

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by St Michael's House
<b>Centre ID:</b>	OSV-0002391
<b>Centre county:</b>	Co. Dublin
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St Michael's House
<b>Provider Nominee:</b>	Maureen Hefferon
<b>Lead inspector:</b>	Caroline Vahey
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	6
<b>Number of vacancies on the date of inspection:</b>	0

## About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

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

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

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

**The inspection took place over the following dates and times**

From:	To:
10 February 2016 09:30	10 February 2016 17:30
11 February 2016 09:00	11 February 2016 14:30

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

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

**Summary of findings from this inspection**

This was the second inspection of the designated centre. The inspection took place over two days and formed part of the application by the provider to register the centre.

An application was made to the Authority to register the centre for six residents and a complete application had been received by the Authority.

The inspector found that all actions from the previous inspection had been satisfactorily implemented.

The person in charge facilitated the inspection. A service manager (person participating in management) attended a meeting at the beginning of the inspection and attended a feedback meeting with the provider nominee at the end of the inspection.

The centre comprised of a two storey property located close to a suburban village and numerous community facilities within walking distance. Overall the support provided to the residents facilitated them in maximising their independence, expressing choice and experiencing opportunities in line with their individual preferences. Care provided was timely and in line with best practice.

Overall the centre was in compliance or substantial compliance across most outcomes. One moderate non compliance was identified in safe and suitable premises. One major non compliance was identified in health and safety and risk management and related to inadequate precautions against the containment of fire. These non compliances are discussed in the body of the report and the actions required to address these are set out in the action plan at the end of the report.

**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:**

The inspector found residents were consulted with and participated in decisions about their care and about the organisation of the centre. Each resident's privacy and dignity was respected and residents were enabled to exercise choice and control over their lives.

This was the second inspection of the designated centre and two actions from the previous inspection relating to the policy and procedure for the management of complaints had been addressed satisfactorily. There was a nominated person to investigate complaints and the complaints policy identified the person to oversee complaints. The inspector reviewed the complaint log. The complaint recorded was dealt with in a timely manner and the complainant had been informed of the outcome of the complaint to their satisfaction.

Residents were consulted about how the centre was planned and run. There was a weekly residents' meeting and choice of meals and activities for the upcoming week were discussed and planned. Pictures were used during residents' meeting to facilitate residents' receptive and expressive communication needs. Activity and meal choices were prominently displayed on a white board in the kitchen.

Information was available for residents on an external advocacy service and displayed on a notice board in the dining area. Information was also prominently displayed on residents' rights and contact information on the Health Services Executive confidential recipient.

The procedure on the management of complaints was available in an accessible format and displayed on a notice board in the dining area. There was a nominated person to deal with complaints. The inspector reviewed the record of complaints. Complaints had been dealt with in a fair and transparent manner with the complainant promptly informed of the outcome of a complaint.

Staff members were observed to treat residents with dignity and respect. Personal care practices supported privacy and dignity for residents, for example, visual signs were displayed on bathroom doors when in use to indicate not to enter. Intimate care plans were in place for all residents which identified the support needs and the practices to follow in order to promote privacy and dignity.

There were ample facilities in the centre to support private contact between residents, family and friends. There was a portable house phone should residents wish to make or take a call in private. Information pertaining to residents' was securely stored in the staff room.

The centre was managed in a way that maximised residents' capacity to exercise independence and choice in their lives. Independent skills were actively promoted through progressive personal goals, for example, residents were progressing on goals to independently access the local shopping centre with plans in place to fade out staff support in order to achieve independence. In doing so residents were actively being encouraged to take risks in their daily life.

All residents were registered to vote and residents were enabled to exercise their religious rights as they so wished.

Residents had a broad range of opportunities similar to their peers, for example, accessing community leisure and healthcare facilities, attending social events and participating in groups such as a choir.

