Health Information and Quality Authority
Regulation Directorate

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

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

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002402
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:	Anna Doyle
Support inspector(s):	Deirdre Byrne
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

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

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

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

The inspection took place over the following dates and times

From:	To:
13 October 2015 11:00	13 October 2015 20:30
14 October 2015 08:30	14 October 2015 17:00

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

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

Summary of findings from this inspection

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

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

register were found to be satisfactory, although one piece of information remains outstanding.

Six resident's questionnaires were received by the Authority during the inspection. The opinions expressed through both the questionnaires and in conversations with inspectors on site found that residents were broadly satisfied with the services and facilities provided. Residents stated that they felt safe and liked living in the centre. Inspectors also viewed comments from families in a draft copy of the centre's annual review. Families commented that they were very happy with the services provided and felt assured that they could raise concerns with any staff members. Only five residents were present on both inspection days, one resident was at home.

The person in charge was present throughout the inspection. An interview was held during the inspection and inspectors found that the person in charge was knowledgeable of the Regulations. The service manager who acted on behalf of the provider nominee was present for some of the inspection and attended the feedback session. The fitness of this person had previously been assessed at a previous inspection for the service.

Overall evidence was found that residents' social and healthcare needs were broadly met. Residents led interesting lives and were involved in many activities in their community. The centre was homely and well maintained and broadly speaking met the needs of the residents. Inspectors found that some improvements were required in health and safety, medication management, safeguarding, safe and suitable premises and assessment and review of healthcare and social care needs.
The action plan at the end of this report identifies those areas where improvements were required in order to comply with the Regulations and the Authority's Standards.

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

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

Theme:
Individualised Supports and Care

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

Findings:
Inspectors found that residents' rights and dignity were maintained. There were opportunities for residents to contribute to how the centre was run, however some improvements were required in this area.

Residents were consulted on the day to day running of the centre. Weekly residents meetings were held where topics discussed included menu planning, activities and complaints. However inspectors viewed records of these meetings and found that some personal information regarding residents was discussed. In addition there was no evidence that actions agreed were followed up on and outcomes fed back to residents.

The centre had policies and procedures for the management of complaints. However the procedures were not publicly displayed or written in an accessible format. This was promptly addressed on the first day of the inspection by the person in charge.

Residents said they would know what to do if they had a concern and were able to say who they would speak to. Relatives who completed a questionnaire for the annual review of the centre stated that they would know who to complain to if they had a concern. This is discussed under Outcome 6.

Residents had access to an independent advocacy service and the contact details were publicly displayed. This was seen to be utilised in practice. There were letters on residents' files of recent meetings held with an independent advocate who had visited the centre to discuss concerns residents had about finances.

A complaints log was read by inspectors, and while no complaints had been logged, inspectors had viewed concerns raised on one residents file that had not been followed through as per the Regulations.

There was adequate storage for residents' personal possessions and each resident had a key to their own bedroom. A separate utility room was available to wash clothes. Residents had their own laundry day and were supported by staff to launder their own clothes.

Inspectors observed staff treating residents in a respectful and dignified manner. The centre was managed in a way that maximised resident's capacity to exercise independence and choice in their daily lives. Individual residents were seen to engage in their own specific interests outside of the centre.

All residents had their own bank accounts and were supported by staff to manage their monies. Residents required support from staff to make cash transactions and procedures were in place to safeguard residents' monies. The key worker for each resident completed an audit of residents' finances every month. Inspectors reviewed a number of these records and were satisfied with the procedures in place. Inspectors also spoke to residents who were familiar with how their monies were managed.

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):
No actions were required from the previous inspection.

Findings:
This outcome was not reviewed at the last monitoring inspection. The centre had a policy on communication in place that guided practice however inspectors found that some practices were not always implemented.

