

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0005048
Centre county:	Dublin 13
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	John Birthistle
Lead inspector:	Niamh Greevy
Support inspector(s):	Caroline Browne
Type of inspection	Unannounced
Number of residents on the date of inspection:	1
Number of vacancies on the date of inspection:	5

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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
15 December 2015 09:00	15 December 2015 17:00
18 January 2016 09:15	18 January 2016 13:40

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 12. Medication Management
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 17: Workforce

Summary of findings from this inspection

This was the Authority's second inspection of this centre. The purpose of the inspection was to follow up the action plan from the registration inspections that took place in March 2015. No children were living in the centre at the time of the last inspection. The plan at that time was to move children into this centre on a temporary basis in order to allow for building work to be completed at their usual residence.

The centre was made up of two buildings in the North Dublin area. Only one of these buildings was in use during the inspection and the other building was unoccupied. The service was part of St Michael's House services. The statement of purpose and function stated that the service aimed to provide full time community based residential care for children with complex needs. The centre was registered to accommodate a maximum of six children up to the age of eighteen. On the day of inspection, there was one child living in the centre with a staff team to support them.

As part of the inspection, inspectors met with the CEO of St Michael's House, the

regional director and the service manager. The head of unit was absent on the first day of inspection and inspectors interviewed the newly appointed head of unit on the second day of inspection.

Inspectors found that while some actions had been completed since the last inspection, a number of areas needing improvement were identified. Children received good quality care with evidence of work being completed in relation to a wide range of goals. Inspectors observed that staff had a good relationship with the child living in the centre and were observed to be warm and caring towards them during the inspection.

However, the service was unsuitable to the needs of the child living there and issues were identified in relation to restrictive practices, training, communication, the condition of the premises and the absence of the head of unit. Inspectors found little evidence of where the service had made efforts to involve the child's family in the planning process and found no contract of care on file.

On the first day of inspection, inspectors found that the water temperature was at an unsafe level and received assurances during inspection that this was resolved.

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):

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

Findings:

At the time of the last inspection, it was identified that children were not being supported to access advocacy services, the complaints procedure was not displayed in the centre and children did not have adequate space to ensure privacy.

On the day of inspection, inspectors found that children's rights had been discussed during one team meeting and the service manager reported that an advocate had attended a staff meeting. However, inspectors did not find that children's rights were a standing item on staff meetings as had been identified in the action plan for the last inspection. Inspectors did not find any evidence of where children or their families were given information about how to access advocacy services. Information about how to make a complaint was not on display in the centre on the day of inspection, as identified in the last action plan.

Inspectors found that children had adequate space to ensure that their privacy and dignity was respected. However, one building was empty on the day of inspection so it was not possible to see how space was being used in that location.

Inspectors found that complaints were not recorded appropriately. While the service manager advised that a complaint had been received verbally, inspectors found that there were no records detailing the investigation into the complaint, what action was taken on foot of the complaint or the outcome.

Judgment:

Non Compliant - Moderate

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:

Some issues were identified in relation to communication during this inspection. Not all staff were trained in the form of sign language used by the children attending the service. While the child resident in the centre on the day of inspection had a reasonably good understanding of oral communication, they relied on sign language in order to be able express their wishes. This was also an important aspect of managing behaviour as not being able to communicate was identified in a recent assessment as contributing to incidences behaviour that challenged.

Some visual communication aids were in place to support the child. Inspectors saw how visual aids were used to support the child to express their wishes and to let the child know what staff were working that day.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

At the time of the last inspection, it was identified that one building did not provide sufficient space for children to have visits in private.

Inspectors found that this had not changed on this inspection. The unoccupied building

did not provide a living area to allow for private visits. In the occupied building, there was adequate space for private visits and inspectors found evidence of the centre supporting regular contact between children and families.

Judgment:

Non Compliant - Moderate

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:

At the time of the last inspection, it was identified that changes needed to be made in relation to the contract of care to reflect processes around child protection and welfare and the use of restrictive practices.

