Health Information and Quality Authority
Regulation Directorate

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

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

Centre name:	Garvagh House
Centre ID:	OSV-0002348
Centre county:	Dublin 13
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	Michael Farrell
Lead inspector:	Caroline Vahey
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
23 March 2017 08:25	23 March 2017 19:30

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

Outcome 02: Communication
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 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
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

Backround to the inspection.
This was the third inspection of the designated centre and was a follow up to the registration inspection in March 2015. Fourteen outcomes were inspected against on this inspection, the findings of which will inform a registration decision.

Description of the service.
The centre comprised a large community house, close to local amenities. Public transport was available as well as a centre bus. The centre had produced a statement of purpose which stated the aim of the centre was to promote community based quality residential service delivery to the five residents who live in the centre and to provide a safe and secure environment in a homely atmosphere. There were five residents living in the centre on the day of inspection and there were no vacancies.

How the inspector gathered evidence.
The inspection took place over one day and was facilitated by the person in charge. The inspector met two residents during the inspection. The inspector also interviewed two staff members and spoke with a further two staff members. Practices were observed including medication management practices and staff providing a meal to a resident. The inspector also reviewed documentation such as personal plans, financial records, incident records, risk assessments, staff rosters, staff training records, fire safety records and policies and procedures.

Overall judgment of findings.
The inspector found improvements were required to ensure some practices in the centre were safe and appropriate for residents in accordance with the aims set out in the statement of purpose. Poor medication administration practices were observed as well as a lack of timely and accurate prescriptions and a major non compliance in medication management was identified.

Three moderate non compliances were identified as follows;
- Outcome 5 - relating to assessment of need reviews, personal goals and some personal plans not developed, and accessible plans not in place for residents,
- Outcome 8 - relating to the use of restrictive practices and a recommended therapeutic intervention not implemented,
- Outcome 14 - relating to inadequate monitoring of the practices in the centre and inadequate protected time for the person in charge.

Good practice was identified in a number of outcomes inspected against including healthcare needs, communication needs, general welfare and development and health and safety and risk management. Residents' healthcare needs had been appropriately assessed and met by the care provided. Residents communication was promoted through accessible information and pictures displayed in the centre. Residents were supported to experience new opportunities in line with their own preferences.

These findings are discussed in the body of the report and the regulations which are not been met 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 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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector found pictorial aids had been developed and were displayed throughout the centre with the aim to promote residents' communication. These included noticeboards displaying staff on duty and meal planners. Picture labelling was prominently used to enhance residents' understanding, for example, pictures were on each door to identify the function of that room and the storage presses had pictures of the content.

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 written agreements were in place for residents and were signed by the residents' representatives.

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

Findings:
The inspector found overall residents were provided with a good standard of care and support however, improvements were required to ensure all assessments of need were up to date and that plans and goals were developed reflecting residents' interests, needs and capacities. Further development of accessible personal plans was also required.

Each resident had an assessment of need of their personal, health and social care needs. However, one assessment of need had not been reviewed since February 2015. There was evidence that multidisciplinary team members had been involved in most required assessments however, the inspector found an assessment of a resident's communication needs by a speech and language therapist following referral in February 2016 had not been completed by the day of inspection.

Personal plans had been developed for a range of residents' needs including personal care needs, health care needs and nutritional needs, money management and safety needs however, the inspector found some plans for identified needs had not been developed. These included some health care needs, mobility needs and social care needs however, the inspector found interventions such as general practitioner recommendations and assistive equipment were in place to meet these needs and meaningful activities in line with the resident's interests were provided. In addition, while most residents had personal goals developed one resident did not have any personal goals identified or developed setting out the plans to maximise their personal development. Personal goal plans developed for residents outlined the steps in place to achieve goals and goals were reviewed regularly by the keyworker to track progress. The person in charge outlined that most personal plans had not been developed into an accessible format for residents.

Overall the inspector found plans were fully implemented, for example, residents were

supported to access a range of social opportunities specific to their interests such as swimming, going to the cinema, going to restaurants, visiting family or going to the local pub. Residents were also supported to use public transport and attend cultural events in nearby towns. Most residents attended a day service and an individualised day service for a resident was supported by staff from the centre and one staff from day services.

Personal plans, where developed had been recently reviewed. Changes were made to personal plans where required following these reviews in order to reflect a change in need or circumstance. Families had been invited to attend reviews of residents' needs and personal plans through wellbeing review meetings.

The inspector found the centre was suitable for the purposes of meeting the needs of the residents and additional resources had been allocated to meet the diverse needs of residents.

