

**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-0002397
Centre county:	Dublin 14
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	Declan Ryan
Lead inspector:	Sheila McKeivitt
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	1

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:
01 October 2015 10:00	01 October 2015 17:30
02 October 2015 10:00	02 October 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 application was to register two houses, one to facilitate 4 residents, the second to facilitate 1 resident. On the day of inspection there were 5 residents in the houses, 1 of whom was on day release from hospital, the remaining bed was vacant. The 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 one resident's next of kin and staff members were sought.

The nominated person on behalf of the provider had made improvements within the centre since the last inspection. The person in charge was interviewed and assessed throughout the inspection and she was found to have satisfactory knowledge of her 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 also considered as part of this process. He had previously been interviewed and deemed fit to be provider nominee.

The two houses cared for residents with physical and/or intellectual disabilities with social and nursing care needs. On inspection 3 residents met with the inspector. A number of questionnaires completed by residents and their relatives were received by the Authority prior to the inspection. The opinions expressed through the questionnaires were broadly satisfactory with services and facilities provided.

Evidence of good practice was found across all outcomes; management had addressed the non-compliances from the last inspection in February 2015. 16 out of 18 outcomes inspected were deemed to be in compliance with the Regulations. 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.

Fire exit doors did not have emergency lighting over all the fire exit doors in both houses and procedures to follow in the event of a fire were not on display. The smaller of the two houses was not kept in a good state of repair inside or outside and it was not clean. Records, such as the statement of purpose required review to ensure it met schedule 1. Policies outlined in schedule 5 were not available for review and therefore had not been implemented. The action plans at the end of this report identifies the eight outcomes under which improvements are required.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Residents were consulted with and participated in decisions about their care. They were provided with information about their rights and each resident's privacy and dignity was respected.

Residents had a house meeting once a week at which they planned their daily evening meal, each of the residents selecting a meal of their choice. They also discussed and planned group and individual activities, appointments and personal plans for the week. Visits to and from family homes were discussed at these meetings. There was a private room where residents could receive visitors in private.

Resident's privacy and dignity was respected by staff. All bedrooms, bathroom/shower room and toilet doors had privacy locks in place and staff maintained residents privacy when providing care to them. All windows had blinds and curtains in place. The rights of residents were respected. The inspector saw residents had choice and retained autonomy of their own life. For example, one resident was allowed to wonder in and out of the house into the garden with no restrictions being imposed by staff.

The inspector saw information and contact details relating to the National Advocacy Committee on display on the residents notice board in the kitchen.

There was a policy and procedure for the management of residents monies by staff and a procedure on personal possessions. Clear, concise records and receipts were available to reflect the individuals outgoing and incoming cash. Safe and secure storage was available. The process in place reflected the policy. Those residents were unable to manage their finances independently therefore staff facilitated them to do so.

There was a complaints policy in place which was accessible to residents, a copy was posted on the notice board and a copy was included in the residents guide. Staff had laminated aspects of the policy and used this to educate residents on how to make a complaint. However, a simple pictorial format was not accessible to non verbal residents. There was one complaint made in August 2015, which remained open, this was not reflective of the complaints policy. However, records reviewed showed the person in charge had made attempts to resolve the complaint but the complainant had postponed an arranged meeting with the complaints officer.

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:

Residents communication needs were met.

The inspector saw evidence that residents with communication difficulties had the required input from multi-disciplinary team members. For example, key workers had developed personal folders containing photographs of items, people and areas of interest to each resident. It also contained photographic evidence of reaching personal goals which had been developed for 2015. These personal folders were used to communicate with residents. Staff were observed communicating in a kind, patient and sensitive manner with residents present during this inspection. They appeared to know the mannerisms and means of communication of the non-verbal resident well and had no difficulty in interpreting the residents' needs.

The inspector was informed all residents met had their own tablets/ipad which they used to store and view photographs and one resident used it to Skype relatives. Residents had access to wireless internet, personal and communal televisions, music systems and radios in the houses.