There was a policy in place on residents' personal property, personal finances and possessions however, the policy was out of date. Residents retained control over their own possessions. Staff supported residents to manage their finances and all monies were securely stored. The inspector reviewed financial records for three residents for the preceding year. Accurate records had been maintained and all monies spent had been accounted for. An audit of residents' finances was completed on a monthly basis.

**Judgment:**

Compliant

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

The inspector found residents' communication needs were met.

Residents' communication needs had been assessed and where required assessment by a speech and language therapist had been completed. Communication plans had been developed for residents and included picture communication systems and use of sign language. Practices within the centre supported residents communication styles, for example, staff were observed to interact with residents using sign language and pictures were displayed for upcoming events.

The centre was part of the local community and residents had access to television, radio and information on local events. There was a laptop with internet access available for residents' use.

**Judgment:**

Compliant

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

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

Residents were supported to develop and maintain personal relationships.

Positive relationships between residents and their families were supported. Residents regularly visited their families. There was an open visiting policy in the centre. Families were kept up to date on residents well being and as changes occurred. Families were also invited to attend and contribute to an annual review of residents' personal plans.

Residents were supported to develop and maintain friendships. Personal goals included plans to re-establish friendships and to extend opportunities for residents to develop friendships. Residents were supported to spend time with friends alone, for example, meeting friends for coffee. Residents also attended social events and clubs, promoting social interaction with friends.

**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):**

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

**Findings:**

The inspector found the admissions procedure to the centre was timely and in line with the details set out in the centre's statement of purpose however, improvement was required to ensure residents' contract of care was signed by the residents' representative.

One action from the previous inspection had been satisfactorily implemented and contracts of care clearly set out the provision of services. Each resident had a contract of care which also set out the facilities to be provided and the fees to be charged including additional charges. However, the inspector found that only one of six contracts of care had been signed by the residents' representative.

There was policy in place for admissions including transfers. The admission procedure considered the wishes, needs and safety of the individual and the safety of other residents living in the centre. The statement of purpose detailed clear criteria for admissions to the centre.

**Judgment:**

Substantially Compliant

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services



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

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

**Findings:**

Overall residents' wellbeing and welfare was maintained by a high standard of evidence - based care and support. However, improvement was required in the development of accessible personal plans for residents.

The actions from the previous inspection had been satisfactorily implemented. Residents had a comprehensive assessment of need which reflected all social, personal and health care needs. Personal plans were regularly reviewed and reflected changes in circumstances and the developments to reflect the actions taken to achieve personal goals.

Assessment of residents' needs included the assessment by multidisciplinary team members where required, for example, general practitioner, speech and language therapist and physiotherapist. Personal plans were developed to support residents in meeting their needs, for example, social supports plans, mental health plans, pain management plans and mobility plans. Plans were fully implemented. However, the inspector found that aspects of personal plans were not fully developed in an accessible format

Personal goals were developed for residents in line with their wishes in areas such as social development, literacy skills, experiencing new opportunities and accessing the community independently. There were detailed plans in place on the actions required to achieve goals. The inspector viewed a picture album which detailed the steps a resident had taken in order to achieve their goals. Goals were reviewed on a monthly basis by the keyworker. Personal goals were also available in an accessible format and displayed in residents' bedrooms.

Frequent communication was maintained between the centre and day services and a record of this was available in the personal plan.

**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:**

Overall the location, design and layout of the centre were suitable to meet the needs of resident however, improvement was required in the maintenance of the centre.

The centre comprised of a two storey property located close to a village and a broad range of facilities and services. While there was adequate communal and private space, the inspector observed a lack of cleanliness and maintenance throughout the centre. For example, dust collections were observed on skirting boards and floors, some radiators and window frames were stained and inside kitchen cupboards required cleaning. The external lights to the rear of the property were not working on the day of inspection. A side passage used as a fire escape route had a significant collection of moss and dirt following gutter cleaning the previous day. The sitting room had been painted a number of years ago however, plug sockets had been painted over and the mantelpiece was significantly stained with paint splashes. The plaster around plug sockets in the utility room was damaged. The covering on a couch and chairs in the sitting room was worn and required replacement. The person in charge outlined plans to redecorate the two sitting rooms in the coming year and replace the worn seating.

