Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	Ardbeg
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Announced
Date of inspection:	07 March 2018
Centre ID:	OSV-0002352
Fieldwork ID:	MON-0021037

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The designated centre consists of a terraced house in a suburban area of North Dublin. It provides 24 hour residential care and support to six residents with intellectual disabilities. On the ground floor of the building there is an entrance hallway, a modest sized kitchen space, a large dining room, two living rooms, a side entrance with a small toilet, a utility room, a large shared bathroom, and two bedrooms. On the first floor there are four bedrooms, one staff office area which also acted as a sleep over room and contained en suite facilities, a main bathroom, and a small storage space. Exterior to the building there is a small driveway to the front with space for parking one vehicle while at the rear of the building there is a large enclosed garden with patio and outdoor dining space. The designated centre was extensively renovated in 2008. The registered provider had produced a statement of purpose which outlined the services provided within the designated centre.

The following information outlines some additional data on this centre.

Current registration end date:	24/08/2018
Number of residents on the date of inspection:	6

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
07 March 2018	09:30hrs to 17:30hrs	Thomas Hogan	Lead

Views of people who use the service

The inspector met with four residents who were availing of the services of the designated centre and spoke in detail with three residents. In addition to speaking with residents, the inspector reviewed six questionnaires which were completed by residents prior to the inspection. Overall, residents communicated that they were satisfied with the care and support they received in the centre. All residents stated that they felt safe in the centre and knew how to report any concerns that they may have. Residents told inspectors about the holidays they had enjoyed and three of the residents told the inspector about how important their part time jobs were.

Capacity and capability

Overall, the inspector found that the registered provider and person in charge were effective in ensuing that good quality, safe services were delivered to residents in this designated centre. There was strong evidence of effective governance structures in place in the centre with clear lines of accountability so that all members of the workforce were aware of their responsibilities and who they were accountable to. While there were some areas of improvement identified as being required, the person in charge demonstrated awareness of these issues and had initiated a swift response to address these matters.

The provider had ensured that there were policies in the centre to guide the management and operation of the centre. However, one of the policies required by the regulations relating to the recruitment, selection and vetting of staff was not available and the safeguarding policy had not been reviewed within the time frame identified by the provider.

The inspector found that the provider was ensuring that the centre was appropriately resourced. The inspector observed staffing levels and reviewed the rosters. There was a consistent staff team and staffing levels were appropriate to meet the assessed needs of residents. The person in charge informed the inspector that the staffing levels were kept under review and gave the example of significant changes that were implemented following a review of residents' needs in 2016. In addition to social care staff, the provider had ensured that residents had access to nursing staff from a nearby day service. when needed. The person in charge had ensured consistency in staffing by having permanent part time staff to cover for other staff absences and thereby eliminating the requirement for agency staff.

The inspector found that there were appropriate support arrangements for staff to ensure that they could meet the support needs of residents. The inspector saw

evidence of both formal and informal supervision for staff. Staff were provided with training appropriate to their roles, and planned refresher training was being offered to staff.

The provider was reviewing the services to ensure that they were were safe, appropriate to identified needs, consistent and effectively monitored. An annual review of the quality and safety of care and support provided in the designated centre was found to have been completed in February 2018 and provided for consultation with residents, families and staff members. In addition, the inspector found that six monthly unannounced visits to the designated centre by the registered provider, or persons nominated by the registered provider, had been completed in April and October 2017.

Regulation 15: Staffing

The inspector found that the number, qualifications and skill mix of staff members employed in the designated centre was appropriate to the number and assessed needs of residents, the statement of purpose and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector found that staff members were being provided with training relevant to their role and that refresher training was being provided to staff.

Judgment: Compliant

Regulation 22: Insurance

The inspector found that the registered provider had a contract of insurance in place which included injury to residents in the form of public liability cover.

Judgment: Compliant

Regulation 23: Governance and management

Overall, the inspector was satisfied that the governance and management

arrangements in place in the designated centre ensured that the services provided to residents were safe, appropriate to identified needs, consistent and effectively monitored.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There had been no admissions, discharges or transfers to or from the designated centre in the period since the last inspection. All residents were found to have signed contracts of care on file. A review of contracts by the inspector found they included terms of the support, care and welfare, details of the services to be provided, and fees to be charged.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was found to contain all of the information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had policies in place to guide the management and operation of the service but one of the policies required by the regulations was not available in the centre and another policy had not been updated within the time frame set out by the provider.

Judgment: Not compliant

Quality and safety

Overall, the inspector found that this was a nice place for residents to live. The supports were provided in a positive, person-centred and supportive manner. There

was evidence of participation of residents in the running of the centre and that residents were supported and empowered to exercise their rights and to achieve their personal goals and aspirations.

The inspector found that the size and layout of the centre met the requirements of residents. The inspector also found that the centre was being maintained in a good state of repair externally and internally, was clean and suitably decorated. There was adequate private communal accommodation for residents. Residents had sufficient storage facilities for their personal use.

The provider had put arrangements in place to keep residents safe and to reduce the risk of harm for residents. There was a risk management policy and the provider had assessed any risks to residents in the centre. There was a very low level of accidents and where they had occurred, the provider had ensured that they were reviewed and actions taken to minimise the likelihood of recurrence.