Information relevant to residents was not all available in pictorial format. For example, the evening meal was displayed in writing on the residents notice board in the kitchen however, there was no photograph of the meal which may have made it easier for residents with minimum literacy skills to determine what was for dinner. A number of notices displayed throughout the kitchen/dining room in one house were not relevant to

residents. They were reminders for staff which could be displayed in a more appropriate place accessible to staff only. These were removed by the person in charge prior to the end of the inspection. Residents had access to two portable house telephones and some had their own mobile phones.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

Residents were supported to develop and maintain personal relationships and links with the wider community.

There were no restrictions on visitors. There was a visitors' policy which was on display in the centre. One residents relative told the inspector that staff always made visitors welcome and confirmed there were no restrictions. Residents had access to a quiet room where they could receive visitors in private. The inspector saw evidence that residents who had chosen for their families to be involved in their assessment and care plans were involved in completing these documents. There was a family contact sheet in each resident's file where staff recorded all verbal contact with the families.

Residents used facilities in the local community. They went for walks in the local area, visited the local coffee shops, supermarket, churches and shopping centre. One resident had been invited to model clothes in an upcoming fashion show in the local shopping centre. Staff and families had fund raised to purchase a 7 seater vehicle for residents. This was driven by staff and used to transport residents' to and from amenities in the area and further a field.

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):

No actions were required from the previous inspection.

Findings:

Contracts of care were now available for each resident and admission to the centre was in line with the admissions policy.

The admissions policy in place outlined the procedure to be followed prior to a resident been admitted to the centre. It included the involvement of the person in charge, the resident to be transferred and his/her next of kin. It stated that residents would be facilitated to visit the centre prior to their admission.

Four contracts reviewed were signed and dated by the respective residents next of kin and the person in charge. The contracts included details about the supports, care and welfare the resident would be expected to receive, details of the services to be provided and the fees to be charged. They also referred to additional costs that maybe charged. One resident's next of kin had not yet returned a signed contract of care however, there was evidence that the person in charge had made several attempts to get the resident's next of kin to return the signed contract of care.

Invoices and receipts did not reflect the fees paid. They were issued monthly to residents and reflected the total amount paid over each month however, residents paid fees on a weekly basis as per their contract of care.

Judgment:

Substantially 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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that each resident's wellbeing and welfare was maintained to a high standard.

The inspector reviewed a sample of residents individual personal files and found that the resident, their key workers (one from the day care facility and one from the centre) were involved in the completion of their comprehensive assessment. These assessments reflected the residents interests and preferences and outlined how staff could assist the resident to maximise their individual opportunities to participate in meaningful activities. All assessments had been reviewed within the past year.

Each resident had a corresponding outcome based personal plan which outlined 3 personal outcome based goals set for 2015. For example, one resident had wanted to go on holiday and records reviewed showed how staff from both the residents daycare and home were actively supporting the resident to achieve this goal.

Staff promoted residents independence. They assisted residents in purposing activities of there chose and of interest to them.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The location, design and layout of one of the houses was suitable for its stated purpose and met the residents individual and collective needs in a comfortable and homely way. However, one house which was home for one resident was not suitable to meet the needs of the resident.

The provider applied for two houses to be registered as one centre, one house for 5 residents the second for 1 resident. The inspector saw that the larger of the 2 houses was well-maintained with suitable heating, lighting and ventilation. It was clean, tidy and suitably decorated to meet the needs of four residents, although there were currently just three residents living there, one bedroom was vacant. The smaller of the two houses although a three bedroomed house was being occupied by 1 resident. This house was leased by the provider and it was unkept. It was dark getting minimum natural light and contained dark coloured furniture. Although there was a functioning central heating system in the house it smelt damp inside. The house required maintenance, there was an area of the kitchen wall where cement was exposed, a damp stain on the ceiling and on the kitchen wall which had not been repaired to a high standard. The laundry room walls were covered in black damp stains. The paved areas were covered in green moss. The house was not found to be clean, there were cobwebs hanging from ceilings and a thick coating of dust on furniture, skirting boards and light fittings. Two upstairs bedrooms and a downstairs living room were not furnished as they were not used by the resident. The residents bedroom was clean, tidy and personalised. The resident, family members and staff had been involved in the recent refurbishment of this bedroom.

