

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002349
Centre county:	Dublin 17
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	Maureen Hefferon
Lead inspector:	Leone Ewings
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	1

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:
16 December 2014 10:00	16 December 2014 19:00
17 December 2014 10:00	17 December 2014 17:30

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

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

Summary of findings from this inspection

This was an announced inspection and formed part of the assessment of the application for registration by the provider. The inspection took place over two days and as part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, accident logs, policies and procedures and staff files. The views of residents, relatives and staff of the centre were also sought.

The nominated person on behalf of the provider had made improvements within the centre since the last inspection and fully addressed all but one of the non-

compliances. The fitness of the person in charge was assessed throughout the inspection process to determine fitness for registration purposes and was found to have satisfactory knowledge of their role and responsibilities under the legislation and sufficient experience and knowledge to provide safe and appropriate care to residents. The fitness of the nominated person on behalf of the provider was also considered as part of a separate meeting held where a formal interview took place.

The centre is purpose built to care for ten residents and provides 24 hour nursing and end of life care. Residents with physical and/or intellectual disabilities with high nursing support needs and/or dementia are transferred from community social care houses for end of life care. The centre provides care for people with intellectual disability with complex healthcare needs and cognitive difficulty. On inspection the inspector met with all residents. One resident had also been admitted for nursing care and convalescent care from a physical injury, and a planned return to the resident's community social care house was in place. Access to healthcare resources included; psychiatry, psychology, physiotherapy, general practitioner (GP), dental, chiropody, dietician, speech and language therapy, and community palliative care services was evidenced.

A number of questionnaires completed by relatives' were received by the Authority prior to and during the inspection. The opinions expressed through the questionnaires were broadly satisfactory with services and facilities provided. In particular, relatives were satisfied with the manner in which staff involved relatives, good communication practices and how the transfer to the service was managed on an individual basis by the multi disciplinary team involved.

Evidence of good practice was found across all outcomes, management had addressed the five non-compliances from the last inspection in May 2014. The person in charge and provider was in the process of addressing a non-compliance relating to provision of some policies and procedures. 16 out of 18 outcomes inspected against were deemed to be in compliance with the Regulations. As part of the application for registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider for the purposes of application to register were found to be satisfactory. However, two documents one in relation to planning compliance and the other relating to fire compliance remain outstanding and are required to be submitted to the Authority before a recommendation for registration can be made by the inspector. The inspector acknowledges that information about original fire safety certificate and planning compliance was submitted during the inspection but not on the correct template.

The action plans at the end of this report identifies the four outcomes under which improvements are 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:

Residents' were consulted with and participated in decisions about their care. They were provided with information about their rights and each resident's privacy and dignity was fully respected. The ethos of the centre was that residents dictated the pace at which they did things and the staff respond accordingly. The inspector saw that staff support and encourage residents to make decisions, and maintain their independence and dignity at all times. There were adequate facilities for occupation and recreation and the decor was homely in nature.

They also discussed and planned group and individual activities, appointments and personal plans for the week and weekend ahead. Visits to and from family homes and pre-arranged visitors/friends calling to the centre were also discussed at these meetings. There was a private visitors room where residents could receive visitors in private, or have family meetings.

Resident's privacy and dignity was respected. The building was shared with the memory clinic services, but access to the centre was restricted using a keypad system. Each resident had their own bedroom with en-suite facilities. The bathroom/shower room and toilet doors had privacy locks in place. All windows had blinds and curtains in place. A private relatives room with en-suite facilities was available for use with comfortable seating. Residents were facilitated to exercise personal independence and preferences around care decisions. Residents were enabled to retain contact with their social peer group, and individual residents engage in their own specific interests outside the centre.

The rights of residents' were fully respected. Residents' told the inspector they had

choice and retained autonomy of their own life. The inspector met all residents' over the two day inspection. Residents' said they were free to make choices about their daily routine and when needed were facilitated by staff. For example, one resident had liked to eat particular sorts of foods and this was fully respected. Choices about daily life were observed to be offered to all residents in order to provide a high quality service.

There was a policy and procedure for the management of residents' monies by staff and a procedure on personal possessions. A staff member explained how finances were managed in a transparent manner. There were clear, concise records and receipts to reflect the individuals outgoing and incoming cash. Safe and secure storage was available to each resident in their rooms. Those residents unable to manage their finances independently were facilitated by staff to do so in a transparent manner.