Inspectors found that the child in the centre of the day of inspection did not have a contract of care of their file. Inspectors also asked to be provided with a contract of care template and received this after the inspection. Inspectors found the contract of care did not sufficiently outline the care and support provided to children in relation to participation in education or discharge planning but was otherwise adequate.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

At the time of the last inspection, no children were resident in the centre and appropriate policies, procedures and documents were found to be in place.

Inspectors found on this inspection that a good quality, comprehensive assessment had been completed, which provided clear recommendations around the care needs of the child living in the centre. This assessment had been completed in the weeks prior to inspection and as such, the recommendations had not been implemented by the date of inspection.

Inspectors found that the service did not meet the assessed needs of the child. Factors such as the heavy reliance on agency staff, that not all staff were trained in the use of sign language and the limited space in the centre contributed to the level of behaviour that challenged. Managers of the service agreed that these issues were affecting the quality of care and were in the process of developing a plan to resolve these issues.

Inspectors found the child had a personal plan that reflected their needs as assessed at the time the plan was developed. However, the plan was not updated when the child moved to another centre. While some parts of the plan were updated to reflect a change in circumstances, other parts of the plan were overdue for review. The plan reflected the likes and dislikes of the child but records did not show that efforts were made to involve the child's family in the development of the plan. Inspectors viewed records that showed that the plan was developed with input from a multidisciplinary team. A new personal plan was required to reflect the recommendations from the most recent assessment.

Inspectors found a wide range of goals were in place, and there was evidence that work had been done with the child to improve independent living skills, social skills and engagement in the community. Monthly reports were completed which contained an overview of the life of the child during the month, progress against goals, activities and behaviour. Inspectors found that staff knew the child well and were familiar with the goals outlined in their personal plan. However, due to an increase in the level of behaviour that challenged, the service manager reported that work against these goals had declined in recent weeks and updated goals relating to the most up-to-date assessment needed to be developed.

At the time of the inspection, the plan for the child was to transition to another designated centre. In order to inform this decision, the child underwent an assessment and the service was working with relevant professionals and family in order to plan for this move. However, it was unclear when this move would happen and there were significant challenges for the service in trying to meet the needs of this child in the absence of a clear plan.

Judgment:

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):

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

Findings:

At the time of the last inspection, it was identified that one building in the designated centre did not have enough bedrooms for the number of children it intended to cater for. This was resolved following this inspection. The last inspection identified that the other building needed physical works to bring the premises up to an adequate standard for long-term use as a residential centre.

On this inspection, inspectors found further improvements were needed in one building. The first building was unoccupied and it was not possible for inspectors to see how the space in the house was being used. Inspectors found the second building was clean and warm but in need of further work. There was evidence that work had been carried out on the building as per the recommendations of the last inspection report. However, since moving into the centre, the child had torn wallpaper from some of the walls and this had not been re-decorated. Inspectors also found that some net curtains were torn and some walls were damaged.

The centre provided children with appropriate outdoor space and there was some evidence of toys and activities. Due to recent bad weather, the trampoline had been damaged and was falling down but this had not been moved out of the garden and there were a limited number of toys in the house.

Inspectors found that the whole premises was not accessible by the child. A locked gate blocked the child's entry to the first floor of the building. The service manager advised that this decision was made to assist in managing behaviour that challenged. However, the staff bedroom and office is upstairs and staff reported that the child sometimes used one of the rooms upstairs as a play room. This issue will be discussed further under Outcome 8.

Inspectors identified risk in relation to the temperature of the water in some parts of the building and received assurances following inspection that thermostats were installed to reduce the temperature of water to a safe level.

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:

The last inspection identified that the centre needed a deep clean, all risks were not adequately identified or addressed and improvements were needed in relation to fire safety.

