

**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-0002338
<b>Centre county:</b>	Dublin 13
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St Michael's House
<b>Provider Nominee:</b>	John Birthistle
<b>Lead inspector:</b>	Anna Doyle
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	5
<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:
21 June 2016 09:30	21 June 2016 19:00
22 June 2016 09:30	22 June 2016 13:00

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

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

**Summary of findings from this inspection**

**Background to the inspection**

This was the second inspection of the designated centre. The purpose of this inspection was to follow up on actions from an unannounced inspection carried out in the centre in March 2016 and to inform a registration decision.

**Description of the Service**

This centre is operated by St. Michaels House (SMH) and is situated in North Dublin. It comprises of a six bedroom detached bungalow, close to local shops and transport links. The centre provides care to five female residents who have an intellectual

disability, some of whom have mobility and cognitive issues. Care is provided using the social care model of support.

#### How we gathered evidence

Over the course of this inspection the inspector met four residents. One resident was at home on the days of the inspection. Two of the residents met formally with the inspector and stated that they were happy living in the centre and talked about a variety of activities they were involved in. The inspector also reviewed resident and relative questionnaires submitted to the Health Information and Quality Authority (HIQA) during the inspection and their feedback is included in the report. The inspector observed practices, shared a meal with residents, met with staff, reviewed documentation such as: care plans, medical records, accident logs, policies and procedures and fire records. In addition one family member attended the centre to meet with the inspector. The person in charge was present throughout the inspection. They had been interviewed at the last inspection and were found to be knowledgeable of the residents needs in the centre and their responsibilities under the regulations.

#### Overall judgment of our findings

The inspector found that all of the actions from the last inspection had been implemented, with the exception of two. One action related to the installation of fire doors in the centre. Only one fire door had been installed in the centre since the last inspection. In addition one action did not provide clear records to support the decision not to implement the action identified at the last inspection. Overall the inspector found that residents were well cared for in the centre and that the provider was for the most part meeting the requirements under the regulations. One outcome was found to be moderately compliant under health and safety and risk management. This related to fire containment and evacuation plans. Four outcomes were found to be substantially compliant with some improvements required in relation to financial capacity assessments for residents, assessments in relation to potentially restrictive practices, healthcare support plans, and an update required to some schedule 5 policies. The remaining 13 Outcomes were judged to be fully compliant. Overall the inspector found that quality of service being provided in the centre was based on the preferences and wishes of residents. Residents were consulted about the services provided and were supported to take risks in order to promote their independence. The action plan at the end of this report addresses the improvements required.

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

**Outcome 01: Residents Rights, Dignity and Consultation**

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

Overall the inspector found that residents were consulted about how the centre was run and were enabled to exercise choice in their lives in line with their own wishes and preferences. However some minor improvements were required in residents' finances.

There were policies and procedures in place for the management of complaints in the centre. The complaints procedure was displayed in an easy read version. Residents and a family member spoken to were aware of who to make a complaint to should the need arise. There was one complaint on file on the day of the inspection. This complaint had been dealt and the records stated that complainant was satisfied with the outcome of the complaint.

Residents were consulted about how the centre was run. Residents meetings were held monthly in the centre. The inspector viewed a sample of these and found that a wide range of topics were discussed including the complaints procedure, finances, holidays and the communication policy. In addition residents choose their menu every week and this was recorded on a menu planner. One resident stated in their questionnaire that they did not like attending residents meetings all the time. The inspector found from the minutes that this was always respected.

Staff were observed to treat residents with dignity and respect and systems were in place to ensure that resident's dignity was maintained. For example intimate care plans in place.

The inspector saw evidence of where residents were enabled to make choices in their lives. For example one resident who wanted to stay in the house on their own, had been supported by staff to achieve this. In addition the inspector saw where one resident had a support plan in place around their rights and how to support the resident with this.