There was a complaints policy in place, which was visible and accessible in a pictorial format readable to residents. There was a nominated person to deal with complaints, and the process was user friendly. The written complaints policy met all the legislative requirements. There were no written or verbal complaints to date in the centre, a discussion was held with the person in charge about advocacy at the centre, key workers were very much seen as advocates for residents and demonstrated their role clearly. The inspector recommended that further details about independent advocacy was made available to residents and relatives. Relatives confirmed satisfaction with the overall management of the centre, and their ability to feedback to staff about service provision.

Judgment:
Compliant

Outcome 02: Communication

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

Theme:
Individualised Supports and Care

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

Findings:
Residents' communication needs were met on an ongoing basis. A draft policy on communication was in place, this had not yet been finalised. As outlined in Outcome 18 of this report.

Residents had their communication needs outlined in their assessment and those who required more detailed assessment had this completed. The inspector saw evidence that these residents' had input from multi-disciplinary team members and this input had lead to additional communication aids being developed and made available to residents with

communication needs. Individual communication requirements were highlighted in personal plans and reflected in practice.

Staff were observed communicating with all residents in a kind, patient and sensitive manner. Many residents communicated verbally and made their needs, thoughts and opinions known. They also had a well informed knowledge of each resident and knew the mannerisms and means of communication of non-verbal residents' well. They had no difficulty in interpreting what residents' were saying or what movements reflected.

Residents' had access to personal / communal televisions and music systems in the centre. Information such as activities in the local area had been gathered by staff and bright pictorial leaflets were available for residents' with communication needs to choose preferred activities. All information relevant to residents such as the complaints policy, meals, fruit, and drinks were all available in pictorial format and accessible to them. A daily pictorial menu assisted residents in making informed choices about food and mealtimes.

Residents had access to telephone and some residents had their own mobile telephones, one resident liked to wear her phone on a special lanyard and keep it near to her.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were supported to develop and maintain personal relationships and links with the wider community. Families were well informed relating to residents wellbeing and significant events, in accordance with the wishes of the residents. The inspector met family members visiting and discussed service provision. There were no restrictions on visitors and a visitor's room was available. Visitors to the service confirmed the welcome and hospitality received.

Residents' had chosen for their families to be involved in their care and family members had been invited to attend a meeting to discuss the resident's personal plan for 2014. There was a family contact sheet/communication record in each resident's file where staff recorded all verbal communication with family members. Family contacts were also recorded on the daily reports at the end of each day. Contact via telephone was also

maintained. For example, arrangements to meet up or visit relatives. Each resident had personal family photographs and mementoes in their own rooms.

Residents used the swimming and leisure facilities on campus. For example, one resident enjoyed swimming and this was part of his personal plan. The local shops, ATM, hotels and coffee shops were approximately one kilometre away from the service. Residents had the full use of wheelchair accessible bus transport to the local shops to purchase clothing and items of their choosing. One resident liked to meet friends who attended for the memory clinic and on the day of the inspection the inspector observed the resident and friends having a meal in the dining room.

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:

The admissions policy in place outlined the procedure to be followed prior to a resident being admitted to the centre. It included the involvement of the person in charge, supports for the resident to be transferred and his/her next of kin. It stated that residents would be facilitated to visit the centre prior to their admission to evaluate suitability. However, the person in charge had not been fully involved with the last emergency admission of a temporary resident who required rehabilitation and convalescent further to an injury. The residents clinical and social care needs were being fully met by the service, but this resident was not found to fully meet the criteria for admission and the range of needs the designated centre. This aspect of service provision requires review as outlined in this report under Outcome 14.

Contracts of care were available for each resident and admission to the centre was largely in line with the admissions policy. The contracts reviewed were signed and dated by the respective resident (and/or their representative) and the person in charge. The contracts included details about the supports, care and welfare the resident would be expected to receive, details of the services to be provided and the fees to be charged. They also referred to additional costs that maybe charged such as charges for personal mobile telephone.

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:

The inspector was informed that a review of the care planning system had taken place since the time of the last inspection to ensure a more person centred focus. Staff had attended care planning training and updates to prepare to fully implement the new system. The documentation chosen had been modified by the person in charge and her deputy to meet the needs of the resident group at the centre, and had fully addressed the non-compliance identified during the last inspection. For example, residents with end of life needs had their wishes and clinical needs clearly outlined in a written care plan.