Inspectors found that while fire drills had taken place, improvements were needed around fire safety. For example, not all fire extinguishers had been serviced in the previous 12 months, fire doors continued to be held open without an automatic unlocking system in the event of a fire and there were some gaps in daily fire checks. At the time of the last inspection it was identified that keys needed to be hung in break glass boxes beside external doors as the absence of these could impede a timely escape in the event of an emergency. This issue remained, and while staff carried a set of keys on their person, different keys were needed to open different external doors and unnecessary delay could be caused by the arrangements in place. Two fire drills were completed since the last inspection but both related to one building. Fire drill records did not include the names of staff involved in the drill and only one record included the name of a service user. Inspectors were provided with evidence that flame retardant bedding had been obtained for the centre. At the time of the last inspection, it was identified that a number of issues were not included in the fire risk assessment and this assessment remained unchanged on the day of this inspection. However, these issues had either resolved or were subsequently addressed through a risk assessment.

No staff had up to date fire training, with nine staff whose training expired in 2015, one staff member whose training expired in 2014 and seven staff members who had no fire training. The training plan provided by the service related to 2015 so there was no evidence of a plan to address this in 2016.

Inspectors reviewed the risk register and found that it was not in line with the centre's policy on risk. For example, the register did not contain review dates, and was not reviewed since March 2015 until a number of days following inspection which is outside of the quarterly reviews stipulated in the centre's policy on risk management. It was unclear from the risk register what controls were identified to manage risks, when these were due to be implemented by and if the level of risk had reduced as a result. On the

day of inspection, inspectors found that the risk register did not identify all risks present in the centre. However, the service manager completed a risk assessment between inspection visits which were updated to include a number of risks, such as the reliance on agency staff, the absence of the head of unit and the impact of the environment on the child. Inspectors found that the risk management policy was updated since the last inspection to include measures to control aggression and violence.

Inspectors found that not all practices within the centre had been risk assessed as needed. For example, in response to behaviour that challenged, staff wore hoodies to prevent hair pulling. However, inspectors were concerned about the risk of choking posed by the presence of cords and hoods while managing behaviour that challenged. When this issue was raised with the head of unit, they advised inspectors that there had been near misses, where staff had to quickly remove the item of clothing in order to avoid choking. However, this practice had not been risk assessed. Further issues around this practice are discussed under outcome 8.

The vehicle used by the centre appeared roadworthy and was appropriately insured.

Inspectors found the centre was clean on the day of inspection, despite the worn and dated appearance of the interior. Inspectors were provided with evidence after inspection that the centre had received a deep clean and regular cleaning rotas were in place.

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):

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

Findings:

The last inspection by the Authority identified that restrictive practices should be reviewed and that there was not enough guidance for staff on restrictive measures not related to behaviour that challenged

While some improvements were made in relation to restrictive practices since the last inspection, inspectors found a number of areas that needed improvement. Inspectors did not find guidelines for staff around restrictive practices, as identified in the last action plan. However, staff showed good awareness of the use of restrictive practices not related to behaviour that challenged and records showed the rationale for their use.

Inspectors found that some restrictive practices such as wearing a harness while in transit were approved by the Positive Approaches Monitoring Group but others were not. The function of the Positive Approaches Monitoring Group was to review restrictive practices and where they were found to be appropriate approve their use for a specific period of time, at which point they should be brought back to the panel for review. Access to the first floor of the house was blocked by a locked gate. Inspectors did not find any records outlining the rationale for this and were advised by the service manager that this decision was taken due to stairs posing a trigger for behaviour that challenged. However, inspectors found no records detailing how the decision was reached, or any efforts made to alleviate the cause of the behaviour. The Positive Approaches Monitoring Group had approved the practice for a period of two months which had expired in October 2015 but inspectors found no evidence that it had been reviewed.