There was sufficient furnishings, fixtures and fittings to meet the individual needs of residents, including storage space in each residents bedroom.

The larger of the two houses was detached and had been refurbished in 2012. The communal areas included a well equipped kitchen/dining room, a large bright sitting room and a smaller sitting/private room. The laundry and cleaning storage room contained all required equipment. Downstairs there was one large assisted shower room with an assisted toilet and wash hand basin. There was a second toilet down stairs. Upstairs there were 4 good sized bedrooms, 1 was empty, those viewed appeared personalised. There was one spare room which was currently unfurnished. There were two bathrooms upstairs one contained a bath, toilet and wash hand basin the other a

shower, toilet and wash hand basin.

The inspector viewed the rear garden accessible to residents via two patio door exits. The garden contained a paved area with table and chairs where residents could enjoy dining outside. The garden was secured by closing the 2 side gate entrances (one which was wheelchair accessible via a ramp leading directly into the garden) leading from it. Car parking spaces were available to the front of the house.

The staff bedroom had ensuite facilities which included a shower, toilet and wash hand basin.

Judgment:

Non Compliant - Moderate

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The health and safety of residents, visitors and staff was promoted. However, the inspector found that all residents were not protected from the risk of fire as fire exits were not highlighted with fire emergency lighting exit signs and directional signage was not available upstairs in either house.

Both houses had records available to confirm that fire equipment including fire extinguishers, the fire blanket and the fire alarm had all been tested by professionals within the required time frame. The larger of the two houses had just one fire emergency lighting exit sign in the house. This sign was situated above the front door, none of the other fire exit doors had a fire emergency lighting exit sign above them and there were no emergency exit directional signage upstairs. The second house (home for one resident) had no fire emergency lighting exit sign above any exit doors and there was no directional signage upstairs. Procedures to follow in the event of a fire were not on display in a prominent place in either of the two houses. Fire doors were no longer held open.

All staff had completed fire training within the past year and those spoken with had a clear understanding of the procedure to be followed in the event of a fire. The inspector saw that each resident had an individual fire evacuation plan in place and the one wheelchair user had been re-located to a bedroom beside the front door to enable for a speedy exit in the event of a fire. Records reviewed showed that fire drills were practiced in both houses on a regular basis during the day and night by both staff and

residents.

Overall, there was a good attitude to risk management in the centre. The risk management policy in place had been updated since the last inspection and now met the legislative requirements. The person in charge completed risk assessments on a monthly basis and health and safety checks on a monthly basis. There were no serious accidents and incidents to date in the centre. There was a localised health and safety statement in place in both houses and an emergency plan which was detailed and included the procedures to be followed in the event an emergency.

The 7 seater vehicle used to transport residents was seen to be roadworthy and suitably equipped.

Infection control policies were in place and practices were good.

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:

Safe Services

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Residents were safe and secure in their home. They had access to an enclosed rear garden. All the exit/entry doors could be secured by locking and the house was alarmed.

Staff spoken with had a good theoretical knowledge of abuse and knew the procedure to follow if they witnessed any alleged abuse. There had been no incidents reported to the Authority to date. Communication between residents and staff was respectful. The one resident who at times displayed behaviours that may be challenging had a detailed, up-to-date wellbeing assessment and behavioural support plan in place. There was one resident who required forms of restrictive practice to ensure their safety, risk assessments were in place to reflect their use and the inspector saw restraints were used for as minimum a time as possible.

Each resident had a detailed personalised intimate care plan in place.

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):

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the designated centre was maintained. Quarterly reports and three day notifiable incidents had been submitted to the chief inspector in a timely manner.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Residents opportunities for new experiences, social participation, education and training were facilitated and supported by staff. All residents attended day care facilities Monday to Friday in the surrounding area. Staff arranged transport for residents to and from their day service.

Staff educated residents about different aspects of their life. For example, with the aid of photographs they provided them with prompting about people and items important to them. Staff also supported residents to maintain and develop their level of independence

by assisting them to develop new skills such as withdrawal of money by teaching them how to withdraw money using a cash point machine.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The health care needs of the four residents were being met.