Evidence that each resident's well being and welfare was maintained by a high standard of care and support was found. Opportunities were available for resident's to participate in meaningful activities according to their physical and mental capacity. The centre provided care to a profile of residents who had life limiting conditions and in general, activities were tailored to reflect the transient nature of energy levels, mood and interest or capacity to enjoy and participate in any activities. The majority of activities were provided in house, both individual and group and duration were dependent on residents attention span or interest level and included music, exercise, colouring or crafts. The wishes of those residents who did not wish to participate in activities were respected and alternative activities were in place such as; picture books or chatting with staff and other residents in the sitting rooms or dining room which was noted to be the place everyone tended to gravitate towards and provided a very sociable hub. An alternative therapist visited the centre and provided a number of relaxing treatments, including hand massage.

Evidence that resident's well being and welfare were maintained by a good standard of evidence-based care and support was found. Staff were observed providing assistance with personal care and meals in a manner which fully respected individual's right to privacy and dignity. A review of three residents clinical documentation showed that improvements had taken place since the last inspection to ensure that arrangements to

meet each resident's assessed needs were set out in a personal plan (or care plan) that reflected needs, interests and capacities. The person in charge and clinical nurse manager were aware of the need to maintain the improvements to the personal planning and/or care planning process within the centre but both were keen to ensure that any process would reflect the needs of the specific residents profile.

Individualised personal plans which outlines the supports available to assist residents achieve goals, such as promotion of independence and life skills maintenance and reflected their wishes and preferences were in place. These plans provided an overview of each resident that was person centred and provided staff with an insight into personalities, interests and coping strategies in place. The inspector confirmed that that these plans were drawn up with the participation of the resident, where possible, next of kin or advocate, this was now evidenced in the documentation. Staff confirmed to the inspector their involvement with training in the new personal planning system and obtaining the 'key to me' information which informed the written plans.

The arrangements to meet residents' assessed needs were set out in individual care plans and each resident had a care plan completed. Risk assessment tools to evaluate levels of risk for deterioration were also fully completed.

Care plans reflected the care delivered. A care plan was in place for every identified need, examples included, resident's receiving treatment for dementia, dysphagia, continence difficulties, limited mobility and risk of falls. Care plans which were in place were noted to be specific to appropriately manage the residents identified needs. Interventions of allied health professions were referenced in the plans recommendations or guidelines for care were included.

Evidenced based risk assessment tools were in place for every need. Examples included pressure ulcer risk assessment used to identify those residents at risk of skin breakdown. Where risk assessments were in place it was noted that they were now linked to care plans, for example wound care charts were referenced in a care plan. Additionally all care plans reviewed were found to have been revised to determine their effectiveness, and linked to nursing notes to ensure their implementation.

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 premises had been purpose built in 2004 and the inspector found that the location, design and layout was suitable for its stated purpose and met the residents' individual and collective needs in a comfortable and homely way.

The inspector saw that the premises were well-maintained with suitable heating, lighting and ventilation. It was clean, well maintained and suitably decorated. Each of the ten residents had their own private bathroom with storage and suitable flooring. Some residents showed the inspector their bedrooms which they confirmed they had furnished to meet their personal taste. An en-suite shower room was shared between two bedrooms at the centre with two additional fully accessible shower rooms for communal use. All toilet and shower rooms had privacy locks in place.

There was sufficient furnishings, fixtures and fittings to meet the individual needs of residents', including storage space in each residents bedroom.

The communal areas included a reception area, nurse's station/clinical room, well equipped kitchen, a large bright dining room, two sitting rooms and a smaller sitting/private room. The laundry and cleaning storage room contained all the required equipment to maintain ten residents personal laundry.

The inspector viewed the landscaped courtyards which was fully accessible to residents'. The rear garden contained a paved area with table and chairs where residents could enjoy walks and spending time outdoors. Car parking spaces were available to the front of the building and access to the campus was controlled with security overnight.

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):

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

Findings:

The health and safety of residents, visitors and staff was promoted and protected in that policies and procedures for risk management and health and safety were available and staff were aware of them. Improvements had taken place since the last inspection to address non-compliances. The response to risk management was found to mitigate any

identified risks and to retain residents rights at all times. A risk management policy was in place and addressed all identified risks in line with legislative requirements.