Inspectors found that the positive behaviour support plan had not been updated to reflect current circumstances. For example, the plan related to the child's previous place of residence and "as needed" (PRN) medication that the child was no longer prescribed. In addition to this, the plan instructed that kitchen cupboards may need to be locked from time to time, whereas the practice in the house was that cupboards were locked at all times. The plan also recommended the wearing of a hat or hoody to prevent hair pulling but it was unclear what efforts had been made to address the causes of the behaviour. When asked about this, the head of unit reported that they were not sure where the strategy of wearing hoods had come from and inspectors did not find any evidence of this practice being reviewed. Despite this practice, inspectors found numerous incidents of hair pulling were recorded and there was no plan in place to identify and alleviate the cause of the behaviour.

Not all staff were trained in relation to the management of behaviour. The child in the centre on the day of inspection had complex needs and required a lot of support from staff to manage their behaviour. On the day of inspection, inspectors found staff had good awareness and skills around supporting the resident to manage their behaviour but it is important that the whole team is appropriately trained and skilled.

Inspectors did not find evidence of consent from the child's family for therapeutic interventions for the child. Although the service manager reported that the family were heavily involved in planning for the child's care, inspectors did not find written consent or a records of meetings with the family where consent was given.

Staff interviewed were aware of the whistleblowing policy and how to manage any child protection concerns.

Judgment:

Non Compliant - Moderate

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Outcome 12. Medication Management <i>Each resident is protected by the designated centres policies and procedures for medication management.</i>
Theme: Health and Development
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: While inspectors found some good practices in relation to medication management, areas for improvement were identified during the inspection. Inspectors found that appropriate policies were in place around the management of medication. Good guidelines were found to be in place for staff around the administration of "as needed" medication in relation to one medication. However, there were no adequate guidelines in place for staff in relation to the administration of another "as needed" (PRN) medication, that related to the management of behaviour that challenged. The prescription sheet contained the required information and regular audits were carried out. However, not all staff signed the administration sheet consistently.
Judgment: Non Compliant - Moderate

Outcome 14: Governance and Management <i>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.</i>
Theme: Leadership, Governance and Management
Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.
Findings: It was identified at the time of the last inspection that the head of unit was not full time. Since the last inspection, the person in charge had become full time but was on leave and was unavailable for a number of weeks. On the second day of inspection, a member of staff had been appointed to the role of head of unit.

The centre was managed by a head of unit who was the person in charge. The head of unit reported to a service manager who reported to a regional director. On the first day of inspection, it was unclear who was taking over the position of the person in charge. Inspectors found that staff knew who they could contact for support and guidance but the service manager reported that they needed to re-configure the service and recruit in order to fill the position. Inspectors were concerned that the absence of the person in charge was foreseen and a secure plan was not established prior to their absence.

Inspectors found meetings took place between the service manager and previous head of unit. Records were maintained of these discussions and inspectors found that discussions related to children, staffing and organisational issues but key issues such as risks, incidents and safeguarding were not discussed.

Inspectors interviewed the head of unit newly appointed to the role and found they were suitably qualified and experienced to manage the service. The newly appointed head of unit had been working in the broader service for a number of years and was aware of the systems in place and the needs of the child residing in the service.

Inspectors found that the head of unit was in the early stages of implementing management systems but further improvements were needed. Inspectors saw the schedule of monthly, quarterly and annual audits in place for 2016. However, there were no formal auditing systems of the children's care files to ensure compliance with the regulations and when asked about oversight of the quality of care, the head of unit acknowledged that these systems could be improved.

There was an organisation wide system to manage incidents and accidents that was used by the centre. Inspectors found that there was management oversight of these incidences and the recent assessment had analysed these incidences. However, inspectors did not find any systems to routinely track or trend incidences. The IT system in place around recording incidences was unreliable and on the days of inspection, staff had to rely on paper recording, which disrupted the ability of managers to have oversight of events that occurred in the centre.