Staff spoken to were knowledgeable about the communication needs of residents and had completed training in alternative communication methods. However individual communication requirements for residents were not detailed in their personal plans. For example some residents had hearing difficulties and used sign language, however details of this were not maintained in the personal plan in order to guide staff practice.

There was evidence throughout the centre of information being displayed in an

accessible format that promoted residents independence. For example some of the kitchen presses were labelled with pictures so that residents could easily access them. Menu plans and residents guide were presented in a picture format.

There was evidence of access to a speech and language therapist (SALT), however there was no follow up for one resident who had been referred for a SALT assessment in July 2015.

Residents had some access to assistive technologies to promote their full capabilities. For example one resident was working on developing a communication passport on their electronic tablet, however they were awaiting further input from a SALT to complete this.
Residents had access to T.V., laptops, electronic tablets and one resident was attending a course in social networking that he told inspectors about.

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:
This outcome was not inspected against during the last monitoring inspection. Overall inspectors found that residents were supported to develop and maintain personal relationships and links with the wider community. Families were encouraged to be actively involved in the lives of residents.

Residents told inspectors about trips home, and records of family contact sheets on file confirmed this. Families were invited to attend residents annual review meetings and staff kept families informed of any changes to residents needs.

There were no restrictions on visitors to the centre except when requested by residents. The visitor's policy was displayed in the front hall of the centre. Residents had access to two private areas where they could meet friends and family.

Residents were supported to maintain links with their wider community, some residents attended courses e.g. healthy eating, computers and ballroom dancing. Two residents had jobs in their local community. All residents were supported to access community facilities on a daily basis including shopping, coffee shops, restaurants and day services.

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

Findings:
There were policies and procedures in place for the admission, transfer and discharge to the centre. Since the last inspection residents had an agreed written contract that outlined services and fees to be charged, however some improvements were required.

Agreed written contracts set out the services and fees to be charged, however additional fees were not included. For example inspectors found that an additional monthly fee, paid by residents to a central fund in the centre was not listed in the written contract. In addition while contracts were signed by residents; one resident's contract did not have evidence of their family/representative's involvement where it was required.

The admission policy was reflected in the statement of purpose. At the time of inspection there were no new admissions to the centre. However inspectors were satisfied that the provider is aware of the regulations to ensure that any admissions/discharges are carried out in a planned manner.

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

Findings:
Inspectors found that residents had opportunities to participate in meaningful activities that were appropriate to their individual choices. However two actions from the last inspection had not been fully implemented:

Four personal plans were reviewed at this inspection. Residents had an assessment of need completed by their key worker, which was reviewed annually. However the assessment did not include all areas of need and some plans were not updated to reflect the changing needs of residents. For example a number of healthcare needs were not recorded in residents' assessments. In addition personal plans did not always reflect how care was to be delivered. This is discussed under Outcome 11.

Residents were observed to have very active lives both in the centre and in the wider community. As discussed under Outcome 1, inspectors saw evidence of a wide number of activities including: ballroom dancing lessons, social networking training classes and two residents were employed in their local community.

Each resident had an individual plan that addressed the social care needs of residents. There was evidence that residents had been involved in their personal plans and goals for the year were displayed in a framed picture in each resident's bedroom. Inspectors spoke to residents who told them about goals they had achieved already this year, including: attending a rugby match, going to England and starting in a gym. However there was no evidence that these plans were comprehensively reviewed to show how goals were positively impacting on residents lives. Plans were not specific: they did not identify the person responsible for the objectives within an agreed time scale and how the residents contributed towards achieving the goals.

Residents and family were involved in reviews of personal plans. An annual review meeting called a 'wellbeing meeting' was attended by: residents, family members/representatives, staff and allied health care professionals as appropriate to the residents' needs and wishes.

Judgment:
Substantially 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:
This outcome was not inspected as part of the last monitoring inspection. The location, design and layout of the centre was suitable for its stated purpose and met residents needs in a comfortable and homely way. However the size of one resident's bedroom and one communal room for residents required some improvements.