Records were fully maintained regarding the regular servicing of fire equipment and fire officer's visits. Fire escape routes were unobstructed. Fire procedures were displayed and fire equipment and alarms were tested and arrangements were in place for the maintenance of the fire alarm system and equipment within this centre and that personal emergency evacuation plans for each resident were up to date and in place. Some staff had additional fire marshal training. Staff interviewed by the inspector demonstrated knowledge of the procedures to be followed in the event of a fire and had received annual training in fire safety as required under the legislation. All staff had completed fire training within the past year and both residents and staff spoken with had a clear understanding of the procedure to be followed in the event of a fire. The records reviewed showed that fire drills were practiced on a regular basis during the day and night by both staff and residents and each resident had a written individual fire evacuation plan in place.

There was an up-to-date health and safety statement in place. An emergency plan had been further developed since the last inspection. Arrangements were also in place for responding to any emergencies including procedures and policies covering responses in the event of a resident being absent or missing without staff knowledge. Although these policies were not reviewed in depth it was noted that the policies in place were now specific to guide staff in all aspects of an emergency. The plan in place identified all resources available to ensure residents safety for example, alternative accommodation or back up staff resources. Additional equipment had been sourced to effectively and safely respond to emergencies. Evidence of effective review of the systems in place to assess and manage all risks associated with response to emergencies had taken place and staff were informed at staff meetings about the revised arrangements.

Arrangements were in place for investigation and learning from serious incidents. For example, the response to an incident relating to a resident exiting by a back gate for a few moments when left unattended had resulted in a review of mitigating factors and a review of the measures put in place to prevent recurrence of the incident.

Safe moving and handling practices were observed and residents were provided with appropriate equipment to promote independence with mobility. Staff training in manual handling was up to date and the equipment readily available to assist with moving and handling requirements.

The inspector formed the view that the health and safety of residents, visitors and staff was promoted and protected. There was a risk management policy in place which reflected the legislative requirements. The person in charge completed risk assessments on a monthly and annual basis and health and safety checks were completed on a quarterly and six monthly basis with the service manager. Any accidents and incidents were reviewed by the person in charge and the service manager.

Written confirmation from a properly and suitably qualified person with experience in fire safety design and management that all statutory requirements relating to fire safety and building control have been complied with as required in the registration regulations has

not been provided on application to register as outlined under Outcome 14.

There was an infection control policy in place and practices throughout the house were safe.

Judgment:
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):

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

Findings:

Improvements had taken place since the time of the last inspection, and measures were in place to protect and safeguard residents which included a policy and procedure on the prevention, detection and response to abuse. Restrict measures in place were now reviewed monthly by the multi-disciplinary team, and documented to evaluate practice.

All staff had up to date mandatory safe guarding vulnerable adults training in place and those spoken with had a clear understanding of how to safe guard residents'. Evidence of staff training and policy awareness was clear further to staff interviews and observation of practice. No reports or allegations of abuse had been made to the Authority since the time of the last inspection.

The residents' told the inspector the centre was a safe and secure home to live in. Residents had access to an enclosed garden and an enclosed courtyard. All the exit/entry doors could be secured by locking and the house was alarmed. Residents could lock their bedroom door if they wished. The inspector saw bathroom and toilet doors had secure locks and there were curtains and roller blinds on bedroom windows.

Communication between residents and staff was very respectful. A small number of residents who at times displayed behaviours that maybe challenging had detailed, up-to-date wellbeing assessments, behavioural support guidelines and detailed records of each episode of behaviour that may be challenging in place. No episodes of challenging behaviour were observed during the inspection.

There were five residents' who used a lap belt as a form of restraint when seated in their chairs and also five residents who used bed rails when in bed. The person in charge explained that the use of a body suit had been discontinued and alternatives trialled successfully following review. Residents each had a risk assessment in place to reflect when, how and for what period the restraint in use should be used for and had a corresponding care plan in place.

Judgment:
Compliant

Outcome 09: Notification of Incidents

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

Theme:
Safe Services

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

Findings:
A record of all incidents occurring in the designated centre was maintained and where required, notified to the Chief Inspector. A detailed record of all incidents and accidents occurring in the centre was maintained by staff and audited by the person in charge. Quarterly reports had been submitted to the chief inspector in a timely manner. One incidents' notifiable within three working days had occurred to date, and the inspector was satisfied with the measures taken to mitigate any risk to the resident, and the outcome was well documented.