Judgment:
Non Compliant - Moderate

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

Findings:
The inspector found that some areas of the centre required improvement to ensure it was decorated in a homely manner. Arrangements were made by the end of the inspection to address issues identified with cleanliness.

The inspector identified a lack of cleanliness in some part of the centre during the inspection however, the person in charge had made arrangements by the end of the inspection to address these issues.

The inspector found the design and layout of the centre was suitable for it's stated purpose and there was adequate communal and private space available. The inspector found one resident's bedroom required improvement to ensure it was decorated in a homely and personal manner.

Judgment:
Substantially Compliant

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

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
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. Some improvement was required to ensure the actions arising from incident reviews were implemented and to ensure a fire exit was kept clear from obstruction.

There were policies relating to risk management and risk management plans were developed for those risks as specified in Regulation 26. A centre risk register was developed and specified those risks most likely to occur and with significant potential impact. Appropriate control measures were in place to mitigate these risks. The inspector reviewed a sample of individual risk management plans for two residents and found proportionate control measures were in place to reduce the likelihood and impact of injury associated with these risks. Site specific risk assessments were also in place for a range of environmental and procedural risks such as manual handling, medication management and slips, trips and falls.

The inspector reviewed a sample of incidents for the preceding year. Incidents reports were completed and where required recommendations for follow up were documented however, the inspector found these recommended actions were not consistently completed. For example, a recommendation that a resident have a follow up assessment with a physiotherapist following a slip was not completed post incident.

There were policies and procedures relating to health and safety including waste management, fire safety and infection control. Missing persons guidelines were also developed and outlined the response staff should take if a resident was unaccounted for. There was an up-to-date health and safety statement. Satisfactory procedures were in place for the prevention and control of infection, for example, personal protective equipment was provided and suitable handwashing facilities were available throughout the centre. Colour coded mops and buckets were also provided.

Suitable fire safety equipment had been provided, for example, fire extinguishers, break glass units a fire alarm and a fire blanket and records confirmed fire equipment had been serviced recently. There were adequate means of escape however, one fire exit from the kitchen area was obstructed by household items on the day of inspection and staff stated there was no storage for these items available. The inspector did note a

second fire exit was available in this room. Exits were clearly marked and emergency lighting was installed throughout the centre. Daily and monthly fire safety checks were completed and included checking of escape routes and fire equipment. From review of these records it was evident that where issues were highlighted by staff corrective action had been taken, for example, emergency lighting had been fixed following a fault being identified during a daily check.

A fire evacuation plan was displayed in the hallway. Residents' understanding and support needs had been assessed and plans developed outlining the assistance residents required in the event the centre required to be evacuated. The inspector reviewed records of fire drills for 2016 and found drills had been completed in a timely manner. Records confirmed that where issues were highlighted during drills, actions had been taken to reduce the likelihood of reoccurrence.

Judgment:
Substantially Compliant

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

Theme:
Safe Services

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

Findings:
The inspector found measures were in place to safeguard residents and therapeutic support was provided to support residents with their emotional wellbeing. Improvements were required in the use and monitoring of restrictive procedures to ensure the rationale and plans for use were clearly defined, the implementation of these practices was proportionate to the risks and practices were regularly reviewed in line with best practice.

There were policies and procedures relating to the prevention, detection and response to abuse. Staff spoken with were knowledgeable on the types of abuse, and the response to take in the event of a safeguarding concern. Most staff had up-to-date training in safeguarding however, two staff required refresher training. The inspector found measures were in place to protect residents and additional resources at night time had recently been provided to ensure the needs of residents were met and the impact of some behaviours of concern reduced.

Safeguarding concerns had been appropriately followed up and the provider had implemented actions to ensure residents were protected. The inspector reviewed sample financial records and found satisfactory procedures were in place in order to manage and protect residents' finances. Regular financial audits were completed by the person in charge.

Staff members were observed to treat residents in a kind and friendly manner interacting with residents consistent with their communication needs.

There were a number of restrictive practices in use in the centre including mechanical, chemical and environmental restrictive practices. On the day of inspection, the inspector observed a number of environmental restrictive practices in place such as locking of doors and presses. The inspector spoke to staff members however, in some cases staff were not clear on the rationale for the use of some of these practices and there was no plan in place for the use of some of these practices. In some cases the use of restrictive practices was clearly set out in plans, was used as a last resort and records were maintained on it's use. In other cases the inspector found the use of these practices were not proportionate to the risk and limited residents' access to parts of their home. This was also discussed with the person in charge, and while practices had been discussed with a member of the service review committee in recent weeks, there was no plan in place to reduce some of these practices of which there was no clear or proportionate rationale. The person in charge identified that some of these practices were not required and had arranged for a number of locks to be removed by the end of the inspection.