The centre comprised of a two storey home located in a residential area with access to public transport. There was an adequate amount of bathrooms and toilets to meet the residents' needs. The front door of the property led to a large hallway that was decorated with resident's artwork/photographs. There was a large sitting room that was warm and homely where residents could meet friends and family in private. A utility room at the end of the property had adequate laundering facilities.
There was a large kitchen/ dining area that had suitable catering facilities and equipment. The dining area had a large dining table and chairs with double doors leading to a large landscaped garden, that residents had helped design. One resident took pride in bringing inspectors around to show them the garden. There was a large garden shed for storage and the entrance to the garden was secured.

The sleeping accommodation comprised of four bedrooms downstairs and a staff bedroom with en-suite facilities. Upstairs there two bedrooms with an additional communal/sitting room for residents. Although the centre had adequate communal space for residents downstairs, inspectors noted that this additional communal space was also being used as a staff room, and contained a large computer desk and storage boxes. Inspectors found that this room was not fully accessible to all residents due to some mobility issues, and was not being utilised for its intended purpose.

All six bedrooms were single occupancy. Inspectors were invited by three residents to see their rooms. Residents' bedrooms were well decorated, and personalised with family photographs, posters and various other belongings. However, one upstairs bedroom did not meet the residents' needs in terms of sufficient space. For example there was no room for this resident to have a bedside locker. The bedroom contained built in wardrobes and when the wardrobe doors were open there was no space to move around. In addition as discussed in Outcome 1, records read by inspectors stated that the room size was a concern for the resident and their family. This was discussed with the service manager and the person on charge on the day of the inspection. They assured inspectors that this would be addressed.

The centre was clean and inspectors were informed that both residents and staff participate in cleaning the centre. Residents had access to appropriate equipment that promoted their independence. Maintenance of equipment records were up to date and

the centre was maintained to a good standard of repair.

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

Findings:
Overall it was found that the health and safety of residents, visitors and staff was promoted. However improvements were required in the area of risk management and fire precautions for the centre.

There was a risk management policy in place, however it did not fully reflect the requirements of the Regulations. For example, the risks specified in the Regulations on missing persons and self harm were located in other folders and the policy did not reference their location. This action is still a work in progress by the provider.

There were systems in place to assess risk. Inspectors viewed risk assessments for a range of identified risks, however the risk register in place only contained two areas of risk that were related to the care of residents. It did not include environmental risks e.g. slips/trips and falls. This was discussed with the service manager at the feedback session.
There was no evidence of health and safety meetings being held in the centre. The service manager advised inspectors that the provider was currently completing a review of the role and function of the health and safety committee within the service and that once complete, health and safety meetings would commence.

Inspectors found that accidents, incidents and near misses were recorded electronically. These reports were reviewed by the person in charge and the service manager who in turn forwarded them to relevant personnel. For example, incidents involving behaviours that challenge were forwarded to the psychology department. While the service manager advised inspectors that all incidents were reviewed and actions to be taken were communicated back to the person in charge and the staff team, there was no documented evidence of this.

There were policies and procedures on infection control. Risk assessments were completed on needle stick injuries. Hand hygiene procedures were visually displayed and hand washing/sanitising facilities were available. Clinical waste was disposed of

appropriately.

All staff had completed training in moving and handling of residents however, some residents did not have manual handling risk assessments in their personal plan - see Outcome 11

There was an emergency plan that guided staff and outlined alternative accommodation to be used for residents in the event of an emergency. An emergency pack was on site that included emergency supplies for residents.

Inspectors reviewed all the records for managing the risk of fire. Fire procedures were displayed throughout the centre. One member of staff was appointed as fire officer and they oversaw all fire procedures in the centre. Emergency exits were unobstructed and all internal doors were fire doors. The provider was in the process of installing a new fire door to compartmentalise between the kitchen and the hall.
Regular checks were completed on fire equipment and fire drills were carried out regularly. Each resident had a personal evacuation plan on file however some plans were not updated to reflect the changing needs of residents. As the provider had outlined in the plan of action from the last inspection - two residents, who had hearing difficulties had flashing light mechanisms installed in their bedrooms to alert them in the event of a fire.