There was a policy on resident's personal property, finances and possessions in place in the centre. Residents had finance management plans in place that provided a guide to staff. However the plan was not clear as to what level of support residents required when using their ATM cards. In addition the inspector found that one aspect of the policy had not been implemented into practice as financial assessments had not been completed for each resident. The inspector viewed two residents' financial records and found that effective systems were in place to safeguard residents' finances. For example the person in charge completed monthly audits on residents' finances. Daily checks were completed on the balance of monies and to ensure that residents ATM cards were in their personal petty cash box. In addition an inventory was maintained on residents' files of their personal possessions.

There was adequate space for residents to store their personal possessions. Residents were also supported to do their own laundry. Residents spoken to confirmed this and the inspector observed one resident being supported with their laundry on the second day of the inspection.

CCTV footage was not used in the centre.

**Judgment:**  
Substantially Compliant

### **Outcome 02: Communication**

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

**Theme:**  
Individualised Supports and Care

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

**Findings:**  
Overall the inspector found that residents' communication needs were being met in the centre.

There was a communication policy in place in the centre. Staff were aware of the communication needs of residents and systems were in place to meet the needs of residents. For example one resident's personal plan contained a detailed communication support plan. The plan included the use of a memory book, daily reminder schedules, an activity timetable and a menu planner. All of these were in pictorial format in line with

the residents needs.

All residents had access to television, radio and local events and one resident had access to the internet. The person in charge informed the inspector that other residents in the centre were not interested in the internet and this had been discussed with them.

**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:**  
Overall the inspector found that residents were supported to develop and maintain personal relationships and links with the wider community.

There were no restrictions on visitors to the centre and there was local policy in place around this. A family member spoken to confirmed this and stated that they were always made welcome anytime in the centre. In addition the family member informed the inspector that they were always kept informed about any issues involving their relative and attended annual review meetings. Residents spoke about regular contact with family members and one resident was visiting family on the days of the inspection. Residents were supported to develop and maintain personal relationships. For example one resident was having a friend over for dinner on the second day of the inspection. In addition the inspector saw where one resident's goal was developed to try and establish more contact with their friends.

Residents had links with their local community. For example one resident spoke about their neighbours. And another resident was attending their own hairdressers locally on the second day of the inspection. In addition it was evident from speaking to residents that they knew the locality very well.

**Judgment:**  
Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

Overall the inspector found that there were policies and procedures in place for admission to the centre and residents had a written contract of care in place.

The inspector found that there was an admission policy in place, however it did not include the safety of other residents living in the centre. The inspector acknowledges that this did not impact on the residents living in this centre, as there had been no new admissions to the centre and there were currently no vacancies in the centre.

Each resident had a contract of care that had been signed by the resident or a representative as appropriate. It contained details of services provided and all fees including additional fees.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

Overall the inspector found that the actions from the last inspection had been completed and that resident's welfare and well being was being maintained in the centre.

Since the last inspection a new comprehensive assessment of need was in place for all residents. The inspector found that the person in charge had completed their own audit on the personal plans and some minor adjustments were required. However at the time of the inspection the agreed time frame stated in the action plan had not yet been reached and the inspector were satisfied that the areas identified in the audit would be addressed within the agreed time frames.

One personal plan that had been fully completed was viewed by the inspector and found that the arrangements to meet each residents assessed needs were set out in the personal plan that reflected the residents' needs and interests. Residents had an annual review that was attended by a family representative and allied health professionals where appropriate. From this goals were set with residents for the year. The person in charge had also put a system in place to review goals. This had been an action from the previous inspection.

**Judgment:**  
Compliant

**Outcome 06: Safe and suitable premises**

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

**Theme:**  
Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that the location, design and layout of the centre were suitable for its stated purpose and met the needs of residents in a comfortable and homely way.

The premises is a six bedroom detached bungalow. The inspector found that the property was clean and well maintained. Each resident had their own bedroom and bedrooms were personalised to residents' individual tastes. Residents had adequate storage facilities to store personal belongings. One residents bedroom was not seen as the resident had requested privacy and this was respected.

