<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Michael's House</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002396</td>
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<td>Centre county:</td>
<td>Dublin 14</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>St Michael's House</td>
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<tr>
<td>Provider Nominee:</td>
<td>Declan Ryan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sheila McKevitt</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>6</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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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.
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 1 day(s).

**The inspection took place over the following dates and times**
From: 27 October 2015 10:00  
To: 27 October 2015 18:30

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

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<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<td>Outcome 02: Communication</td>
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<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 10. General Welfare and Development</td>
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<td>Outcome 11. Healthcare Needs</td>
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<td>Outcome 12. Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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**Summary of findings from this inspection**
This was the first inspection of the centre by the Authority. It was an announced inspection and formed part of the assessment of the application for registration by the provider. The inspection took place over one day and as part of the inspection, practices were observed and relevant documentation reviewed such as residents records, policies and procedures and staff files.

The person in charge was interviewed and assessed throughout the inspection process and she was found to have a good 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 been interviewed and
deemed fit to be provider nominee in the past.

The centre cared for residents with physical and/or intellectual disabilities with social care needs. On inspection the six residents were met and their views of the service sought. In addition, 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 reflected a high level of satisfaction with services and facilities provided.

Evidence of good practice was found across all outcomes. 16 out of 18 outcomes inspected were deemed to be in full or substantial 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). One document in relation to planning compliance remained outstanding, this merited a major non-compliance under outcome 14.

The action plans at the end of this report identifies the 5 outcomes under which improvements are required to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities.
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. However, bedroom doors did not have privacy locks.

Residents told the inspector they had a house meeting every Monday at which they planned for the week ahead, each selecting an evening meal of their choice. They also discussed and planned evening activities, appointments and personal plans for the week. Visits to and from family homes and pre-arranged visitors/friends calling to the centre were also discussed at these meetings.

Residents confirmed that their privacy and dignity was respected by staff, however some stated that other residents sometimes forgot to knock prior to entering their bedroom. The inspector observed that bedroom doors did not have privacy locks in place. All windows had blinds and curtains in place.

The rights of residents were respected. Residents told the inspector they had choice and retained autonomy over their own life. The inspector met all six residents, four of whom spoke to the inspector at length and confirmed that they were free to make choices about their daily routine and when support was required it was facilitated by staff. For example, one resident said she was able to walk to Mass in the local church when she wanted. The inspector saw information about the National Advocacy Committee on display in the dining room and notes of resident meetings reviewed this service had been discussed with residents. Those residents who wanted to had been registered to vote, however just one resident exercised this right during the last election.
There was a policy and procedure for the management of residents monies by staff and a procedure on personal possessions. Safe and secure storage was available. The inspector reviewed a sample of resident finances with the person in charge and saw there were clear, concise records and receipts to reflect the individuals outgoing and incoming cash. The process reflected the policy. One resident told the inspector he managed his own finances with some support from staff.

There was a complaints policy in place which was accessible in a pictorial format for residents, a copy was displayed in the dining room and a copy was included in the residents guide. There had been one complaint which the person in charge (the named complaints person) had dealt with promptly. Records reviewed reflected the investigation, outcome and level of satisfaction of the complainant.

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.

All six residents’ could communicate verbally. Staff were observed communicating with residents in a kind, patient and sensitive manner. They appeared to know the mannerisms and means of communication of each resident well and had no difficulty in interpreting their needs. Residents had been assisted by staff to develop their individualised pictorial passports which they kept in their bedroom. This reflected what was important to the resident and included details of their personal goals for 2015. Staff had sought the required input from multi-disciplinary team members to obtain additional communication aids for those residents with communication needs. For example, one resident who had hearing difficulties had a hearing aid in place which increased the residents ability to hear, another resident who wore glasses had regular ophthalmic check-ups completed.

Residents' had access to personal and communal televisions in the house, music systems and radios. All information relevant to residents such as the weekly menu and staff on duty were displayed on the fridge. Residents had access to the portable house telephones and some had personal mobiles. Although some residents were capable of using computer/laptops and portable devices wireless internet access was not available.
in the house however one resident had his own portable access.

**Judgment:**
Substantially Compliant

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### Outcome 03: Family and personal relationships and links with the community
*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**
Individualised Supports and Care

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

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

There was a visitors policy which indicated there was no restrictions on visitors. Residents had access to a quiet room where they could receive visitors in private. One resident told the inspector that they had visitors of their choice visit them in their home; these included both family and friends. 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 residents' family.