Both sitting rooms had ample space and seating to accommodate residents and a television, DVD player, music stereo and a laptop were available for residents.

There was suitable heating, lighting and ventilation inside the centre.

Residents had their own bedrooms decorated to individual preferences. Three bedrooms were located on the first floor and three bedrooms and a staff bedroom on the ground floor. Residents had chosen to display certificates of achievement and personal family photographs on the walls. Bedrooms were of a suitable size and there was adequate storage in bedrooms for residents' personal possessions.

There was a large kitchen cum dining room with sufficient seating for residents to eat meals together. The kitchen was fitted with suitable equipment for cooking and food storage and was accessible for all residents.

There were a total of three bathrooms in the centre. Adaptive equipment was available in bathrooms such as handrails, accessible shower, shower chairs and an accessible bath. The bathrooms were clean and well maintained on the day of inspection. All adaptive equipment in the centre had been serviced within the last year.

There was a large garden to the rear of the property and outdoor seating was available.

There were suitable arrangements in place for the disposal of general and clinical waste.

**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):

No actions were required from the previous inspection.

### Findings:

Overall the inspector found the health and safety of residents, visitors and staff was promoted and protected however, adequate precautions were not in place for the containment of fire.

There were no fire doors in the centre. There was a fire evacuation plan prominently displayed in the hallway. The inspector reviewed the evacuation plan including the procedure for daytime and night time evacuation of the centre. Although the plan took into account the numbers of staff on duty and the mobility needs of residents, the night time plan for one resident only allowed for evacuation through the front door, despite the back door being the nearest exit. The procedure had not taken into account the possibility of the front exit not being available. The person in charge subsequently amended the evacuation procedure to include evacuation of the resident by wheelchair out the back door exit if required.

There was suitable fire detection and fighting equipment in the centre, for example, a fire alarm, emergency lighting inside the centre, fire extinguishers and a fire blanket. However, the inspector found there was no emergency lighting on an evacuation route to the side of the centre. All fire equipment had been serviced within the last year.

Each resident had a personal emergency evacuation plan.

There were policies and procedures in place for risk management and emergency planning. Emergency plans identified a centre to temporarily relocate residents to an area of safety however, plans did not outline the arrangements for alternative overnight accommodation if required. The person in charge subsequently amended plans and clear arrangements were in place for alternative accommodation if required.

Individual risk assessments had been developed for residents in areas such as manual handling and challenging behaviour. Risk assessments defined risks and outlined the control measures to be implemented to minimise risks. The risk management procedures also included the measures and actions to control the risks of self harm, the unexpected absence of a resident, aggression and violence and accidental injury to residents, visitors or staff.

Site specific risk assessments had been developed in areas such as infection control, clinical waste, use and storage of oxygen and fire safety. There was a procedure in place in the event a resident goes missing.

There were policies and procedures in place relating to health and safety including an infection control policy. There was a nominated safety representative for the centre. There was an up to date health and safety statement which identified roles and responsibilities of personnel throughout the St. Michael's House service. The safety statement also contained risk management plans in areas such as fire, electricity, manual handling, infection control, machinery and equipment and chemical hazards. In addition, the safety statement outlined safety management systems in place for accidents and incidents, bullying and harassment, first aid and pregnant employees. A health and safety audit had recently been carried out and most actions had been completed. One action in relation to documentation was due for completion this month. Information was available on the safe use of chemicals in the centre and all chemicals were securely stored.

The inspector also observed procedures were in place for safe food storage and preparation. Temperature checks were completed for refrigerator, freezer and cooked foods. Colour coded chopping boards were available for use and there was an up to date policy available on food safety.

The inspector reviewed records of incidents in the centre. Appropriate immediate action had been taken in all incidences with additional control measures implemented to prevent reoccurrence.