There were two communal areas in the centre where residents could meet visitors. There was a kitchen cum dining room and the kitchen had adequate cooking facilities and equipment. There were adequate bathing/ shower facilities in the centre and assistive devices were in place to support residents. For example shower chairs, hand rails and a chair lift for the bath.

The property had a garden to the front and back and there was a large patio where residents could sit out. The inspector was informed by both staff and residents of the plans to have raised flower beds installed in the patio area for residents to grow flowers. The back wall of the patio had been recently painted and the residents had chosen the colour for this. The back garden however was not accessible to all residents. However when the inspector asked residents about this, two of them stated that they preferred to use the large patio area.

There were measures in place for the disposal of general waste in the centre.

**Judgment:**  
Compliant

### **Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**  
Effective Services

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

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

#### **Findings:**

Overall the inspector found that there were systems in place to ensure that the health and safety of residents, visitors and staff were promoted in the centre, however some of the actions from the previous inspection had not been implemented to a satisfactory level.

Since the last inspection the risk management policy in place was updated. The person in charge had put a system in place to review incidents in the centre. Individual risk assessments had been updated to reflect that adequate control measures were in place for residents who wished to remain in the centre alone. For example one resident had completed fire drills when alone in the centre. The inspector spoke to this resident and they were very clear on what to do in the event of a fire. The emergency evacuation plan had been updated to include the details of how residents were evacuated to another area in such an event. In addition the person in charge had appropriate records in place for staff using their own cars to transport residents. Therefore five of the actions from the last inspection were completed to a satisfactory level.

The inspector found that two of the actions identified at the last inspection had not been implemented. Only one fire door had been installed in the centre. However the inspector was informed that the provider was addressing this issue. In addition the inspector found that the control measures that had been implemented for one resident in the event of a fire were not implemented as stated in the action plan. The inspector was

informed that technical services (maintenance department) had assessed this and felt that this would not mitigate the risks. However the inspector found that there were no records available to show how this decision had been made and there was no fire risk assessment in place to show how all risks were mitigated. This was discussed at the feedback meeting.

**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):**

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

**Findings:**

Overall the inspector found that the actions from the previous inspection had been implemented and that residents were protected from suffering harm or abuse in the centre.

Since the last inspection the action had been implemented in this area in that, detailed intimate care guidelines had been introduced for each resident.

Residents spoken to stated that they felt safe in the centre and informed the inspector that they would talk to staff if they needed to. Staff were clear on the procedures to follow in the event of an allegation of abuse.

Behaviour support plans were in place for residents where appropriate. These records were not viewed by the inspector as this had been completed at the last inspection and found to be satisfactory.

There were two new restrictive practices in the centre since the last inspection. The inspector reviewed records relating to this and found that the restrictive practice policy had not been fully implemented. For example the policy states that a comprehensive assessment should be completed prior to a referral being made for approval. These records were not available. In addition it was not clear why one restrictive practice had been implemented. For example the records stated that the practice was implemented in order to mitigate risks associated with fire, however it was not clear how this practice

would mitigate the risk associated with fire.

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

**Findings:**  
Overall the inspector found that the actions from the previous inspection had been implemented. A record of all incidents occurring in the centre had been notified to the Authority since the last inspection.

**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:**  
Overall the inspector found that resident's had opportunities for new experiences, social participation and education in line with their own preferences and wishes.

There was a policy on education, training and employment in place. All residents attended day services attached to SMH services, some were semi retired and attended on a part time basis. One resident only attended one day a week but this was due to changing needs and was supported by staff from the designated centre on other days. One resident who met with the inspector showed them certificates of achievement they

had attained from courses they attended in the day services. Another resident told the inspector that they had started a horticultural course but had then decided to withdraw from this and concentrate on this hobby in the centre instead.

The inspector viewed activity records for residents and found that residents led a varied life, this was also observed over the course of the inspection.