Records read by inspectors confirmed all staff had completed fire training. Staff spoken to were knowledgeable on fire evacuation procedures. A number of regular agency staff were employed in the centre and the inspector requested confirmation from the service manager that these staff were trained in fire safety. It was clarified by the service manager after the inspection that while agency staff do complete induction on fire procedures in the centre, they had no formal fire safety training.

There was no service transport used in the centre. Some staff used their own cars to facilitate residents on outings and appointments. There was no evidence on site of staff insurance details or the roadworthiness of staff cars. Inspectors requested that confirmation of these details be submitted to the Authority.

Judgment:
Non Compliant - Moderate

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):
No actions were required from the previous inspection.

Findings:
There were policies and procedures in place to protect residents from abuse and keep them safe. Arrangements were in place to promote a restraint free environment, however improvements were required on the timely review of restrictive practices. In addition improvements were required to guide staff supporting residents who have behaviours that challenge.

Staff were trained in safeguarding vulnerable adults, and were familiar with the procedures to follow if a concern was raised. There was an identified designated person to deal with issues raised. Inspectors observed interactions between staff and residents to be very respectful. Residents spoken to felt safe in the centre and told inspectors who they would talk to if they had any concerns. At the inspection, inspectors requested confirmation from the service manager that regular agency staff employed in the centre were trained in safeguarding vulnerable adults. It was clarified with the service manager after the inspection that agency staff had not completed this training. The service manager had met with the agency provider and provisions were being made to ensure that agency staff would complete this training. The Authority advised the service manager to ensure that measures were put in place to safeguard residents until this training had been completed.

Inspectors found that staff were knowledgeable in how to support residents with behaviours that challenge and all staff had completed training in this area. However two residents positive support plans reviewed did not guide practice. For example there was a lack of information on what types of behaviour residents had and how staff should manage and reduce the likelihood of these behaviours.

There was only one restrictive practice used in the centre. This was a keypad installed on both front doors used to restrict a resident from leaving the centre to protect their safety. This restrictive practice did not impact on other residents, as the person in charge informed inspectors that other residents knew the code for the keypad, and used it to go in and out of the centre independently. However there was no evidence of how this decision was made or whether it was the least restrictive practice available for the resident. In addition there was no timely review of this restrictive practice and it was not evident from the service policy how often restrictive practices should be reviewed.

Judgment:
Non Compliant - Moderate

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
This outcome had not been inspected at the previous inspection. Overall inspectors found that the person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To the knowledge of the inspectors, all required notifications had been submitted to the Authority.

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:
This outcome was not inspected against during the previous inspection. Inspectors found that residents had opportunities for new experiences and social participation.

Residents were supported around training and employment. Two residents were in supported employment in their community. Inspectors found examples of positive educational outcomes for residents including; healthy eating courses, computer course, ballroom dancing lessons and memory clinics.

Residents were encouraged to maintain independent living skills. For example all residents had their own laundry day where they were supported by staff to launder their own clothes, each resident participated in preparing and cooking evening meals and some residents stayed alone in the centre for short periods. Opportunities to further develop residents' independent skills is discussed under Outcome 12.

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):
No actions were required from the previous inspection.

Findings:
Inspectors found that residents were supported to achieve good health outcomes however some aspects of the management of health care needs required improvements.

Inspectors reviewed four residents' files and spoke to staff who were very knowledgeable about residents' healthcare needs. However the assessment of need completed for all residents, did not identify all healthcare needs for residents. For example one resident who had issues with sleeping, did not have this highlighted in their assessment. Another resident who had recently being prescribed pain relief for back pain, did not have this identified in their assessment. In addition there was no pain assessment completed for this resident to guide staff practice.