Staff training records identified most staff had received training in moving and handling of residents however, documentary evidence was not available for one staff. The person in charge outlined this staff member had received training in manual handling and documentary evidence was submitted to the Authority post inspection to confirm this.

The vehicle used to transport residents was insured, had an up to date certificate of roadworthiness and all staff members who drove the vehicle were qualified to do so. The wheelchair lift in the vehicle had been serviced within the last year.

Satisfactory procedures were in place for the prevention and control of infection. Personal protective equipment such as gloves were available as well as disposable body wipes. Suitable hand washing facilities were available throughout the centre. Colour coded mops and buckets were also in use in the centre. Reasonable measures were in place to prevent accidents, for example a sit to stand hoist to aid safe transfers of residents and wet floor signs to alert residents, staff and visitors to a fall hazard.

**Judgment:**  
Non Compliant - Major

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

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

**Findings:**

The inspector found measures were in place to safeguard residents. Residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges.

One action from the previous inspection had been satisfactorily implemented and approval from a service committee on restraint had since been sought for use of a lapstrap for safety reasons. The use of this restraint practice was subject to review.

There were up to date policies in place on the use of restrictive practice, the provision of behavioural support and the provision of personal intimate care. The inspector reviewed three behaviour support plans developed by a psychologist, which clearly outlined the support measures to prevent and respond to incidences of behaviours that challenge. All behaviour support plans had recently been reviewed by the psychologist in consultation with the staff team.

There was a policy on and procedures in place for, the prevention, detection and response to abuse. All staff had received training on safeguarding. Staff members spoken to were clear on the actions to take in the event of an allegation, suspicion or disclosure of abuse and the reporting mechanisms to follow as per the centre policy. There was a designated person to deal with all reported allegations or disclosures of abuse. Safeguarding formed part of the six monthly unannounced visits by the provider.

The inspector reviewed eleven questionnaires submitted to the Authority by residents and relatives which outlined that residents felt safe in the centre and relatives felt their loved one was safe in the centre. Staff members were observed to treat residents with respect and warmth.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

The centre maintained a record of all incidents occurring in the centre and where required incidents had been notified to the Authority.

Quarterly notifications had been submitted to the Authority in respect of incidences and practices in the centre.

**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:**

The inspector found residents' opportunities for new experiences, social participation and training were facilitated and supported.

There was a policy in place on access to education, training and development. Residents' personal achievements were valued and proactively supported in the centre, for example, art and crafts work completed by residents was on display in the centre and a resident had a display of photographs of their participation in a sporting event.

Developmental goals were established for residents to support the development of new skills, for example, independent money management skills, social skills and independent community access. Residents were also supported to maintain skills already learned, for example, food preparation skills and self - care skills.

Residents were engaged in a broad range of activities outside the centre, for example, attending football matches, meeting with family or friends for meals out, going to the cinema and some residents were part of a choir group.

**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:**

The inspector found residents were supported to achieve and maintain the best possible health.

Residents' healthcare needs were met and there was timely access to a range of allied professionals where required. Residents accessed multidisciplinary team members such as psychologist, physiotherapist, dietician and psychiatrist through the St. Michael's House service. Residents care was regularly reviewed by multidisciplinary team members as evidenced in records maintained in personal plans. The assessment and recommendations of multidisciplinary team members formed part of healthcare plans, for example, the advice of a speech and language therapist formed part of the nutritional plans for residents and a mobility plans had been developed following assessment and recommendations by a physiotherapist. The healthcare needs of residents were met by the care provided.

End of life plans were developed where required which detailed the care and support to be provided in line with best practice.

Residents attended general practitioners in the community and residents knew their general practitioners. Residents also attended a dentist and an optician in the community. A chiropodist regularly visited the centre.

Residents were encouraged to make healthy living choices, for example, healthy food choices with a visual guide prominently displayed in the kitchen.