Residents were being kept safe by the fire precautions that were being implemented. There were regular fire drills and actions were being taken in response to the outcome of the drills to further improve the safety of residents. Each resident had an individual personal emergency evacuation plan which outlined the type of support required to evacuate in the event of an emergency. In addition, there were local emergency response plans in place for the centre which provided guidance for emergencies such as power outage, loss of heating, gas leaks, flooding, and loss of water.

The medication management arrangements were also keeping residents safe. All medications reviewed were in date and appropriately labelled. There were appropriate procedures in place for the disposal of out-of-date or spoiled medication and a review of prescriptions and medication administration records found that medications were administered as prescribed to residents. However, the inspector found that PRN medication (medications given as the need arises) administration instructions in the centre were not signed by a prescribing clinician. One of the residents was self-administering medication and an appropriate assessment had been completed to enable this to be facilitated.

Residents were protected by the safeguarding arrangements in the centre. Staff had good knowledge of the different types of abuse and knew what to do if they witnessed or suspected abuse.

Residents were being supported to live active and interesting lives, and to be involved in their local community. Residents were supported to be members of the local GAA club, and some residents were availing of a local literacy class. The inspector saw evidence of participation in many other community based activities. Three of the residents had part time jobs which they told the inspector about. Residents were having regular holidays of their choosing both in Ireland and abroad.

The individual support plan to provide guidance for staff in supporting residents was based on discussions with residents and assessments of their support requirements. While these plans were providing guidance to the staff about the support needs of residents, the plans could have been improved by including a record of the

effectiveness of the plans when they were being reviewed.

The inspector found that the residents were supported to achieve best possible health outcomes. Residents were supported to attend medical practitioners of their choice and had access to a range of specialist services through the public health service as required. However, some healthcare plans did not address identified issues such as epilepsy, osteoperosis, and hyperlipidemia and some plans did not sufficiently guide the practice of staff members.

Regulation 17: Premises

The inspector found that the premises of the designated centre was designed and laid out to meet the aims and objectives fo the service and the number and needs of residents.

Judgment: Compliant

Regulation 26: Risk management procedures

A review of risk assessments demonstrated that the provider had active arrangements for the identification and management of risks to the safety of residents.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety precautions in the centre and the inspector saw evidence of regular fire drills and actions being taken in response to the outcome of those reviews. Each resident also had a personal evacuation plan and there were plans for responding to emergencies.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that PRN medication (medications given as the need arises)

administration instructions in the centre were not signed by a prescribing clinician.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector found that personal plans in place were not reviewed with multidisciplinary input and the review process did not include consideration of the effectiveness of the plans.

Judgment: Substantially compliant

Regulation 6: Health care

Some identified healthcare needs of residents such as epilepsy, osteoperosis, and hyperlipidemia were found not to have healthcare support plans in place. In the cases of healthcare plans which were in place, the inspector found that these did not sufficiently guide the practice of staff members.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector found that residents were protected by the safeguarding arrangements that were being implemented in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Ardbeg OSV-0002352

Inspection ID: MON-0021037

Date of inspection: 07/03/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 4: Written policies and procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The registered provider has prepared and implemented policies and procedures on the matters set out in Schedule 5 of the regulations. All policies and procedures as appropriate are in line with and under pinned by HSE policies and procedures. All the policies and procedures referred to in schedule 5 are available in the designated centre to all staff. The registered provider has reviewed in March 2018 the schedule 5 policies and procedures in place. The registered provider will ensure to continue to review all schedule 5 policies and procedures every 3 years and where necessary, these will be reviewed and updated in accordance with best practice.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The Organization has a policy & procedure in place for the Safe administration of Medication, which is underpinned by national policy. This policy guide practices relating to the management of medication…. ordering/ receipt/ prescribing/ storing/disposal and administration of medication is in line with best practice. The organisation ensure that all staff receive training in the safe administration of medication.	

All residents in the designated centre have access to a pharmacist of their choice in the local community

There is a system of recording for each resident of prescribed and administered medication and these are kept in a secure location within the designated centre.

All PRN guidelines in the designated centre prescribed on a residents medication administration sheet (MAS) has been reviewed and is now supported by administration guideline and signed by the relevant practitioner

A risk assessment is now completed for all residents in relation to self administration of medication.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

All residents have a comprehensive personal plans in place outlining their needs and supports in accordance with their wishes.

All residents are involved in the person centered planning process and an annual wellbeing review meeting takes place with the involvement of MDT team as appropriate. the resident is supported to attend this meeting.

All residents living in the designated centre have a comprehensive assessment of need which is reviewed annually or as required with multi disciplinary input as appropriate

Personal plans are available to the resident and their representative in an accessible format meaningful to them as an individual.

All reviews of the PCP will now include an assessment of the effectiveness of the plan as required in the process template already in place.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

All residents have now a comprehensive health assessment of their current health care needs. These will be reviewed and evaluated in line with best practice. Personal Plans to guide practice are now in place for each identified need.

All residents have access to a general practitioner of their choice.

We will continue to support residents to have access to information and education in relation to their health care needs and wellbeing.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	31/05/2018
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Not Compliant	Orange	26/04/2018
Regulation 04(3)	The registered	Not Compliant	Orange	26/04/2018

	provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.	Substantially Compliant	Yellow	04/05/2018
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	04/05/2018
Regulation 06(1)	The registered provider shall provide appropriate health care for each	Substantially Compliant	Yellow	04/05/2018

	resident, having regard to that resident's personal plan.			