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:

Resident's opportunities for new experiences, social participation, education and training were facilitated and supported by staff. However, in practice the resident's health status was the guide for any daily activity. Some residents continued to attend swimming, enjoyed walking, receiving visitors, attending the music sessions and alternative therapies on offer.

Residents chose the pace of their daily lives, and also were facilitated to attend memory clinic activity in the adjacent facility on the premises. Each of the residents had their own weekly activity schedule which including the preparation and cooking meals. Staff supported residents with washing of clothes and housework.

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 lines of enquiry were fully reviewed on the last inspection and found to be in compliance. The provider and person in charge continue to demonstrate evidence of a high standard of evidence based care delivery to residents with high support needs. Timely referrals took place to the multi-disciplinary team. Residents had good access to medical services A medical officer from the group's multi disciplinary team and psychiatrist visited the centre during the inspection to review residents.

There was evidence of regular access to specialist and allied health care services to meet the diverse care needs of residents such as opticians, dentists and chiropody services. Residents also had access to other specialist services, such as community palliative care, speech and language, physiotherapy and dietician services. Documentation viewed showed evidence of regular review by the St Michael's group clinical support and allied health professional team and timely referral and review was observed on this inspection.

Residents were provided with food and drink at times and in quantities adequate for their needs at the time of the inspection. Meals were prepared in the centre kitchen and food was properly served and was hot and well presented. Breakfast, lunch and tea times were found to be a relaxed and sociable affair. Residents were facilitated to enjoy their meal independently, privately and at their own pace, where assistance was

required it was offered in a discreet and sensitive manner. In practice residents enjoyed sitting at the large dining table together and chatted in a social way. Menus were displayed in word and pictorial format and were compiled with consideration of the preferences and nutritional needs and likes and dislikes of each resident.

Drinks such as juices, milk, tea and coffee were freely available and there were ample stocks of fresh food and larder stores to facilitate snacks or meal alternatives as required. The inspector noted a record was maintained of food served, and frozen foods were available for emergencies. The overall dependency of residents and the need to have adequate ancillary support staff to achieve a high standard of overall care provision at all times was also reviewed as part of Outcome 17 in this report.

Seven of the nine residents required modified diet in that they needed soft or puree consistency textures, the other residents had a normal diet. Food and nutrition provided to residents and observed by the inspector on the days of the inspection was of a high standard.

However, further to a staffing review and a review of the food stored in the kitchen, the inspector was informed that the cook worked only four days per week, and all food was not consistently prepared freshly on site. As a short term measure frozen main meals had been sourced and served for those days that catering staff were off duty. For example, shepherd's pie, which was cooked and served by social care or nursing staff on days when the cook was off duty. The inspector formed the view that this practice was not consistent when the cook was off duty and alternative staff and food provision took place approximately 2-3 days a week. The inspector spoke to the person in charge and provider who agreed to review and monitor this practice.. The non compliance in relation to staffing is actioned under Outcome 17

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):
No actions were required from the previous inspection.

Findings:
There was a new operational policy available in draft format which included the ordering, prescribing, storing, administration and prescribing of medicines. There was a separate policy on self administration of medicines; in practice no resident was involved with self administration at the time of this inspection. The inspector found that practices

regarding drug administration and prescribing were in line with best practice. Prescribed medications were individually signed and each medication chart contained the name of the resident's GP. In practice only nursing staff were involved with medication management and administration.

The practices in relation to ordering, storing and disposal of medication were in line with the policy. There was a safe system in place for the ordering and disposal of medications and the inspector saw records which showed that all medications brought into and out of the centre were checked. However, the records of disposal were not held centrally and a returns book not maintained, records were in place in each resident's individual record. An audit of each resident's medications was completed on a nightly basis by staff; any discrepancies were identified and reported to the service manager by completion of an error form. In practice the variances were reported and recorded at night to the on call nurse manager. This was reviewed and recommendations made were fed back to the person in charge who was given a set period of time to implement the recommendations made. The inspector noted that a substantial number of variances and reports of near miss medication management issues relating to storage and administration had taken place since the last inspection. Whilst the inspector noted a high standard of reporting, the follow up on the identified issues was not comprehensive and the inspector recommends a full review from a governance perspective. Variations in frequency of medication audit were noted and discussed with the person in charge, who agreed to review the practice.