The inspector reviewed meal plans and food choices were varied and nutritious. There was an ample supply of fresh food available in the centre and snacks were available throughout the day. Residents were encouraged to participate in food preparation with staff support. The mealtime was observed to be a sociable event.

**Judgment:**  
Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**  
Health and Development

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

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

**Findings:**

Overall residents' were protected by medication management practices in the centre. However, the inspector found medication keys were not securely held and were stored in an unlocked key press in the staff room. The person in charge had suitable arrangements in place by the end of the first day of inspection to ensure medication keys were secure.

The action from the previous inspection had been satisfactorily implemented and medications were individually signed on the prescription sheet by the prescribing doctor.

There were written operational policies and procedures in place for the ordering, prescribing, storing and administration of medication. Medications were stored in a locked press in the staff room.

The inspector reviewed six medication prescription and administration records in the centre and the procedures for prescribing and administration of medication was in line with national guidelines. PRN medications had clear guidelines on the indications for use and maximum dosages were documented on all PRN prescriptions. Administration records identified that medications had been administered as prescribed. All medication prescribed had recently been reviewed.

Medication management plans were developed and formed part of individual personal plans for residents.

Arrangements were in place with a clinical waste disposal company to dispose of unused or out of date medications. Out of date or unused medications were stored separate from regular medications in a secure medication disposal bin.

An assessment had been completed for a resident to commence self administration of medication.



There was a weekly audit of medication stocks. The person in charge had recently commenced a medication management audit including policies and guidelines, storage, prescriptions, medication administration and medications errors. Medication management audits were due to be completed on a monthly basis going forward.

There were no controlled drugs in use in the centre.

The centre availed of the services of a community pharmacy and had recently changed pharmacy supplier in order to respond to changing practice. The person in charge had contacted the pharmacist to arrange a visit to the centre. Information was available on all medications prescribed.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The centre had a statement of purpose which outlined the aims, objectives and ethos of the centre and the services and facilities to be provided to residents. However, the statement of purpose was not available in an accessible format for residents.

One action from the previous inspection had been implemented and the facilities included details on the centre bus and the size of rooms in the centre.

The statement of purpose had recently been reviewed and arrangements were in place for it's review a minimum of annually. The statement of purpose contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Support for Persons (Children and Adults) With Disabilities) Regulations 2013.

**Judgment:**

Substantially Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector found the quality of care and experience of residents were monitored on an ongoing basis. Effective management systems were in place however, improvement was required to ensure action plans developed following reviews of the quality and safety of care and support addressed all issues identified.

There was annual review of the quality and safety of care completed by the service manager on behalf of the provider nominee. The annual review took into account the views and experiences of residents, relatives and staff. An action plan had been developed to address most issues highlighted in the review however, there had been no action plan developed to respond to staff concerns regarding cleaning of the centre. This was consistent with findings from this inspection in relation hygiene standards in the centre.

There were six monthly unannounced visits carried out by the service manager on behalf of the provider nominee. Action plans had been developed to address identified issues and all actions had been completed on the day of inspection.

There was a clearly defined management structure which identified the lines of authority and accountability. The person in charge reported to a service manager (person participating in management) and meetings took place every month. The service manager was also available to the person in charge for support on a daily basis. The service manager met with the provider nominee on a fortnightly basis and outstanding issues pertaining to the centre were discussed at these meetings.

The person in charge also met with peers on a two monthly basis as part of the larger St. Michael's House management support system.

An out of hours nurse management system was also available.

Arrangements were in place for staff supervision and the person in charge met individual staff on a four to six monthly basis. The service had recently developed a performance management system which was proposed to commence in the near future. The person in charge also met with staff collectively on a monthly basis.

The person in charge was interviewed as part of the inspection process and demonstrated sufficient knowledge of the legislation and her statutory requirements. Staff spoken to stated they felt supported by the person in charge. The person in charge provided good leadership and had developed plans to improve the experiences of residents living in the centre.