Inspectors found that the service was not appropriate to the child's needs. It was acknowledged by the service that factors such as the location of the house and the use of agency staff contributed to incidences of behaviour that challenged. At the time of the last inspection, the plan was that this centre would be used for a number of weeks while renovation work was being carried out at another location. However, this plan had changed by the time of this inspection and inspectors found that the child's family and staff were unclear about the plan for the child and for the centre. This had an impact on the quality of plans in place for the child as all plans in place related to their previous residence. Part of the rationale for the delay was to allow for a comprehensive assessment to inform any further decisions. However, on completion of this assessment, inspectors found no evidence that there was a coordinated, multidisciplinary approach to develop a plan to implement the recommendations of this assessment with the participation of the child and their family.

Inspectors also found that the systems to ensure good quality care was provided to

children in line with their identified goals needed improvement. Inspectors requested a copy of the annual review and were unable to obtain this on the day of inspection. Following inspection, the service manager provided inspectors with an annual review for another service and as such, a relevant annual review was not available.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The absence of the person in charge was not been notified to the Authority within the required timeframe. Where the person in charge is absent for a continuous period of 28 days or more, the registered provider is responsible for submitting a notification to the Authority within three working days.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

On the date of the last inspection it was identified that it was unclear how many staff were required to deliver the service, there was no system in place to ensure agency staff were appropriately vetted and there was no policy on staff supervision.

On this inspection, inspectors found the main issue for the service in relation to staffing was the heavy reliance on agency staff. This was acknowledged by managers of the service. In order to minimise the disruption that can arise around continuity of care, the service used the same agency staff as much as possible. Staff also showed inspectors that they had developed a communication passport to support staff to care for the child so that the most important information around the child's care needs was easily accessible.

As noted in other sections of this report, inspectors identified that staff had not received adequate training in some areas. No staff had up-to-date training in fire safety, and not all staff had training in sign language or behaviour management. All but one staff member was trained in manual handling, a number of staff were trained in the administration of medication and only one staff member had not received training in relation to safeguarding and child protection. However, five staff had not received first aid training and this was an issue given the likelihood of two staff not trained in first aid being on shift at the same time.

Inspectors reviewed supervision files and found that supervision was not consistently taking place. Inspectors found that where supervision did take place, there were usually no actions identified out of the meeting and the names of those involved in supervision was not always legible. Since the last inspection the service had developed a supervision policy, in line with their action plan.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Niamh Greevy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0005048
Date of Inspection:	15 December 2015
Date of response:	

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:

The centre did not ensure that each resident was given information about how to access advocacy services.

1. Action Required:

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

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

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

Families have been consulted directly in relation to accessing information on advocacy services. Written information on accessing advocacy services is also available in the centre and families who want more information are contacted by the social work dept. The PIC is currently liaising with SLT about formulating a specific communication tool for the one resident to access information on advocacy services.

Proposed Timescale: 05/03/2016

Theme: Individualised Supports and Care

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

A child friendly copy of the complaints procedure was not displayed in the centre.

2. Action Required:

Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

An easy read version of the complaints procedure is currently in place and displayed in the designated centre.

Proposed Timescale: 05/03/2016

Theme: Individualised Supports and Care

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

Appropriate records were not maintained in relation to all complaints made to the service.

3. 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:

Records will be maintained of all complaints to the service, whether verbal/ written, informal or formal. These will be located in the complaints folder on the centre which is available for review. Documentation pertaining to complaints made directly to the CEO will also be kept on the designated centre.

Proposed Timescale: 05/03/2016

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:

Not all staff were trained in the sign language used by the children attending the service.

4. 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:

All staff will be trained in the use of LAMH by the 10-03-2016. New staff joining the team will be trained as soon as possible, in the meantime local induction will include basic information/ training on the residents specific communication style.

Proposed Timescale: 10/03/2016

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

Theme: Individualised Supports and Care

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

There was insufficient space to facilitate private visits.

5. Action Required:

Under Regulation 11 (3) (b) you are required to: Provide a suitable private area, which is not the resident's room, to a resident in which to receive visitors, if required.