**Judgment:**  
Compliant

### **Outcome 11. Healthcare Needs**

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

**Theme:**  
Health and Development

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

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

#### **Findings:**

Overall the inspector found the actions from the last inspection had been implemented and that residents healthcare needs were being met in line with their personal plans, however one area required improvement.

The inspector found from the personal plan reviewed that all healthcare needs had health action support plans was in place for each identified need. This had been an action from the last inspection. However the inspector found that one plan did not contain enough detail around a specified health need and there was no individual risk management plan completed in order to mitigate potential risks. This was discussed at the feedback meeting.

Residents had access to allied health professionals as appropriate and the inspector saw evidence on one resident's plan where multi disciplinary meetings had been held to discuss and review the changing needs for this resident.

**Judgment:**  
Substantially 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 the inspector found that the actions from the previous inspection had been implemented and that there were systems in place to ensure that safe medication practices were implemented in the centre.

Not all aspects of this outcome were inspected. The inspector viewed a sample of prescription sheets and found that GP names were now included on residents prescription sheets and one resident's prescription sheet had been amended to provide clearer instructions so as to guide practice.

One medication error had occurred in the centre, since the last inspection. The inspector found that this had been reviewed and appropriate actions had been taken. For example the person in charge had amended the local medication procedure to reflect the learning from the incident and intended to change the recording systems in place to reflect this.

**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):**

No actions were required from the previous inspection.

**Findings:**

Overall the inspector found that a written statement of purpose was available that broadly reflected the services provided in the centre. On review it was found that the document contained all of the information required in Schedule 1 of the Regulations. A copy was made available for residents.

**Judgment:**  
Compliant

**Outcome 14: Governance and Management**

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

**Theme:**  
Leadership, Governance and Management

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

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

**Findings:**

Overall the inspector found that effective systems were in place to support and promote the safe deliver of care in the centre.

Not all aspects of this outcome were inspected. Since the last inspection the two actions from the previous inspection had been implemented. One unannounced quality review had been completed in the centre and another was scheduled to take place in August 2016. The annual review of the centre had been completed.

**Judgment:**  
Compliant

**Outcome 15: Absence of the person in charge**

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

**Theme:**  
Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the person in charge had not been absent from the designated centre for more than 28 days. There were satisfactory arrangements in place

to cover any absences of the person in charge.

The provider was aware of the requirements to notify the Authority in the event of the person in charge being absent.

**Judgment:**  
Compliant

**Outcome 16: Use of Resources**

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

**Theme:**  
Use of Resources

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

No actions were required from the previous inspection.

**Findings:**

Overall the inspector found that the centre was resourced to ensure the effective delivery of care and support.

The staffing levels had recently been reviewed in the centre. Additional resources of 13.5hrs had been allocated and rosters had been amended to reflect the changing needs of residents. The statement of purpose had been amended to reflect this.

**Judgment:**  
Compliant

**Outcome 17: Workforce**

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

**Theme:**  
Responsive Workforce

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

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

**Findings:**

Overall the inspector found there was appropriate numbers of staff to meet residents' needs in the centre. The actions from the last inspection had been implemented and one action was still in progress.

Not all aspects of this outcome were reviewed .The inspector found that since the last inspection the person in charge had reviewed staff rotas and changes were made to reflect residents' needs. This was an action from the last inspection.

Staff spoken to felt supported in their role and felt that they could raise concerns with the person in charge. For example staff spoke about a recent issue raised with senior management and the inspector viewed records that showed this issue was being addressed. The person in charge completed supervision with staff and while there was no formal supervision in place for staff, the inspector was satisfied that the provider was taking measures to address this.

There were no volunteers employed in the centre. The personnel files had been reviewed at an earlier date by the Authority and were found to be in line with the requirements set out in the regulations.

**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:**

Overall the inspector found that most of the documentation required by the regulations was maintained in the centre, however improvements were required to ensure that all of the policies and procedures as per Schedule 5 of the regulations were in place.