There was evidence that on the whole residents were being facilitated to access allied health care professionals to ensure all their health care needs were being met. For example, one resident had recently had a full medical review, been reviewed by a speech and language therapist and by an occupational therapist.

Residents had access to a variety of nutritional food which they assisted staff to purchase. Some residents assisted with the preparation, cooking and serving of meals with the assistance of staff. One resident required their meals to be prepared to a different consistency to others and staff prepared this meal as per guidelines outlined by the speech and language therapist. Staff were available to assist one resident who required assistance at meal times.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There was an new operational policy available which included the ordering, prescribing, storing, administration and prescribing of medicines. The practices in relation to prescribing, administering, ordering and disposal of medication were in line with the policy. 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. However, the inspector noted that although medications were safely stored in a double locked cupboard, this cupboard was positioned in the kitchen/dining room area which was too warm for the safe storage of medications.

An audit of each resident's medications count was completed on a weekly basis by staff; any discrepancies were identified and reported to the service manager by completion of an error form. This was reviewed and recommendations made were fed back to the person in charge who was given a set period of time to implement the recommendations made. The inspector noted there were few medication errors occurring in the centre.

Safe Administration Medication (SAM) guidelines were available. All social care and health care staff had up-to-date SAM training in place.

The inspector saw that each of the residents had their prescribed medications reviewed by the Medical Officer within the past week.

Judgment:

Substantially Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose had been revised within the past year, a copy was submitted to the Authority and reviewed prior to this inspection. It included details of the services and facilities provided. It also contained most of the information as required in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013. However, some fine tuning was required under page 5, 9 and 14 and room measurements needed to be added.

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

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There was a clearly defined management structure that identified the lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced clinical nurse manager with authority, accountability and responsibility for the provision of the service. She was the named person in charge, employed full time to manage the centre. She was a registered disability nurse with a degree in nursing and and a degree in management. The inspector observed that the person in charge was involved in the governance, operational management and administration of both houses on a consistent basis. She was allocated approximately 6 management days per monthly staff roster, however, this was not adequate for her to maintain the ongoing management of the two houses given the volume of work and distance between both centres.

During the inspection the person in charge demonstrated sufficient knowledge of the legislation and of her statutory responsibilities. She was supported in her role by a team which included a staff nurse, 5 social care workers and 2 health care assistants. One of whom had been nominated to manage the centre in her absence.

The person in charge reported directly to a Service Manager who reported to a Regional Director (also nominated person on behalf of the provider). The person in charge met with the service manager approximately once every 4 weeks and the service manager met with the nominated person on behalf of the provider every 4-6 weeks, minutes of management meetings were available for review.

The service manager had conducted two unannounced and conducted a review of the

health and safety and quality of care and support provided to residents'. Here areas and issues were identified for improvement. The inspector noted that all issues had been addressed by the person in charge. An annual review of the service had been completed in September 2015, this included residents and their representatives views of the service, it identified areas of good practices and areas which required improvement including the environment and was just available for review in a draft format.

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):

Findings:

The Chief Inspector had not been notified of the proposed absence of the person in charge of the centre to date and the inspector was satisfied that arrangements were in place for the management of the centre during his absence.

A social care worker with the required experience and qualifications had been nominated to manage the centre in the absence of the person in charge. She was interviewed during this inspection and confirmed she had the required experience and qualifications to take charge of the centre in the absence of the person in charge.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

The centre was sufficiently resourced to ensure the effective delivery of care and support to residents' in accordance with the Statement of Purpose. However, as mentioned under outcome 6 it was not sufficiently resourced to maintain the up keep of the leased property. The person in charge managed resources effectively to ensure the needs of residents were met. For example, the person in charge ensured that there was enough staff allocated to the each of the two houses to ensure the care needs of residents were met at all times.

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:**

Staff numbers and skill mix on duty were adequate to meet the needs of residents'. There were no vacant posts however, agency and relief staff were currently supporting staff in the centre as one staff was having 1:1 care while in hospital. There was a clinical nurse manager, 5 social care workers, 2 carers and 1 staff nurse employed to care for residents in both houses. However, the resident who lived alone went home every second week.