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

The resident will be transitioning to a newly re-furnished centre which will be fit for purpose. This centre will have a specific space to facilitate family visits.

Proposed Timescale: 21/03/2016

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 child residing in the centre on the day of inspection did not have a contract of care on file.

6. 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 contract of care is currently under review to be applicable to children's services. Once updated the family and resident will be consulted and a signed copy held in the designated centre.

Proposed Timescale: 21/03/2016

Theme: Effective Services

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

The contract of care did not adequately address the provision of support in relation to education or discharge planning.

7. 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 contract of care is currently under review and will include details of the supports provided in relation to education and discharge planning.

Proposed Timescale: 21/03/2016

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:

The personal plan did not assess the effectiveness of the previous plan and did not reflect changes in circumstances.

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:

A full multi-element personal plan has been completed as of December 2015. This plan includes actions/ responsibilities/ timelines and review. All assessments and personal plans will be reviewed monthly to ensure their effectiveness by the PIC and updated accordingly as the residents needs change.

Proposed Timescale: 05/03/2016

Theme: Effective Services

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

It was not evident that personal plans were reviewed with the maximum participation of children and families.

9. Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

Records will show all efforts made to involve the Childs family in the development of personal plans. Minutes/ documentation of all communications with the family will be held and available for review on the centre.

Proposed Timescale: 05/03/2016

Theme: Effective Services

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

The personal plan was not reviewed when there was a change in circumstances, or within a year of the last review.

10. 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:

All assessments and personal plans will be reviewed monthly to ensure their effectiveness by the PIC and updated accordingly as the residents needs change.

Proposed Timescale: 05/03/2016

Theme: Effective Services

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

Arrangements were not in place to meet the assessed needs of the child.

11. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

The resident will be transitioning to a newly re-furbished centre which will be fit for purpose. This centre will meet the assessed needs of the child. Further to this multi disciplinary meetings have been held and a full multi element personal plan has been formulated.

Proposed Timescale: 05/03/2016

Theme: Effective Services

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

The premises did not meet the assessed needs of the child.

12. Action Required:

Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

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

The resident will be transitioning to a newly re-furbished centre which will be fit for purpose. This centre will meet the assessed needs of the child.

Proposed Timescale: 21/03/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

A wall in the kitchen had a hole in it.

13. Action Required:

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

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

The technical services dept have been notified to repair the hole in the wall in the kitchen in the current designated centre.

Proposed Timescale: 12/03/2016

Theme: Effective Services

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

The wallpaper and net curtains were torn and the centre overall was outdated.

14. Action Required:

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

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

The wallpaper in the current centre has been removed and the walls freshly painted. The net curtains have been replaced. The new designated centre has been fully re-furnished and updated specifically for the resident.

Proposed Timescale: 21/03/2016

Theme: Effective Services

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

The child is not able to access the first floor due to a locked gate and this is not recorded in the centre or reviewed.

15. Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

The restriction of a locked door prohibiting access to the first floor has been removed. The resident is fully supervised at all times.

Proposed Timescale: 05/03/2016

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:

Not all risks were identified.

It was unclear what controls were put in place to manage risk.

There was no evidence that risk was reviewed in line with the centre's policy.

16. 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:

A current risk register has been formulated by the PIC and is reviewed three monthly or as circumstances change. The provider nominee has been furnished with a copy of the current risk register. All identified risks in the centre are documented on the appropriate assessment tool. This identifies all controls/ area's of responsibility and timelines. On-going review of all risks is in place on the appropriate tool in line with organisational policy.

Proposed Timescale: 05/03/2016

Theme: Effective Services

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

Not all fire extinguishers had been serviced in the previous 12 months.

17. Action Required:

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

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

All fire extinguishers have been serviced within the last 12months and are due for another service in March 2016.

Proposed Timescale: 30/03/2016

Theme: Effective Services

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

Fire doors were held open without an automatic unlocking system.

18. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for

detecting, containing and extinguishing fires.