Some restrictive practices had been reviewed and discontinued. However most restrictive practices were not subject to regular review and there was no plan in place to reduce these practices. In addition, the inspector found the directive for the use of medication as part of a therapeutic response to behaviour was not clear.

The inspector found residents were supported with their emotional wellbeing and support plans were developed to guide staff on the management of behaviours of concern. Residents had regular reviews with a psychiatrist and a psychologist in accordance with their assessed needs, and behaviour support plans were regularly reviewed by the relevant team members. Some improvement was required to ensure recommendations arising from reviews were implemented specifically a sensory plan which was recommended for a resident was not recorded as having been implemented.

The inspector reviewed a sample of two intimate care plans and found these were detailed and guided practice in supporting residents while ensuring residents' privacy was maintained.

Judgment:
Non Compliant - Moderate

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

Findings:
The inspector found the residents were engaged in social activities external to the centre.

The inspector reviewed documentation pertaining to social activities and spoke to a staff member. Residents had been supported to access a range of social opportunities consistent with their preferences and goals, for example, swimming, going to the cinema, going to restaurants and accessing spa facilities.

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' healthcare needs were met.

The inspector reviewed a sample of three residents' healthcare plans and found residents healthcare needs were met accordingly. Plans set out the interventions in place for the management and monitoring of identified healthcare conditions and the measures to prevent known complications associated with some residents' healthcare needs. Residents were supported by staff with their individual healthcare needs.

Residents' healthcare needs had been assessed. Recommendation arising from allied health professional assessments also formed part of plans and interventions. Residents had access to a range of allied health professionals relevant to their needs, for example, physiotherapists, occupational therapist, psychiatrist, psychologist and chiropodist. The

provider had made arrangements for assessment by external professionals for residents' specific needs where required.

Residents had access to a general practitioner (GP) and records confirmed residents had regular reviews with their GP.

The inspector reviewed a sample meal plan and found residents were provided with a varied and nutritious diet. Residents were supported to choose meals and there were snacks available for residents. The advice of a speech and language therapist formed part of plans for supporting residents with their meals where required.

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

Findings:
The inspector found that appropriate practices were not in place for the administration of medication. Significant improvements were required to ensure medications were prepared appropriately, and to ensure medication prescriptions were in accordance with the prescriber's instructions.

The inspectors observed medication being prepared for administration and found some medications were not prepared as per the manufacturer's guidelines. Instructions specified these medications required to be mixed with a specified amount of fluid however, the inspector observed no fluid was added to the medication and instead was mixed with a food product. The inspector spoke to staff who stated this was always the practice for the preparation of these medications. The inspector requested these medications be re-dispensed and prepared appropriately prior to administering them to the resident. The inspector also observed that some medications were inappropriately handled and the inspector was not assured that the preparation of these medications was hygienic. Staff subsequently prepared these medications appropriately and in accordance with the instructions.

The inspector reviewed three medication and prescription records. Most required documentation was recorded in prescription records however, residents' general practitioner name was not recorded. The inspector identified recommended changes to

a resident's prescription were not documented in a timely manner on the prescription sheet and the person in charge outlined it could take up to a week for prescribed changes to be documented on a prescription sheet. Most PRN (as required) medication prescriptions specified the circumstances under which a medication should be administered and the maximum dosage in 24 hours was stated on the prescription.

Administration records confirmed medications had been administered as prescribed to the resident for whom they have been prescribed. The inspector observed medications were signed for post administration and that since the last inspection PRN (as required) medications were signed for in a dedicated space on the administration record. Staff also recorded if a resident was at home.

Suitable secure storage was available for medications. The service availed of the services of a medication disposal company and medication disposal bins were available in the centre.

Medication management plans were developed and specified the individual preferences and support resident required to take medication.

Staff had received training in the safe administration of medication. Medication management audits were completed on a monthly basis and actions had been implemented to issues identified. The inspector was not assured that this audit adequately reviewed some practices in the centre however, this is discussed in Outcome 14. Records were maintained of all medications received into the centre.

The residents availed of the service of a community pharmacy and medications were prepared into monitored dosage systems.

Judgment:
Non Compliant - Major

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

Findings:
The inspector found the management systems in place had not ensured the service was adequately monitored and as such appropriate and safe, specifically in relation to the use of restrictive practices and medication management. The person in charge did not have adequate support to fulfil their management functions.

