning to inform improvements and raise standards.

**Judgment:**

Compliant

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

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

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

A clinical nurse manager I with eleven years experience in this role 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:**

Some 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

family events such as birthdays or social outings, although these were primarily confined to the weekends. Staff resources were flexible and available to enable residents meet hospital appointments.

Transport was available and the centre could also access additional transport when required to ensure all could attend special occasions together at Christmas or special celebrations.

A review of the service with resources was ongoing and staff skill mix had recently been reviewed. The need for staff to improve standards related to meeting social care needs was identified and a qualified social care staff member was due to join the team in the near future.

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):**

**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 (evidence of training arranged for the following day and week) safeguarding vulnerable persons and moving

and handling was viewed and also additional training provided such as; basic food hygiene, emergency first aid and medication management.  
It was noted that staff would also benefit from additional training in areas such as documentation and recording processes; positive behavioural support plans and outcome based personal planning.

**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):**

**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.

**Judgment:**  
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:***

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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by St Michael's House
<b>Centre ID:</b>	OSV-0002342
<b>Date of Inspection:</b>	17 and 18 June 2015
<b>Date of response:</b>	24 July 2015

### Requirements

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

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

### Outcome 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.

**1. 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

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

the resident's assessed needs.

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

PIC will support each key worker to complete a full review and update of all residents assessment of needs and support plans. The PIC will ensure these support plans are implemented to maximise each residents personal likes and skills development. These plans will be reviewed regularly to ensure effectiveness.

**Proposed Timescale:** 30/09/2015

**Theme:** Effective Services

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

Some plans in place were not effective and were not reviewed in a timely manner to take account of changes to residents' behaviour.

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

**2. 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:**

PIC will support each key worker to complete a full review and update of all residents assessment of needs and support and care plans. PIC will ensure that each resident has a detailed personal care plan which reflects each of their identified needs. The multi disciplinary team will contribute to these plans as appropriate to provide advice, guidance and support. These plans will be reviewed initially on a 3 monthly basis to ensure maximum effectiveness and minimally yearly or as required thereafter.

**Proposed Timescale:** 30/09/2015

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

Some aspects of the environment required improvement, for example wood work on some door frames and skirting's and paint work on walls were marked and scuffed. The source of a water leak requires to be identified and appropriate racking and storage

for cleaning equipment was not available.

**3. Action Required:**

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

PIC will ensure that all necessary maintenance works are completed by the Technical Services department. These works will include the painting/repair of environment and the provision of suitable racking and storage for cleaning equipment.

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

**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:**

An Immediate action plan was issued during the inspection on the following; Effective fire safety management systems were not in place.

Fire procedures in place did not reflect safe or best practice and were not sufficiently specific.

**4. Action Required:**

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

The registered provider will ensure that effective Fire Safety Management systems are put in place in the designated centre.

- Four additional fire evacuation aids have been ordered to assist safe evacuation of residents. Confirmation Email of this order has been received by the PIC.
- All staff working in the centre will receive training on the use of these aids. Training for staff working the weekend of 20-21st June has been scheduled for Friday 19th June 2015 and the remaining staff will be trained on Wednesday 24th June 2015.
- The number of residents living in the centre has been reduced and updated registration documentation has been submitted to the authority to reflect this.

**Proposed Timescale:** 24/06/2015

**Theme:** Effective Services

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



An Immediate action plan was issued during the inspection on the following;  
Lack of adequate containment measures such as compartmentalisation upstairs; fire retardant doors; intumescent strip seals; automatic door closures.

**5. Action Required:**

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

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

- Certified fire resistant doors will be fitted to all bedrooms and communal areas in the centre with automatic door closures, intumescent strips and cold smoke seals. Completion date for upstairs rooms Wednesday 24th June 2015. Remaining doors will be completed Friday 26th June 2015.
- The fire panel will be upgraded to an addressable system. Completion date will be 10th July 2015. All staff received training on this new system at a team meeting on the 22nd July 2015.
- The PIC, Service Manager and Fire Safety Officer will review and update the fire evacuation procedures with detailed instructions and staged evacuation procedures to assist staff to support the safe and effective evacuation of all residents, staff and visitors of the centre in the event of a fire. The fire officer briefed all staff at a team meeting on the 22nd July 2015.

**Proposed Timescale:** 24/06/2015

**Theme:** Effective Services

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

An Immediate action plan was issued during the inspection on the following;  
Lack of adequate means of escape  
Risks associated with storage of combustible materials in the attic.

**6. Action Required:**

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

- All combustible materials (all materials) will be removed from the attic to an external storage facility. Completion date Wednesday 24th June 2015.
- Additional storage space will be provided with the purchase of an additional garden shed.
- Additional directional signage will be installed in the upstairs corridor. Completion date Wednesday 24th June 2015.
- An additional emergency light will be installed in the upstairs corridor. Completion date Wednesday 24th June 2015.

**Proposed Timescale:** 24/06/2015

**Theme:** Effective Services

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

An Immediate action plan was issued during the inspection on the following;  
Lack of adequate means of escape; lack of staff training in recently acquired equipment.

**7. Action Required:**

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

- The upstairs area will be divided into two compartments, separated by way of a half hour fire rated door and screen. The partition area at the top of the stairs will be upgraded with the installation of a 30 Minute Fire Resistant semi glazed partition screen. The architect, technical services manager and fire safety officer attended on site Thursday 18th June and have developed a design solution to meet this need. Technical drawings will be completed by the architect and signed off by Monday 22nd June 2015. An order will be placed for the specification required. Work has been confirmed to commence on site Monday 10th August and will be completed in one week.
- Evacuations aids have been acquired and staff training on their effective use has been provided as indicated above.

Proposed Timescale: 24/06/2015 Work will be completed 17th August 2015

**Proposed Timescale:** 24/06/2015

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Evidence of the appropriate use of restraints or that alternatives to the use of bed rails were considered or trialled was not available.

**8. Action Required:**

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

The PIC will consult with the relevant allied health professionals to further review the use of all restrictive practices and restraints to ensure their use is absolutely necessary and for the shortest period and that all alternatives have been trialled and fully documented.

**Proposed Timescale:** 30/09/2015

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

**Theme:** Health and Development

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

Evidence that residents were supported to develop new skills or maintain life skills through continuous development or training programmes was not available.

**9. 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:**

PIC will ensure that all residents assessments and plans are reviewed and updated. PIC will ensure that detailed plans and agreed actions are put in place to ensure each individual is supported to access further opportunities for education, training and employment.

**Proposed Timescale:** 30/09/2015

### **Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The statement did not contain all of the information as required in Schedule 1 of the Regulations and clarifications on staffing wholetime equivalents (wte) and maximum numbers of residents to be admitted at any one time with no mobility or limited mobility is required.

**10. Action Required:**

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

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

PIC will review and update the Statement of Purpose to include the identified

clarifications. A copy of this has been submitted to the Authority for review.

**Proposed Timescale:** 22/06/2015