Care plans did not give a comprehensive guide to staff for all healthcare needs. For example some residents who required supports around epilepsy, coeliac disease, adrenal insufficiency, dementia and mental health did not have comprehensive support plans to guide staff in practice. In addition, it was not evident from records when staff should seek clinical support for some residents whose healthcare needs would require further input from allied health professionals or access to emergency services.

The assessment of need was reviewed annually and there was evidence that staff carried out a monthly review of residents. However this review was not holistic, in that it did not reflect the healthcare needs of residents.

Residents had access to a GP of their choice and there was good evidence of access to allied health professionals, for example occupational therapy, psychology and psychiatry. However this was not always accessed in a timely manner. In addition inspectors noted that recommendations from an occupational therapist (OT) for one resident had not been implemented.

Residents were encouraged to make healthy living choices and one resident talked about new healthy living goals they had for losing weight. There was evidence of health information on 'healthy bones' that was accessible to residents.

Residents were responsible for choosing the weekly menu in the centre. The individual dietary needs of residents were considered when choosing the menus. Mealtime was observed by inspectors to be very sociable. There was a varied and wholesome diet available and residents were observed participating in cooking dinner.

Judgment:
Non Compliant - Moderate

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:
Medication Management policies were in place to protect residents however inspectors were not satisfied that it was fully implemented in practice.

Inspectors observed that all medications were safely stored and there was a separate lockable fridge for prescribed medications that required refrigeration. All staff had completed training in medication administration. However there were no localised procedures developed for ordering, storage and disposal of medications. In addition the person in charge informed inspectors that staff dispense medications' into medication bottles for one resident, who goes home. This practice is not reflected in the service policy and is not in line with best practice.

Inspectors reviewed a number of medication administration sheets and in general good practices were observed in line with best practice. Medications were regularly reviewed by the residents GP or psychiatrist. PRN medication outlined the indications for use and the maximum dosage that can be administered in a 24 hour period. However one PRN medication prescribed for a resident who had a complex medical condition required more detail to guide staff practice. This was discussed with the service manager and person in charge at feedback.

An audit of all medications stored in the centre was to be completed twice a week. Inspectors observed gaps in the auditing records. For example some weeks it was only completed once a week by staff.

Medication errors were recorded but it was not evident how they were reviewed and how the learning from them informed practice. This is discussed under Outcome 7.

There were no residents at the centre who self administered medications. However inspectors saw evidence on one residents plan where the resident self administered medication while at home. This option had not been explored in the centre for this resident to promote independent living skills.

Judgment:
Non Compliant - Moderate

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

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
This outcome was not inspected at the previous inspection. Overall inspectors found that a written statement of purpose was available that broadly reflected the services provided in the centre. On review it was found that the document contained all of the information required in Schedule 1 of the Regulations. A copy was made available for residents.

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

Findings:
Overall inspectors found satisfactory governance and management systems in place, however some improvements were required.

The person in charge was fulltime, suitably qualified and had the necessary skills to

manage the centre. They adequately demonstrated knowledge of the Regulations.

Inspectors found that the person in charge provided good leadership skills and staff spoken to felt supported in their role. However the person in charge currently rotates on to night duty and therefore may not be available to staff. Inspectors requested that this arrangement be reviewed to ensure that the person in charge has adequate time to fulfil their role.

There were management structures in place, the person in charge reported to the service manager and they reported to the provider. All of the permanent staff employed in the centre were social care workers or care staff. There was access to a nurse manager on call on a 24hr basis for clinical support. However the centre had a designated shift leader everyday and it was unclear what this person's roles and responsibilities were.

Regular meetings were held between the person in charge and the service manager. Monthly team meetings were held and the person in charge had supervision with staff every 4- 6 weeks.