Residents' records were safely stored in the centre and were available to the inspector. The policies and procedures outlined in Schedule 5 of the regulations were not all

available in the centre and two of the policies required improvement in order to guide practice. This included:

The policy on staff training and development was not available

The admission policy did not reflect the safety of other residents in the centre prior to a new admission to the centre.

The finance policy included reference to a 'guideline for staff on expenses incurred by members of staff supporting activities of service users' that had not been reviewed since 2009.

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

The information required under Regulation 21 and listed in Schedule 4 were maintained in the centre.

A resident's guide and directory of residents were maintained in the centre, which included all the required information.

**Judgment:**

Substantially Compliant

**Closing the Visit**

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

**Acknowledgements**

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

***Report Compiled by:***

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

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<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-0002338
<b>Date of Inspection:</b>	21 June 2016
<b>Date of response:</b>	12 July 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 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

Residents did not have a financial assessment completed in line with the service policy

Finance management plans did not outline the supports resident's required on using their ATM cards.

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

**1. Action Required:**

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

1. A financial assessment has commenced in this location for all residents.
2. Financial personal support plans will be reviewed to ensure they include detailed supports required for each service user who wishes to use their ATM card.

**Proposed Timescale:** 31/07/2016

**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 records to support the reason why one action had not been implemented in the centre.

There was no fire risk assessment completed for one resident to show how all risks were mitigated.

**2. Action Required:**

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

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

1. A review of this location will be organised by the PIC with the Fire Officer and the Technical Services Department to reassess action mentioned above. This review will be documented and made available in this designated centre. 30th August 2016
2. This residents supports needs in relation to fire safety have been reviewed by the PIC, staff team and the organization's fire officer. There is now a revised PEEP. The House Fire Evacuation Plan has been reviewed and now includes how risks have been mitigated. The designated fire risk assessment for fire safety in the unit has been reviewed. 7th July 2016

**Proposed Timescale:** 30/08/2016

**Theme:** Effective Services

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

The centre had only one fire door installed in the centre.

**3. 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:**

A review of this location will be organised by the PIC with the Fire Officer and the Technical Services Department to consider all current measures in place to address fire safety, and to reassess the need for fire doors to be fitted throughout this house. This review will be documented and made available in this designated centre.

**Proposed Timescale:** 30/08/2016

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

There was no assessment completed as outlined in the service policy prior to the use of restrictive practices being approved.

The rationale for the use of one restrictive practice in the centre was not clear.

**4. 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:**

1. A local assessment tool is been devised and will be completed for this resident to ensure compliance with this requirement. 10th August 2016
2. The rationale for the implementation of this restriction is now clearly documented in the residents personal file. 7th July 2016

**Proposed Timescale:** 10/08/2016

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

One plan did not contain enough detail around a specified health need and there was no individual risk management plan completed in order to mitigate potential risks.

**5. Action Required:**

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

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

A risk assessment and a support plan has now been completed in relation to the specified health need and potential risks.

**Proposed Timescale:** 09/07/2016

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

The policy on staff training and development was not available.

The admission policy did not reflect the safety of other residents in the centre prior to a new admission to the centre.

The finance policy included reference to a 'guideline for staff on expenses incurred by members of staff supporting activities of service users' that had not been reviewed since 2009.

**6. Action Required:**

Under Regulation 04 (2) you are required to: Make the written policies and procedures as 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 available to staff.

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

1. Staff Training, Learning and Development Policy, devised in April 2016 is now in place and available to all staff in the office. 11th July 2016
2. The most recent version of the Admission Policy was reviewed in June 2016 and requires that during the Assessment / Consultation process, a health and safety Assessment, in addition to a risk profile be written to address any risks which may be present for the proposed resident and existing resident. This policy is in place and followed by this location when required. 29th June 2016
3. The guideline document is being reviewed as part of an overall organisational review of service users money policy and will be completed by year end. 31st December 2016

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