There were no volunteers employed to work in the centre. The planned staff roster was reviewed and reflected staff numbers and skill mix outlined in the statement of purpose.

Staff knew the residents well, they encouraged and assisted them to maintain their independence and take part in meaningful activities particularly at weekends when they did not attend day care facilities.

Staff confirmed and records reviewed reflected that staff had access to education and training to meet the needs of residents. Staff had up-to-date mandatory training in place. They had received training in how to manage behaviours that challenge and all staff members had completed at least one formal supervisory meeting with the person in charge since the last inspection. The inspector saw evidence that the person in charge

had monthly minuted staff meetings where residents and a wide variety of issues were discussed.

Staff files reviewed were compliant with schedule 2.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Residents and Adults) with Disabilities) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

An insurance certificate was submitted as part of the registration pack and it showed that the centre was adequately insured against accidents or injury to residents, staff and visitors. There was a directory of residents available which included all the required information and reflected the nights residents did not reside in the centre.

The centre had some of the written operational policies as outlined in schedule five available for review. Those available and therefore not implemented to date included the following:

provision of information to residents'
access to education, training and development

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002397
Date of Inspection:	01 October 2015
Date of response:	27 October 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:

Display a pictorial complaints policy accessible and understood by non verbal residents.

1. Action Required:

Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in 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 will display an accessible copy of the complaints policy in a prominent position in the designated Centre.

Proposed Timescale: 04/11/2015

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Information displayed for residents was not always displayed in a format that could be interpreted by residents.

2. Action Required:

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

The PIC will ensure that all poster \ leaflet information for residents, is prominently displayed in an accessible form.

Proposed Timescale: 04/11/2015

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Records of invoices and receipts do not reflect when or the amount of exact fees paid for each resident.

3. Action Required:

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

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

The Provider Nominee will meet with the Housing Association Manager, to review residents rent statements to ensure they reflect the weekly amount of rent charged to each resident. The minutes of this meeting will be available for inspection in the designated centre.

Proposed Timescale: 27/11/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Areas of one house are poorly maintained and in need of repair.

4. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

PART 1.

A draft of the scope of maintenance \ repair works required internally and externally will be compiled by the Technical Services Department on Wed October 28th.

PART 2

The areas which require work will be identified, and the works will be completed by November 30th.

Proposed Timescale:

Part 1. will be completed by October 28th 2015.

Part 2. will be completed by November 30th 2015.

Proposed Timescale: 30/11/2015

Theme: Effective Services

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

One of the houses was not clean and required redecoration.

5. Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

Contract cleaners will be engaged to deep clean the house following completion of the works outlined in action 4.

Proposed Timescale: 30/11/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Fire evacuation procedures were not prominently displayed throughout either of the two houses.

6. Action Required:

Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

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

The PIC will meet with the fire safety officer, for the purpose of devising the fire-safety procedures for the centres in accessible form. These will then be displayed prominently in both centres.

Proposed Timescale: 30/11/2015

Theme: Effective Services

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

There is inadequate emergency lighting in both houses.

7. Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

The Technical Services Department will install emergency lighting for all fire exits in both centres.

Proposed Timescale: 30/11/2015

Outcome 12. Medication Management

Theme: Health and Development

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

Medicines are stored in a cupboard located in the kitchen.

8. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and

administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

The Technical Services Department will relocate the medication cupboard to the staff office.

Proposed Timescale: 30/11/2015

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 of purpose does not include all the information outlined in schedule 1.

9. Action Required:

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

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

The PIC has updated the Statement of Purpose, to reflect all the information outlined in schedule 1.

Proposed Timescale: 27/10/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

The following schedule 5 policies were not available for review in the centre:
provision of information to residents'
access to education, training and development

10. Action Required:

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

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

Part 1.) The Registered Provider is preparing a policy in relation to education, training

and development. This policy when finalised, will be available for inspection in the Centre.

Part 2.) The Registered Provider is in the process of drawing up a policy in relation to the provision of information to Residents. The next step in the process, is for a representative group of residents to meet with the executive management team, to consult on the outline and format of the policy. This consultation will take place by November 30th 2015. The policy when finalised will be available for inspection in the designated Centre.

Proposed Timescale: 31/12/2015