Unannounced six monthly quality and care reviews were completed. A draft report of the centre's annual review was made available to inspectors. This included consultation with residents, family members and allied healthcare professionals. Some details in this review were sensitive and inspectors asked for this to be reviewed. The service manager informed inspectors that once the review was finalised, a copy would be circulated to residents and family.

Judgment:
Substantially 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):
No actions were required from the previous inspection.

Findings:
Inspectors were satisfied that the person in charge had not been absent from the designated centre for more than 28 days. There were satisfactory arrangements in place to cover any absences of the person in charge.
The provider was aware of the requirements to notify the Authority in the event of the person in charge being absent.

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:
This outcome was not inspected against during the previous inspection. Overall inspectors found that the centre was sufficiently resourced to ensure the effective delivery of care and support to residents.

Inspectors were satisfied that the centre responded to the needs of the residents. The provider had recently allocated night duty staff in response to the changing needs of one resident. The centre's draft annual review report also indicates that the service manager along with the person in charge reviews the skill mix of staff in line with the needs of residents.

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

Findings:
Inspectors were satisfied that an appropriate number of staff and skill mix was evident

in the centre to meet the assessed needs of the residents. However an area of improvement was required in staff training.

There was a planned and actual roster in the centre that confirmed there was adequate staff on duty. The person in charge allocated additional shifts from a small relief/agency staff panel that were familiar with the residents needs. However it was unclear from the actual rota who was on duty each day and when the agency staff were allocated to work.

All staff had mandatory training completed. A range of other training was provided for staff that included medication management and food hygiene. A service level agreement was in place with the agency and the service provider that required all agency staff to have completed mandatory training. This is discussed under Outcome 7 and 8.

There was one volunteer in the centre. Inspectors reviewed their file and it contained references and vetting forms; however it did not contain the roles, responsibilities and supervision arrangements for the volunteer. The service manager informed inspectors that a date had been allocated for the volunteer to complete safeguarding training.

The system to recruit, select and vet staff was not reviewed at this inspection with the exception of the volunteer file as outlined above.

The action from the previous inspection had been completed in that systems were now in place for staff supervision. Staff were observed to be knowledgeable, and responded to residents in a respectful, timely and safe manner.

Judgment:
Substantially 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):
No actions were required from the previous inspection.

Findings:

This outcome was not inspected as part of the previous inspection. Residents' records were safely stored in the centre and were readily available to inspectors. Overall the policies and procedures outlined in Schedule 5 of the regulations were in place; however a number of policies did not guide practice.

All of the policies required to be maintained under Regulation 4 and listed in Schedule 5 were available with the exception of the policy on access to educational and training and development. However inspectors found that improvements were required with a number of policies.

The policy on safeguarding was not in line with Safeguarding Vulnerable Persons at Risk of Abuse 2014. The risk management policy did not identify all risks in the environment. The medication policy did not guide practice for staff in relation to medication management for residents going home.

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 were maintained.

An up to date insurance policy was in place for the centre which included cover for resident's personal property and accident and injury to residents in compliance with all the requirements.

A directory of residents was maintained which included all the required information. Although it was noted that the complete details for two residents was not recorded on the directory, it was available in the centre.

The information required under Regulation 21 and listed in Schedule 4 were maintained in the centre, however there were no training records available for agency staff/volunteers who worked in the centre.

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:

Anna Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002402
Date of Inspection:	13 & 14 October 2015
Date of response:	14 December 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:
Residents personal information was discussed at residents meetings

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

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

space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:
The Person in charge has amended the format of the residents' meetings, to ensure that no personal information regarding residents is discussed in this forum.

Proposed Timescale: 09/11/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A concern raised by a resident and their representative was not recorded on the complaints log.

2. Action Required:
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
The person in charge will ensure, that all complaints are logged appropriately in line with the Organisation's complaints policy, including details of any investigation into a complaint, the outcome of the complaint, any action taken on foot of a complaint, and whether or not the resident was satisfied.