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

All fire doors in the newly refurbished centre will be automatic release in the event of an activation of the fire alarm.

Proposed Timescale: 21/03/2016

Theme: Effective Services

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

There were no break glass boxes with keys beside external doors.

19. Action Required:

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

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

There are now break glass boxes with keys beside all external doors.

Proposed Timescale: 05/03/2016

Theme: Effective Services

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

There was no record of what staff and children had taken part in drills.

20. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

Regular fire drills are carried out on the designated centre in line with Organisational policy. Records of all drills will be kept on the centre utilising the existing template for the reporting of fire drills as per organisational policy. The records will also identify any concerns/ difficulties to be actioned by whom and when. Further records identify what resident and staff member was involved in individual drills i.e. staff roster/ directory of residents.

Proposed Timescale: 05/03/2016

Theme: Effective Services

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

Risk assessments in relation to fire were not adequate.

21. Action Required:

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

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

Fire risk assessments are up to date and in place for the current designated centre. Prior to the resident transitioning to the newly re-furnished centre, a fire risk assessment will be fully completed in consultation with the organisations fire prevention officer. When the resident transitions a personal evacuation plan will also be formulated relating to the new environment.

Proposed Timescale: 30/03/2016

Theme: Effective Services

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

Staff did not have appropriate training in fire prevention, control and evacuation.

22. 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:

All staff have received training in fire prevention/ control and evacuation in Jan 2016. A team based refresher is also booked for Sept 2016. All new staff identified for the centre will have fire safety training as part of the organisational orientation program.

Proposed Timescale: 05/03/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

There was no evidence that every effort was made to alleviate the cause of behaviours relating to the use of stairs, hair pulling or in relation to food.

There was no evidence that these practices were the least restrictive measures for the

shortest duration.

23. Action Required:

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

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

A full multi-element personal plan has been completed as of December 2015. This plan includes actions/ responsibilities/ timelines and review, these are on-going. Some elements have been completed where others require a longer timeframe. All documentation relating to this can be viewed in the designated centre. All restrictive practices are reviewed in a timely manner, particularly in regard to their effectiveness and purpose. All efforts are made to ensure the least possible restriction is required. All documentation relating to restrictive practices is available for review on the designated centre. When the resident transitions to the new premises the Positive Approaches Monitoring Group will undertake a site visit to ensure all restrictive practices are appropriate to the environment and reviewed within the designated timeframe.

Proposed Timescale: 30/03/2016

Theme: Safe Services

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

Not all staff were trained in relation to the management of behaviour.

24. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

Three staff have completed training in Positive Behavioural Supports. A further three are scheduled to start the training on 12th April 2016. When dates become available for the remainder of the year the last two staff will be allocated. All new staff starting in the centre will be sent on positive behavioural support training as soon as dates are identified.

Proposed Timescale: 30/05/2016

Theme: Safe Services

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

There was no evidence of the child's family giving informed consent to the use of

therapeutic interventions, either written or through discussion at meetings.

25. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

Documents will be kept on an on-going basis of all consultations with families in relation to the residents care planning. Families will be consulted and given information so that they can give informed consent for the use of therapeutic interventions. All records of consent and family consultation will be available for review in the designated centre.

Proposed Timescale: 21/03/2016

Theme: Safe Services

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

An up-to-date behaviour support plan was not in place to guide staff in relation to managing behaviour that challenged, and ensure that all proactive strategies were exhausted before implementing a restrictive practice.

26. 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:

An up to date multi element support plan has been devised since December 2015. This plan guides staff practice and ensures all proactive strategies are employed prior to implementing a restrictive practice.

Proposed Timescale: 05/03/2016

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 was no adequate guideline in place in relation to the administration of an "as needed" medication.

Staff did not sign the administration sheet consistently.