The inspector found there was a clearly defined management structure. Staff reported to the person in charge who reported to the service manager. The service manger reported to the director of adult services (provider nominee).

There were systems in place to audit the service however, the inspector found these were not robust enough to ensure some practices were safe and appropriate to residents needs in particular relating to medication management practices and to restrictive practices. For example, restrictive practices formed part of a six monthly unannounced visit by the provider. However, on discussion with the service manager it was identified this review encompassed documentation only and most restrictive procedures were not subject to regular review as per the service policy. Medication management audits had not identified administration issues.

Six monthly unannounced visits had been completed by the service manager behalf of the provider and where required actions had been developed for identified issues. An annual review of the quality and safety of care and support had been completed for 2016 which had included the views of residents. The views of relatives had also been sought as part of this review.

The person in charge had commenced in their post in January 2017 and had been interviewed by the inspector a number of weeks prior to the inspection. The person in charge was knowledgeable on the regulations and their statutory responsibilities. The person in charge was employed on a full time basis had the appropriate qualifications as specified in the regulations for the post of person in charge. However, the inspector found the person in charge did not have adequate protected time to fulfil their administrative functions, given the needs of the residents, the size of the staff team and the improvements required to bring the centre into compliance with the regulations.

Judgment:
Non Compliant - Moderate

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

Theme:
Leadership, Governance and Management

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

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

Findings:
The inspector found suitable arrangements were in place for the absence of the person in charge.

The service had appointed a social care worker (person participating in management) to act in the absence of the person in charge. The Health Information and Quality Authority (HIQA) had been notified as required, of the occasion of the absence of the person in charge.

Judgment:
Compliant

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

Theme:
Use of Resources

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

Findings:
The inspector found sufficient staffing resources had been provided since the last inspection in order to meet the needs of the residents.

All staff vacancies within the centre had been filled and two staff were due to commence working in the centre within the coming weeks.

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:
The inspector found there were sufficient staff with the right skills and experience to meet the needs of the residents. Continuity of care and support was promoted and staff had been provided with mandatory training.

The inspector reviewed staffing rosters and spoke to the person in charge regarding staffing arrangements. Three staff were on duty in the morning. An additional staff also was available during the day time period to provide an individualised day service for one resident. Three staff were also available in the evening time. Staffing arrangements at night time had recently been amended to provide a waking night staff along with a sleepover staff in response to the needs of residents.

Three staff vacancies had recently been filled. One of these staff had commenced working in the centre with two staff due to start in the coming weeks. The inspector reviewed planned and actual rosters for two months and found regular relief or agency staff were employed to fill vacancies.

The inspector reviewed records of staff training and found staff had been provided with mandatory training in manual handling, safe administration of medication, safeguarding, and fire safety. Where required most refresher training was scheduled with the exception of safeguarding training. Additional training had also been provided in positive behavioural support in order to meet the specific needs of residents.

Staff members spoken to were aware of the procedures relating to the general welfare and protection of residents including fire safety procedures and safeguarding.

Schedule 2 records were not checked as part of this inspection.

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

Findings:
The inspector found the outstanding policies were in place as required by Schedule 5 of the Health Act (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013.
The inspector reviewed the directory of residents which now included the service responsible for admitting residents to the centre. An up-to-date insurance certificate had been submitted to HIQA as part of the application to register the centre.

Judgment:
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

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Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002348
Date of Inspection:	23 March 2017
Date of response:	06 June 2017

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 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 personal plans were not developed for identified needs of residents.

1. Action Required:
Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects

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

the resident's assessed needs.

Please state the actions you have taken or are planning to take:
Support plans will be reviewed and any outstanding supports will be referred to relevant health care professionals to address identified needs.

Proposed Timescale: 30/05/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
One resident's assessment of need had not been reviewed since February 2015. An assessment of a resident's communication needs had not been completed, following a referral to speech and language therapy in February 2016.

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

Please state the actions you have taken or are planning to take:
•The individual resident referred to has had a full review of the assessment of need this was completed on the 30th March 2017

•An assessment of a resident's communication needs was completed, by speech and language therapy on 07/09/2016 this is now recorded on the residents file.

•A review of all residents Assessment of need and effective support plans will be audited on a monthly basis by key workers.

Proposed Timescale: 30/05/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal goals were not developed for a resident setting out the plans to maximise their personal development.

3. Action Required:
Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

Please state the actions you have taken or are planning to take:
Personal goal trackers are now in place for all residents to assess the process of identified goals. Support plans reviewed monthly to establish skill development. Evaluation of goals on a bi monthly basis and feedback at staff meetings Re: progress

Proposed Timescale: 30/05/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Most personal plans had not been developed into an accessible format for residents.