The person in charge had been in post for two years and the residents knew her well. The person in charge was employed on a full time basis and also availed of protected time on a weekly basis. The person in charge had a qualification in Applied Social Studies and a certificate in Applied Management and was engaging in continuous training through in service programmes.

The person in charge was engaged in the governance and management of the centre on an ongoing basis including managing staff resources, managing an allocated budget and completing training needs analysis.

**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:**

Arrangements were in place in the absence of the person in charge. The service had appointed two social care workers as persons participating in management in the centre, who both deputised in the absence of the person in charge. An additional person participating in management, employed as a service manager, was also available to staff for support if required.

**Judgment:**  
Compliant

**Outcome 16: Use of Resources**

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

**Theme:**

Use of Resources

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

No actions were required from the previous inspection.

**Findings:**

The inspector found the centre was resourced to ensure the effective delivery of care and support in accordance with the centre's statement of purpose.

There were enough staffing and financial resources to support the residents in achieving their individual personal plans.

The centre had its own transport available to support residents in social and healthcare needs.

**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):**

No actions were required from the previous inspection.

**Findings:**

Overall there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services.

The centre was staffed by social care workers with two staff on duty during the day and one staff on sleepover duty overnight. While staffing levels took into account the statement of purpose, the size and layout of the building had not been taken into account in relation to cleaning of the centre.

There was an actual and planned roster which was reflective of the staff on duty on the day of inspection. The roster was managed ensure the effective deployment of staff in the delivery of a safe and quality service to residents. There was a shift leader indicated on the roster for each shift the person in charge was not on duty.

Staff were observed to deliver care and support in a respectful manner and review of personal plans indicated all care had been provided in a timely manner.

The inspector reviewed records of staff training. All staff had completed mandatory training in safeguarding, fire safety and medication management. Records were available to confirm most staff had completed training in manual handling and an outstanding record for one staff was forwarded to the Authority post inspection.

Training had also been provided to staff in food safety, positive behavioural support and hand hygiene. The education and training provided were reflective of the care and support needs of residents as per the statement of purpose. The person in charge completed a training needs analysis on annual basis.

Staff spoken to were knowledgeable on the policies and procedures relating to the general welfare and protection of residents, for example, fire evacuation procedures and safeguarding procedures. Staff spoken to were also aware of the Regulations.

The inspector reviewed three records of staff supervision. The supervision provided was of good quality, discussing areas of responsibility and areas for development in order to improve practice, for example, keyworker roles and training needs.

There were effective recruitment procedures in place in the centre including the checking and recording of all required information.

Staff records had recently been checked at the main service headquarters and all the requirements of Schedule 2 had been met.

There were no volunteers employed in the centre.

**Judgment:**

Compliant

**Outcome 18: Records and documentation**

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

**Theme:**

Use of Information

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that most of the documentation required by the regulations was maintained in the centre however, some improvement was required to ensure all the policies and procedures as per Schedule 5 of the Regulations were in place and subject to review.

There were no policies in place for, the provision of information to residents and staff training and development. The policy on residents' personal property, personal finances and possessions was out of date. The policy on admissions did not include details on discharges or the temporary absence of residents.

Records maintained within the centre were stored securely in the staff office and were easily retrievable.

A directory of residents was maintained in respect of each resident in the centre.

All of the required records as per Schedule 3 of the Regulations were maintained in the centre.

There was a residents' guide available in an accessible format for residents. The inspector found the details in the residents' guide were not reflective of the services, for example, terms and conditions detailed a tenancy agreement however, this had been replaced in practice by a contract of care. The person in charge had amended the residents' guide by the end of the inspection and an updated version viewed by the inspector was submitted to the Authority post inspection. The remaining records as per Schedule 4 of the Regulations were available and complete on the day of inspection.

An up to date certificate of insurance had been submitted to the Authority as part of the centre's application to register.

**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:***

Caroline Vahey  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by St Michael's House
<b>Centre ID:</b>	OSV-0002391
<b>Date of Inspection:</b>	10 February 2016
<b>Date of response:</b>	10 March 2016

### 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 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:**

Most contracts of care had not been signed by the residents' representative.