Residents used facilities in the local community. One resident told the inspector how she regularly visited the local coffee shop independently and another returned from the local cinema during the inspection. Residents confirmed that they enjoyed the location of the house as it enabled them to maintain and in some cases broaden their level of independence.

**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:**
Contracts of care were available for each resident and there was an admissions policy.

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

The contracts reviewed were signed by the respective resident and the person in charge. The contracts included details about the supports, care and welfare the resident would be expected to receive and details of the services to be provided. The fees to be charged were included as were additional costs that may be charged such as charges for personal mobile telephone.

**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:**
The inspector found that each residents wellbeing and welfare was maintained.
Residents had comprehensive assessments and wellbeing assessments completed. Care plans were in place reflecting their healthcare needs and each resident had a personal outcome based plan in place.

The inspector reviewed a sample of residents individual personal files and found that the resident, their family and key worker were involved in the completion of this assessment. It reflected the resident's 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.

Residents with health care needs had a corresponding care plan reflecting how staff could meet these needs for residents. These were detailed and specific to the resident. For example, one resident with diabetes had a care plan outlining how staff assisted the resident to manage the condition.

Each resident had a corresponding outcome based personal plan which outlined up to three personal outcome based goals set for 2015. These were detailed and reflected actions taken to date to assist the resident to meet their goals. Some residents confirmed they had already achieved their goals one explaining how he had gone to New York this year fulfilling a lifelong ambition. Personal plans were available in a format accessible to residents as mentioned in outcome 2.

**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):**
This was the centre's first inspection by the Authority.

**Findings:**
The centre is located in a residential suburb of Co Dublin. The location, design and layout of the centre was suitable for its stated purpose and met the residents individual and collective needs in a comfortable and homely way.

The centre, a detached single storey building was currently home for six residents. The inspector saw that the premises had adequate heating, lighting and ventilation. It was clean, tidy and suitably decorated to meet the needs of residents.
Each of the residents had their own bedroom, some choose to show the inspector their bedroom, each had decorated their room to meet their personal taste, all contained sufficient furnishings, fixtures and fittings to meet the individuals needs including storage space. There were two bathrooms one contained a bath, the other a shower at floor level, both contained a toilet and wash hand basin. The person in charge informed the inspector that none of the residents used the bath therefore their was a high demand for the bathroom with the shower each morning. She had requested that the bath to be removed and be replaced with a shower this would ensure the premises would meet the needs of the six residents.

The communal areas included a well equipped kitchen come dining room which was large enough to accommodate the six residents and two staff. The laundry room although small was accessible to all residents. Cleaning equipment was stored appropriately outside. There was a living room that opened out into the garden which was also accessible to residents from the dining room and via the back door.

The landscaped garden was secured by closing both side gate entrances leading from it. It extended around the back and both sides of the house. It contained a number of paved seating areas where residents could enjoy dining outside. Car parking spaces were available in the front driveway.

Assistive equipment required by some residents were available to meet their needs.

Judgment:
Substantially Compliant

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

Theme:
Effective Services

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

Findings:
The health and safety of residents, visitors and staff was promoted and protected.

The risk management policy in place met the legislative requirements as it included measures in place to identify and manage risk and outlined procedures to follow in the event that specific risks did occur.

The person in charge completed risk assessments and there was a risk register which was a live document. The risk associated with having just one shower for six residents was entered in the register and as mentioned under outcome 6 was being addressed by the person in charge. The emergency plan was detailed and included the procedures to
be followed in the event of an emergency.

Records were available to confirm that fire equipment including fire extinguishers, the fire blanket, emergency lighting and the fire alarm had all been tested by professionals within the required time frame. The inspector saw a new fire door had been installed in the corridor it just had to be painted and connected to the fire alarm system. All staff rostered to work 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 records reviewed showed that fire drills were practiced on a regular basis during the day and night by both staff and residents.

Judgment:
Compliant

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
Measures were in place to protect and safeguard residents which included a policy on, and procedure in place for the prevention, detection and response to abuse.

Residents spoken with stated they felt safe and secure in their home. They had an enclosed rear garden, all the exit/entry doors were secured by locking, the house was alarmed and there were four external closed circuit television cameras.

Residents who required staff support with their personal needs had intimate care plans on file. There was no use of restraint in the house and no one who displayed behaviours that challenged. Each of the six residents had an intimate care plan in place, these were detailed and personalised.