All staff had up-to-date medication management training recorded on the mandatory training records/staff files.

The inspector saw that each of the residents had their prescribed medications reviewed by the Medical Officer in recent weeks and evidence of medication review was found to be satisfactory.

Judgment:
Compliant

Outcome 13: Statement of Purpose

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

Theme:
Leadership, Governance and Management

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

Findings:
A written statement of purpose was available which reflected the service provided in the

centre. Improvements had taken place and it was found that the document now contained all of the information required by Schedule 1 of the Regulations. The person in charge forwarded a revised statement of purpose to the inspector following this inspection.

Additional information now included in the statement of purpose;

- criteria used for admission including policy and procedures for emergency admissions
- size of all rooms
- arrangements for dealing with reviews of resident's individualised plans
- arrangements for access to education, training or employment

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:

Improvements had taken place since the time of the last inspection and the non-compliance had been fully addressed. There was a clearly defined management structure that identified the lines of authority and accountability. The person in charge confirmed that appropriate supports were in place to facilitate robust management of the centre. The centre was managed by a suitably qualified, skilled and experienced qualified nurse with authority, accountability and responsibility for the provision of the service. She was the named person in charge, employed full time to manage the centre. The inspector observed that the person in charge was involved in the governance, operational management and administration of the centre on a consistent basis. She had an excellent knowledge and understanding of the residents' and they appeared to know her very well.

During the inspection the person in charge demonstrated sufficient knowledge of the legislation and of her statutory responsibilities. Records confirmed that she was committed to her own professional development. She was supported in her role by a team of nurses and social care workers. A nominated person was in place to manage the centre in the absence of the person in charge, this person was not on duty at the time

of this inspection but had participated in the last inspection of the services. The person in charge reported directly to a Service Manager who reported to a Regional Director (also nominated person on behalf of the provider). The inspector was informed by the person in charge and saw evidence that regular scheduled minuted meetings took place with the service manager. The nominated person on behalf of the provider attended the centre occasionally.

Management systems had been developed to ensure that the service provided were safe, appropriate to residents' needs, consistent and effectively monitored. Reviews of the health and safety and quality of care and support provided to residents' had commenced in the centre to date. The review identified areas for improvement and issues which required follow-up, by whom and within what time line. The inspector saw evidence that issues identified on the first review had been followed up on. The inspector was informed that this information would be used to inform the annual review of the service, a format for which was being developed by management.

As part of the application for renewal of registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider for the purposes of application to register were found to be satisfactory. However, two documents one in relation to planning compliance and the other relating to fire compliance remain outstanding and are required to be submitted to the Authority before a recommendation for registration can be made by the inspector.

As outlined in Outcome 4 the person in charge was not always fully involved with each decision to admit in line with the revised admissions policy 2014, particularly relating to admissions outside the range of needs clearly described in the current statement of purpose.

Judgment:
Non Compliant - Major

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 Chief Inspector had not been notified of the proposed absence of the person in charge of the centre to date and the inspector was satisfied that arrangements were in

place for the management of the centre during her absence. As mentioned under Outcome 14, a nominated person was in place to manage the centre in the absence of the person in charge. He was not on duty at the time of this inspection but had participated in the last inspection of the services. No formal interview took place, but all the required information including details of qualifications and references and had been submitted by the provider relating to the deputy manager, and fully reviewed by the inspector prior to the inspection. The deputy manager was a qualified nurse, specialised in intellectual disability with additional qualification in management.

Judgment:
Compliant

Outcome 16: Use of Resources

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

Theme:
Use of Resources

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

No actions were required from the previous inspection.

Findings:

The centre was sufficiently resourced to ensure the effective delivery of care and support to residents' in accordance with the Statement of Purpose. The resources available within the centre were appropriately managed by the person in charge to meet the needs of residents'. For example, overall the person in charge ensured that there was enough staff allocated to the centre to meet the needs of residents'. However, provision of ancillary staff and accurate whole time equivalent staff numbers were clarified at the time of the inspection, as initial version of the statement of purpose was at variance with actual staff employed.

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 provider had fully addressed the non-compliances relating to the working roster which captures changes made to the planned roster, and a training needs analysis has been completed. There was an actual and planned staff rota. All residents received assistance, interventions and care in a respectful, timely and safe manner.