#### 1. 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

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



terms on which that resident shall reside in the designated centre.

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

On behalf of the Registered Provider the Person in Charge will ensure the Contracts of Care are signed by the residents representatives.

**Proposed Timescale:** 30/03/2016

**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:**

Some aspects of the personal plan were not available in an accessible format for residents.

**2. Action Required:**

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

The Person in Charge will make sure the elements of care and support that are important to the residents will be made available to them in an accessible format.

**Proposed Timescale:** 30/09/2016

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

There were a number of areas which required cleaning and maintenance as detailed in the body of the report.

**3. 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:**

On behalf of the Registered Provider the Person in Charge has arranged for contract cleaning to address areas identified in the body of the report. The maintenance issues identified have been completed.

**Proposed Timescale:** 31/03/2016

**Theme:** Effective Services

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

The external lights to the rear of the property were not working on the day of inspection.

**4. Action Required:**

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

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

The external lights at the rear of the property are now in full working order.

**Proposed Timescale:** 29/02/2016

**Theme:** Effective Services

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

The covering on a couch and chairs in the sitting room was worn and required replacement.

Plug sockets in the sitting room had been painted over and the mantelpiece was significantly stained with paint splashes.

**5. Action Required:**

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

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

On behalf of the Registered Provider the Person in Charge is getting a replacement couch and chairs from donated monies. Residents will be fully involved in the choice of colour and type.

The plug sockets have already been changed. Maintenance have been contacted regarding the mantelpiece.

**Proposed Timescale:** 30/06/2016

## 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:**

There were no fire doors in the centre.

**6. 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:**

The Registered Provider has submitted an estimate for the replacement of internal doors to the HSE. Pending approval and funding from HSE the designated centre is expected to have the recommended fire doors in place.

**Proposed Timescale:** 30/07/2016

**Theme:** Effective Services

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

Emergency lighting was not available on one escape route to the side of the property.

**7. Action Required:**

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

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

The Person in Charge, on behalf of the Registered Provider has made a maintenance request for emergency lighting to be secured to the side of the property

**Proposed Timescale:** 30/06/2016

## Outcome 13: Statement of Purpose

**Theme:** Leadership, Governance and Management

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

The statement of purpose had not been made available to residents in an accessible format.

**8. Action Required:**

Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

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

On behalf of the Registered Provider the Person in Charge had made the Statement of Purpose available to residents in written format. At organisational level the SLT Dept are working on developing an accessible format.

**Proposed Timescale:** 31/12/2016

**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 had been no action plan developed following the review of the quality and safety of care and support, to respond to staff concerns regarding cleaning of the centre. This was consistent with findings of the inspection in relation hygiene standards in the centre.

**9. 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:**

The Person in Charge on behalf of the Registered Provider has revised the action plan to respond to staff concerns and to be consistent with the findings of the inspection in relation to hygiene standards. In consultation with staff members it was agreed to secure contract cleaners twice a year to address large scale cleaning tasks. Routine cleaning remains part of the role of staff members and is discussed at monthly staff meetings. Any issues in relation to the maintenance of hygiene standards that cannot be addressed locally will be forwarded by the PIC to the Service Manager for action.

**Proposed Timescale:** 30/03/2016

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

There was no policy in the place on the provision of information to residents and no policy in place on staff training and development.

The policy on admission did not include any details on discharges and the temporary absence of residents.

**10. Action Required:**

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

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

The Registered Provider will ensure that the policy on provision of information to residents and the policy on staff training and development will be available.  
The Registered Provider will ensure the policy on admission will include details on discharges and the temporary absence of residents.

**Proposed Timescale:** 30/06/2016

**Theme:** Use of Information

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

The policy on residents' personal property, personal finances and possessions was out of date.

**11. 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 will ensure this Policy is reviewed and updated in accordance with best practice.

**Proposed Timescale:** 31/05/2016