Proposed Timescale: 16/11/2015

Outcome 02: Communication

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no communication plans on residents files

3. Action Required:
Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

Please state the actions you have taken or are planning to take:
Referrals have been submitted to the speech and Language therapy department, requesting communications assessments, and communication plans for both residents.

Proposed Timescale: 31/01/2016

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:
The contract of care did not include additional fees to be charged to residents

4. Action Required:
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:
The practice in the designated centre to date has been that, residents have contributed an agreed nominal amount to a "house-fund" each month. This money, with full agreement of the residents, (and their representatives where appropriate) has been used to fund birthday presents and birthday celebrations. This practice was further discussed at the residents meeting on November 9th, and it has been agreed to cease this practice from that date.

Proposed Timescale: 09/11/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One contract of care was not signed by the residents representative

5. Action Required:
Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

Please state the actions you have taken or are planning to take:
The PIC will contact the Family representative of the resident referred to above, and will request that they sign the contract of care.

Proposed Timescale: 23/11/2015

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Individual assessments did not reflect all identified needs for residents

6. Action Required:
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

Please state the actions you have taken or are planning to take:
The PIC will ensure that assessments of need, of the health, personal and social care needs of all residents will be reviewed by the relevant healthcare professionals, and amended to reflect all areas of need on at least an annual basis.

Proposed Timescale: 30/04/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Individualised assessments and personal plans did not reflect the changing needs of residents

7. Action Required:
Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

Please state the actions you have taken or are planning to take:
The PIC will ensure that for any resident whose needs are changing, their personal plans will be reviewed monthly, and updated to take into account all health, personal and social care needs. Associated care-plans will be reviewed and revised as appropriate.

Proposed Timescale: 10/11/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Healthcare plans were not reviewed to assess the effectiveness of the plans

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

Please state the actions you have taken or are planning to take:
The PIC will devise a template, which will prompt key-workers to assess and record the effectiveness of each plan, taking into account changes in circumstances and new developments. This document will be completed each month by each resident's key-worker.

Proposed Timescale: 03/12/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The size and layout of one bedroom was not suitable to meet the needs of the resident

9. Action Required:
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

Please state the actions you have taken or are planning to take:
The PIC has identified that room 4, which is currently not in use as a bedroom, is a suitable room for the resident. This has been agreed with his family. As this resident is currently undergoing a period of transition and change in his family life, with which he will require a high level of support, his key-worker and family representative have agreed that this change should be deferred until April 2016.

Following this his current bedroom will no longer be used as a bedroom as it is not suitable.

Proposed Timescale: 30/04/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not include the identification of all risks in the centre

10. Action Required:
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

The PIC has carried out hazard identification, and has completed risk assessments on all identified risks in the designated centre.

Proposed Timescale: 16/11/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no evidence to confirm that incidents were reviewed and actions learned were implemented in practice

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

Please state the actions you have taken or are planning to take:
The PIC will ensure that systems are in place in the Centre, for the assessment, management and ongoing review of risk, including a system for responding to emergencies. These systems will include

a) Ongoing assessment and management of risk in the Centre by the PIC.

b) Monthly discussion and review of risk in the centre at each staff meeting. Allocation of tasks including documented evidence of completed task and sign-off by relevant staff member.

c) Monthly discussion and review of risk in the centre during Service-Manager \ Person in charge supervisory meetings.

d) Six monthly unannounced inspections of quality and care in the designated Centre.

Proposed Timescale: 03/12/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Agency staff employed in the centre had not completed training in fire safety.

12. Action Required:
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

Please state the actions you have taken or are planning to take:
The number of shifts worked in the centre by agency staff has been reduced due to the allocation of an additional St. Michael's House staff to provide cover.

The provider has agreed with the Agencies employed that Fire Safety training will be provided to all agency staff by the Agency and training records will be made available to the provider. This will be reflected in the provider's SLA with the Agency.