4. 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:
Residents have an "All About Me" either in a visual format or object of reference depending on Individuals communication style. Keyworkers will develop support care plans with more visuals to provide an accessible format for all residents

Proposed Timescale: 30/05/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One resident's bedroom required improvement to ensure it was decorated in a homely and personal manner.

5. 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:
Resident has been supported to decorate the bedroom in line with their wishes and choices.

Proposed Timescale: Completed 30/03/2017

Proposed Timescale: 30/03/2017

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:** Recommended actions following incident reviews were not consistently implemented. **6. Action Required:** Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents. **Please state the actions you have taken or are planning to take:** All accidents and incidents will be reviews by the service manager and the PIC on a monthly basis. A tracker system is in place for ease of access and to identify where there is an action needed.
Proposed Timescale: 30/04/2017
Theme: Effective Services **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** A fire escape route was obstructed by household items on the day of inspection. **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:** Household dustpan and brush are now located in alternative storage space under the stairs Proposed Timescale: Completed 24/03/2017
Proposed Timescale: 24/03/2017

Outcome 08: Safeguarding and Safety
Theme: Safe Services **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** Significant improvement was required to ensure the rationale and plans for use of restrictive practices were clear, that restrictive practices were subject to regular review in line with the centre policy.

8. 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:
A restrictive practice audit tool has been development to ensure regular review in line with policy.

An audit has been completed on 19th April 2017

Proposed Timescale: 30/03/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Evidence was not available to confirm the least restrictive measures, for the shortest duration was applied in the use of some restrictive practices.

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

Please state the actions you have taken or are planning to take:
•A restrictive practice audit tool has been development and will ensure monitoring of restrictions, rationale and strategies to alleviate behaviours.

•An audit has been completed on the 19th April 2017

•There will also be a review of all support plans to incorporate the positive behaviour support guidelines.

Proposed Timescale: 30/05/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Evidence was not available to confirm the implementation of a sensory plan recommended to support a resident with behaviours of concern.

10. Action Required:
Under Regulation 07 (1) you are required to: Ensure that staff have up to date

knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Please state the actions you have taken or are planning to take:
A review of the sensory plan has taken place by OT and a new sensory assessment has commenced as of 13/04/2017 with 3 further sessions to take place in May. Briefing by OT of sensory programme for all staff to take place at a staff meeting in June when assessment completed.

Proposed Timescale: 30/06/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Two staff did not have up - to - date training in safeguarding.

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

Please state the actions you have taken or are planning to take:
Two staff have been placed on Training for Safeguarding on the 15th May 2017

Proposed Timescale: 15/05/2017

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Appropriate practices for the preparation and administration of medication were not in place in the centre.

Medication prescriptions were not updated in a timely manner following reviews and changes to prescriptions by the prescriber.

Medication prescriptions did not specify the general practitioners name.

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

Please state the actions you have taken or are planning to take:
•Briefing of all staff by SAM Trainer 8/05/2017 at staff meeting

•SAM refresher training for one staff scheduled for the 5/5/2017

•Review of all Medication Administration Sheets to reflect GP Name 30/03/2017

•A referral has been sent to the Medication Admin Group in order to address the systems causing delays in updating prescriptions by the prescriber in a timely manner.

Proposed Timescale: 30/05/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspector found the management systems in place had not ensured the service was appropriately monitored specifically in relation to the use of restrictive practices and medication management.

13. 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:
• Restrictive Audit tool –reviewed every 6 months at Health and Safety Audit. Regular discussions with Service Manager and PIC and follow up then discussed at staff meetings
• Medication Audit tool to reflect effective systems for Medication management. The present Audit tool reflects observation of SAM trained staff in the preparation and administration of medications. PIC to complete a random audit of staff administering medication on a monthly basis to ensure compliance with safe administration of medication policy.
• The Health and safety Trainer on the 8/5/2017 will discuss with staff and PIC the Audit tool to ensure staff are confident in their role as SAM trained staff.
• Service manager Audit tool for medication management is being developed and will be piloted in the coming weeks

Proposed Timescale: 08/05/2017

Theme: Leadership, Governance and Management

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

Appropriate support was not in place for the person in charge to manage the centre and the person in charge did not have adequate protected time.

14. Action Required:
Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

Please state the actions you have taken or are planning to take:
Review of roster and allocation of a further 24 hours management hours per month for a period of 3 months and review to take place 30/07/2017

Proposed Timescale: In place as of 01/05/2017

Proposed Timescale: 01/05/2017