27. 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:

All "as required" medications have specific guidelines for staff on the indications for their use. All staff are aware of the requirement to following the organisational policy/ guideline on the safe administration of medications. A refresher for all staff in the safe administration of medications training is scheduled for April 2016, PIC awaiting confirmation of the date.

Proposed Timescale: 30/04/2016

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:

There was no plan in place to provide cover in the event of the absence of the person in charge, despite the service being aware that this was going to be an issue.

28. 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:

A plan is now in place for the temporary absence of the person in charge and is detailed in the current statement of purpose. All changes to the management structure whether temporary or permanent will be notified to the Authority as per regulation. There is also a clearly defined management structure within the centre designating roles and responsibilities.

Proposed Timescale: 05/03/2016

Theme: Leadership, Governance and Management

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

No annual review was available in relation to Del Val.

29. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care

and support is in accordance with standards.

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

A 6 x monthly unannounced quality audit of the newly re-furbished centre will be undertaken by the service manager. Following on from this an annual review will be completed.

Proposed Timescale: 04/04/2016

Theme: Leadership, Governance and Management

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

Management systems did not ensure that the service was safe and appropriate to the child's needs.

30. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

Management systems have been put in place to ensure all care provided for the resident is safe and appropriate to their needs. These systems include:

- Health and Safety hazard inspection checklists conducted by the PIC or PPIM
- Health and safety audits conducted by the Organisations Health and Safety Officer
- Financial audits of individual residents money conducted by the PIC
- 6 X Monthly quality audits conducted by the service manager
- Keyworkers carry out a monthly report for each individual resident summarising progress on activities/ goals or significant events in the persons life.
- Annual reports conducted by the service manager
- Monthly reports by the PIC to identify what (if any) complaints/ accidents/ incidents/ notifications occurred within a calendar month. This is discussed at PIC/ service manager support meetings and also at service manager/ regional director support meetings.

All systems will be evaluated and reviewed by the PIC and Service manager to ensure effectiveness. Relevant documentation is available in the designated centre. A further 6 x monthly unannounced quality audit of the newly re-furbished centre will be undertaken by the service manager as soon as the resident transitions in to live there. Following on from this an annual review will be completed.

Proposed Timescale: 04/04/2016

Outcome 15: Absence of the person in charge

Theme: Leadership, Governance and Management

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

Absence of the person in charge was not notified to the Authority.

31. Action Required:

Under Regulation 32 (3) you are required to: Provide notice in writing to the Chief Inspector where the person in charge is absent as a result of an emergency or unanticipated event, as soon as it becomes apparent that the absence concerned will be for a period of 28 days or more, specifying (a) the length or expected length of the absence and (b) the expected dates of departure and return.

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

A plan is now in place for the temporary absence of the person in charge and is detailed in the current statement of purpose. All changes to the management structure whether temporary or permanent will be notified to the Authority as per regulation.

Proposed Timescale: 05/03/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The system in place to ensure that agency staff were appropriately vetted was not adequate.

32. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

All agencies used by the organization have submitted letters of compliance relating to mandatory training for all staff. These letters have been submitted to the Authority. Agency staff usage in the centre is kept to a minimum and where possible only staff familiar with the centre and resident are employed.

Proposed Timescale: 05/03/2016

Theme: Responsive Workforce

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

Not all staff had received training in first aid.

33. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to

appropriate training, including refresher training, as part of a continuous professional development programme.

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

The PIC is liaising with the training department in relation to first aid training for 50percent of the staff team. Going forward the roster will ensure a first aid trained staff member is on every shift. The identified PIC has up to date training in first aid.

Proposed Timescale: 01/05/2016

Theme: Responsive Workforce

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

All staff did not receive supervision consistently.

34. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

A plan is now in place to provide rostered hours for the PIC to provide supervision to all staff 6 weekly. This will ensure monitoring and tracking of Performance. This will also provide staff with the support they need to ensure a quality service. The PIC will also meet with the service manager 6weekly for formal support/ supervision.

Proposed Timescale: 05/03/2016