In the interim the agency staff will continue to be briefed on Fire Safety by the shift leader before commencing the shift.

Proposed Timescale: 28/02/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Restrictive practices were not reviewed

13. Action Required:
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:
The PIC, in consultation with the staff team, and relevant Clinicians, will review at least quarterly, the single environmental restraint used in the designated Centre for the safety of one resident. The minutes of these reviews will be available for inspection in the designated Centre.

Proposed Timescale: 03/12/2015

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Agency staff employed in the centre had not completed training in safeguarding vulnerable adults.

14. Action Required:
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

The number of shifts worked in the centre by agency staff has been reduced due to the allocation of an additional St. Michael's House staff to provide cover.

The provider has agreed with the Agencies employed that Safeguarding training will be provided to all agency staff by the Agency and training records will be made available to the provider. This will be reflected in the provider's SLA with the Agency.

In the interim the provider will prepare a briefing document for agency staff on the Safeguarding Policy. The shift leader will brief agency staff before commencing the shift.

Proposed Timescale: 31/12/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The assessment of need did not include all healthcare needs. Some healthcare needs had no supporting care plans in place to guide practice.

15. Action Required:
Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

Please state the actions you have taken or are planning to take:
The PIC, PPIM, and Service-Manager will review the assessments of need, will ensure that each assessment includes all relevant healthcare needs, and that each identified healthcare need, has a supporting care-plan in place to guide practice.

Proposed Timescale: 28/02/2016

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Healthcare support plans did not guide staff as to when it was appropriate to access allied health professionals/emergency services

16. Action Required:
Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

Please state the actions you have taken or are planning to take:
The PIC, PPIM, and Service-Manager will review the relevant healthcare support plans, and will ensure that they are amended to guide staff as to when it is appropriate to

access allied health professionals \ emergency services.

Proposed Timescale: 15/12/2015

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were no local policies on the ordering, storage and disposal of medications. There were gaps in documentation reviewed.

17. Action Required:
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:
The PIC will review the local policies on the ordering, storage and disposal of medications, to ensure that they comply with Regulation 29 (4), and are in line with best practice.

Proposed Timescale: 27/11/2015

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no evidence that the person in charge had explored options for residents to self medicate.

18. Action Required:
Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

Please state the actions you have taken or are planning to take:
The PIC, in consultation with the relevant Clinicians, will carry out a self-administration assessment on all residents, to assess their capacity and willingness to self administrate their own medication. Following this, where it is indicated by the assessment, that a resident is capable and willing to self administrate their medication, a system will be put in place to implement this.

Proposed Timescale: 15/12/2015

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff were re-dispensing medications from pharmacy stock into other bottles when a resident goes home

19. Action Required:
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:
The PIC will contact the dispensing Pharmacist, to request that medication for the relevant residents be dispensed in blister packs, which then go home with the resident, for each home visit.

Proposed Timescale: 27/11/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The roles and responsibilities of the shift leader on duty were unclear.

20. Action Required:
Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

Please state the actions you have taken or are planning to take:
The Provider will document the roles and responsibilities of the shift leader and the PIC will ensure the shift leaders are fully briefed on their roles and responsibilities .

Proposed Timescale: 11/12/2015

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:
The roles and responsibilities of the volunteer were not documented

21. Action Required:
Under Regulation 30 (a) you are required to: Set out the roles and responsibilities of volunteers working in the designated centre in writing.

Please state the actions you have taken or are planning to take:
The roles and responsibilities of the volunteer will be documented by the PIC. These will be reviewed and amended if required, on a three monthly basis.

Proposed Timescale: 03/12/2015

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Policies and procedures were not in line with best practice guidlelines.

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

Please state the actions you have taken or are planning to take:
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 reviewing and updating the policy on Safeguarding.

Completion Date : 31st December 2015

Proposed Timescale: 31/12/2015