There was a policy and procedure for the management of residents monies and a procedure on personal possessions and it was adhered to. As mentioned under outcome 1, residents who were not capable of managing their finances independently were facilitated to do so by staff. There was a robust system in place and residents could
access their money when they wished. The records reflected monies held and receipts were available to reflect all monies spent, each resident had an individual bank account in their name. The staff and management team carried out regular audits on the management of resident accounts.

**Judgment:**
Compliant

### Outcome 09: Notification of Incidents

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

**Theme:**
Safe Services

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

**Findings:**
A record of all incidents occurring in the designated centre was maintained by the management team. However, these were not available for review this is actioned under outcome 18. The person in charge confirmed that no incidents notifiable within three working days had occurred in the centre to date. Quarterly reports had been submitted to the chief inspector in a timely manner.

**Judgment:**
Compliant

### Outcome 10. General Welfare and Development

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

**Theme:**
Health and Development

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

**Findings:**
Resident’s opportunities for new experiences, social participation, education and training were facilitated and supported by staff. Five of the six residents were attending day care facilities. The inspector was informed that one resident had retired and although a
member of the organisations retirement group he had not attended recent meetings as he was currently recovering from an acute illness.

Three of the six residents were in paid employment 1-3 days per week. One working in a local hairdressers another in a local shop. Residents who wished were facilitated by staff to attend evening classes of there choice, some attended independently using public transport which was accessible close to the house.

**Judgment:**
Compliant

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**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:**
There was evidence that the health care needs of residents were being met. All residents had assessments completed and these were updated within the past year. The resident and multi-disciplinary team members had been involved in these assessments.

The inspector reviewed two resident files and saw evidence that they were facilitated to access their general practitioner (GP), seek appropriate treatment and therapies from health care professionals when required. There was evidence that the allied health services were availed of promptly to meet residents needs. Completed referral forms were available for review in files and written evidence of relevant reviews were also available. Residents had a full medical review each year and had their medications reviewed on a regular basis.

The inspector was informed by residents that they had access to adequate quantities and a good variety of nutritious food to meet their dietary needs and preferences. Their preferred foods were recorded in their individual assessment and residents confirmed they were involved in shopping, preparation, cooking and serving of food for themselves and their house mates. One resident was observed preparing the evening meal for all residents’ with minimum assistance from staff.

**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):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that practices regarding drug administration and prescribing were in line with best practice. There was an operational policy available which included the ordering, prescribing, storing, administration and prescribing of medicines. Practices were in line with policy. There was a policy on self administration of medicines, however, none of the residents self administered their medications.

The inspector saw records which showed that all medications brought into and out of the centre were checked. An audit of each resident's medications was completed on a weekly basis by staff; any discrepancies were identified and reported to the nurse manager on call by completion of an error form. There had been a number of medication errors recently, these were reviewed and recommendations made were fed back to the person in charge who implemented the recommendations made. All social care workers had up-to-date Safe Administration of Medication training in place.

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

**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:**
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 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.

A copy of the statement of purpose was available to residents in the house and the person in charge confirmed a copy had been issued to each residents representative.

**Judgment:**
Compliant

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

### Theme:
Leadership, Governance and Management

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

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

During the inspection, the person in charge demonstrated sufficient knowledge of the legislation and of her statutory responsibilities. She was supported in her role by a team of social care workers, two 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 every six weeks and the service manager met with the nominated person on behalf of the provider. Minutes of these meetings were available for review and reflected topics discussed. It was evident that issues of concern brought up by the person in charge were addressed and she was being supported to ensure residents needs were me
The service manager conducted an unannounced inspection every six months, records of which were available for review. Issues identified for improvement were identified and the inspector noted that all issues had been addressed by the person in charge. An annual review of the service had been completed in August 2015, this included the residents and their representatives views of the service, it identified areas of good practices and areas which required improvement. An action plan reflected areas and proposed timescales for improvements to be progressed and completed, such as the refurbishment of the bathroom.

The person in charge was currently allocated four management days per monthly roster however, these were not protected and were often taken-up to attend meetings outside of the centre. Although there was no evidence of poor outcomes the lack of protected management time for the person in charge to discharge her role had the potential to impact negatively on service provision.

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

**Judgment:**
Non Compliant - Major

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The person in charge had not been absent from the centre for a period of > 28 days to date. The inspector was satisfied that arrangements were in place for the management of the centre during her absence.