Overall the numbers and skill mix of staff were found to be adequate to meet the needs of the nine residents during the time of the inspection. Staffing levels included the person in charge, the deputy manager, eight staff nurses, six health care assistants. Nursing care was provided in an evidence based way subject to the statement of purpose and function. As mentioned under outcome 16, the person in charge managed the service provision well. There were no volunteers working in the centre and minimum use of agency staff.

Improvements outlined in Outcome 11 were discussed in this report relating to the number of hours catering staff are rostered for food service provision were required. The working shift patterns outlined in the statement of purpose were not found to be fully reflective of the ancillary staff provision and required review to demonstrate consistent and effective daily staffing. For example, part time domestic staff provided domestic household support and hygiene on a part time basis four hours a day, not on a full time basis as described. The working practices relating to this required review and flexibility to meet the changing needs of the residents at the centre.

Staff were interviewed by the inspector and observed to have excellent communication skills, and confirmed up to date mandatory training including adult safeguarding, moving and handling and fire training. In addition, staff had received training in dementia care, care plan training, first aid, positive behavioural management and end of life care. Staff were positive and enthusiastic about their work and goals of residents and relatives they interacted with on a day to day basis.

The person in charge had monthly staff meetings for which minutes were available. Work completed relating to the new documentation and assessment process had been enhanced by use of appropriate tools. For example, social care workers had been closely involved with the social care assessment tool chosen and had found out more about each residents background and personal likes and dislikes to inform day to day practice.

The recruitment process was found to be substantially compliant, based on a sample of staff files reviewed and all documents outlined in schedule 2.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Residents and Adults) with Disabilities) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

An insurance certificate was submitted as part of the registration pack and it showed that the centre was adequately insured against accidents or injury to residents, staff and visitors. The inspector confirmed that the bus used to transport residents was adequately insured, and the person in charge confirmed that all required safety checks had been completed recently. There was an electronic directory of residents available which included all the required information.

The centre had some of the written operational policies as outlined in schedule five available for review, some were in draft format, Those available in draft but not finalised and therefore not implemented to date included the following:

- communication with residents'
- monitoring and documentation of nutritional intake.
- provision of information to residents'.
- the creation of, access to, retention of, maintenance of and destruction of records'.

The inspector observed that storage of archived resident medical records within a room also frequently accessed by staff to access lockers was not found to be adequate or in line with best practice. The person in charge agreed to action this matter as soon as possible and investigate alternatives.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Leone Ewings
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002349
Date of Inspection:	16 December 2014
Date of response:	23 January 2015

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 14: Governance and Management

Theme: Leadership, Governance and Management

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

Two documents one in relation to planning compliance and the other relating to fire compliance remain outstanding.

Action Required:

Under Regulation 5 the Health 2007 (Registration of Designated Centres for Persons

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

(Children and Adults with Disabilities) Regulations 2013. you are required to: Provide all documentation prescribed under Regulation 5 the Health 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

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

The two documents in relation to planning and fire compliance will be forwarded to the chief inspector.

Proposed Timescale: 02/03/2015

Theme: Leadership, Governance and Management

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

Review arrangements around decision to admit residents with the person in charge in line with written policy.

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:

Future admission to the designated centre will adhere strictly to the organisational Admission and transfer policy.

The PIC will be fully involved in all admissions.

Proposed Timescale: 15/01/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Ancillary staff provision for catering not adequate or consistent on a daily basis, or in line with statement of purpose.

Action Required:

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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

The PIC will review the appropriate catering provision, implement a plan to recruit/ redeploy ancillary staff to ensure consistency and continuity of care and support.

Proposed Timescale: 30/04/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

All policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were not finalised. Those available in final draft and therefore not fully implemented included policies on the following:

- communication with residents'
- monitoring and documentation of nutritional intake.
- provision of information to residents'.
- creation of, access to, retention of, maintenance of and destruction of records'.

Action Required:

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

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

The organisational will finalise the following policies:

- Communication with residents'
- monitoring and documentation of nutritional intake.
- Provision of information to residents'.
- Creation of, access to, retention of, maintenance of and destruction of records'.

All staff will read and sign that they understand these policies.

Proposed Timescale: 31/03/2015

Theme: Use of Information

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

Storage of Schedule 3 records for archive was not adequate relating to confidentiality and access.

Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

The PIC has sourced an alternative location within the designated centre to archive resident's files in a locked room, which complies with storage of schedule 3 records.

Proposed Timescale: 15/01/2015