As mentioned under outcome 14, two social care workers with the required experience and qualifications had been nominated to manage the centre in the absence of the person in charge. Both were met on inspection and deemed fit to take over in the absence of the person in charge.
Judgment:
Compliant

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

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

Findings:
The centre was sufficiently resourced to ensure the effective delivery of care and support to residents in accordance with the Statement of Purpose.

The person in charge managed the resources she had allocated to her and where necessary sought additional resources to ensure residents needs were met. For example, she had recently brought agency staff nurses in at night time to meet the needs of one resident during an acute illness.

Residents had access to public transport accessible close to the house.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:
The numbers and skill mix of staff were adequate to meet the health care needs of the five residents. Staffing levels included the person in charge, and seven social care
workers.

The inspector reviewed staff training records and saw evidence that all staff had up-to-date mandatory training in place and those spoken with had a good knowledge of procedures to follow in the event of a fire and had a good knowledge of how to protect vulnerable residents. In addition, all staff had been booked a place on positive behavioural support training which enabled them to meet the care needs of residents displaying such behaviours. Food safety training was planned for all staff for a date in November 2015. The person in charge was conducting supervisory meetings with staff every six weeks evidence of these were available for review. Staff spoken with felt supported in their role hence there was a low turnover of staff in the centre. There were no volunteers working in the centre and agency staff were used when required to ensure residents needs were met.

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

**Judgment:**
Compliant

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**Outcome 18: Records and documentation**

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

**Theme:**
Use of Information

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

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

An insurance certificate was submitted as part of the registration pack and it showed that the centre was adequately insured against accidents or injury to residents, staff and visitors.
There was a directory of residents which contained all the required information.

The centre had some of the written operational policies as outlined in schedule 5 available for review. However, they did not have a policy on access to education, training and development or on the provision of information to residents.

Records to reflect accidents and incidents which had occurred in the centre were not available for review. The person in charge informed the inspector that once entered into the organisational computerised system, unless a hard copy was printed a copy off the accident records could not be accessed.

**Judgment:**
Non Compliant - Moderate

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**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 McKevitt
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Michael's House</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002396</td>
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<tr>
<td>Date of Inspection:</td>
<td>27 October 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>17 November 2015</td>
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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:

Residents did not have access to a privacy lock on their bedroom door.

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional

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

Please state the actions you have taken or are planning to take:
The PIC has consulted with the residents and they have agreed that they would like privacy locks on their bedrooms.
The registered provider will provide privacy locks for all the bedrooms.

Proposed Timescale: 30/11/2015

Outcome 02: Communication
Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents did not have access to the internet in their home.

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

Please state the actions you have taken or are planning to take:
The registered provider will provide internet access for residents.

Proposed Timescale: 31/01/2016

Outcome 06: Safe and suitable premises
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The second bathroom is not meeting the needs of residents as detailed in the report.

3. Action Required:
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

Please state the actions you have taken or are planning to take:
St. Michael’s House will seek expert advice and costings on the alterations needed to the second bathroom to ensure it meets the needs of residents. The registered provider will consider the plan.

Proposed Timescale: 28/02/2016
Outcome 14: Governance and Management

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A completed planning compliance form had not been submitted to the Authority as required in order to progress the registration of the centre.

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

Please state the actions you have taken or are planning to take:
The provider nominee will submit the completed required planning compliance form.

**Proposed Timescale:** 27/11/2015

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The person in charge required protected management administration days to enable her to effectively manage the centre.

5. **Action Required:**
Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

Please state the actions you have taken or are planning to take:
The provider nominee will review the roster and allocate additional management hours. The revised roster will provide evidence of this.

**Proposed Timescale:** 27/11/2015
Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Two policies listed in schedule 5 were not available for review:
a policy on access to education, training and development and a policy on provision of information for residents.

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

Please state the actions you have taken or are planning to take:
The registered provider is currently developing the policy on access to education, training and development.

Completion Date: 31st December 2015

The registered provider is currently developing the policy on provision of information for residents.

Proposed Timescale: 31/03/2016

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A record of incidents which had occurred in the centre were not available for review.

7. Action Required:
Under Regulation 21 (4) you are required to: Retain records set out in paragraphs (6), (11), (12), (13), and (14) of Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 4 years from the date of their making.

Please state the actions you have taken or are planning to take:
The registered provider will ensure that a record of incidents which had occurred in the centre is provided for review in the centre. All future incident records will be printed and retained in the centre.

Proposed Timescale: 11/12/2015