

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Kennington
Centre ID:	OSV-0002405
Centre county:	Dublin 6w
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	Maureen Hefferon
Lead inspector:	Louise Renwick
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	6
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 03 July 2017 14:35 To: 03 July 2017 20:50

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

Outcome 02: Communication
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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was the second inspection of this designated centre operated by St. Michael's House. The previous inspection in July 2015 found a good quality service and the centre was registered in November 2015. The previous report highlighted nine actions in need of address which were followed up on as part of this inspection.

How we gathered our evidence:

The inspector met and spoke with all six residents living in the centre, one family member, two staff members and the provider nominee. The inspector observed interactions between staff and residents and joined residents for their evening meal. Documentation was reviewed such as personal plans, assessments and policies. The person in charge was not on duty on the day of the inspection, so the process was facilitated by a person participating in the management of the centre.

Description of service:

This designated centre is a community based residential service for six adult

residents, both male and female. The written statement of purpose and function outlines that the centre does not have nursing staff but can support residents to manage their healthcare and the staff working in the centre are not awake at night time and can support people who normally sleep well during the night. The statement of purpose also outlines that the centre can support people with a dual diagnosis of intellectual disability, mental health and Parkinson's Disease. On the day of inspection there were six adults over the age of 55 years living in the centre who met the criteria for the care and support that the statement of purpose outlined.

Overall judgment:

The inspector found that the care and support offered to residents in this centre was of good quality and provided a safe and person-centred environment. Residents were happy living in the centre and with the supports available to them to lead lives of their own choosing. Family members also expressed satisfaction at the quality of the care and support offered to their relative. The inspector found there to be stable and consistent staffing, effective management and governance and residents who were supported to achieve a good quality of life.

Of the nine outcomes inspected, eight outcomes were found to be fully or substantially compliant with the Health Act 2007 (Care and support of persons (Children and adults) with disabilities) Regulations 2013. Outcome 17 Workforce was found to be moderately non-compliant with improvement required in relation to staff training.

Findings are outlined under the relevant outcome heading, with three actions in need of address in the action plan at the end.

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):

No actions were required from the previous inspection.

Findings:

The inspector spoke with residents and reviewed the findings of the provider's annual report 2016, and found that internet access was not available for residents to use in the designated centre. Residents expressed an ability and eagerness to access to the internet should it be available.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The inspector met with the six residents living in the designated centre and spoke with them about their lives, aspirations and goals. Residents were encouraged to be as

independent as possible, with most residents travelling independently, using their own key and in general directing their own lives. On the day of inspection, it was evident that the centre was very much residents' home. For example, when the door bell rang or phone rang it was residents who answered them. The staff room was open to residents who were seen to come in and out throughout the day, and residents decided upon the weekly meals and prepared the meals themselves each evening. Residents had opportunities to be social, part of the local community and some engaged in paid employment and spoke with the inspector about their social roles.

The inspector met two staff members, one permanent social care worker and one relief social care worker who covered occasional shifts in the centre. Both staff could indicate a knowledge and understanding of the residents' likes, dislikes and needs. The inspector reviewed assessments and personal plans for residents' health, social and personal needs. Documentation was clear and well maintained. It correlated with the social and personal goals that residents spoke of. Plans and goals had time frames and progress was reported on regularly. There was evidence that residents were supported to achieve their goals, and if supports had proven unsuccessful this was recorded and new plans made.

Some plans were in need of updating to reflect changes in need of advise from allied health professionals. Other areas of need had appropriate supports in place which were documented, but lacked an overall written plan. The inspector determined that assessments and supports were in place to support residents' health, social and personal needs, with improvements required to the documentation to reflect this fully.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The inspector found that the actions from the previous inspection had been adequately addressed by the provider.

The inspector determined that the premises were suitably designed and laid out to meet the collective and individual needs of residents. Improvements had been made to the

accessibility of the building with a ramp and handrails now at the front entrance of the building. This replaced steps which previously had been in place and had proved a challenge for residents with mobility equipment.

The inspector found that the downstairs bathroom had been renovated. There was now a walk-in wet room available which was accessible for all needs and it was well maintained.

Some residents' bedrooms had been adapted since the previous inspection to meet their changing needs. For example, the removal of large wardrobes, and a new high-low bed. Input from allied health professionals was sought prior to any changes.

Residents told the inspector that they liked their home and were happy with the ramp at the front door and the upgraded bathroom. Residents also told the inspector that the door from the kitchen into the garden had been widened.

The centre was homely and clean and had appropriate furnishings. For example, a large kitchen table to allow residents and visitors to sit together socially. Residents liked the location of the centre as they had local amenities and facilities, and could easily access their local community.

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 inspector determined that the three actions from the previous inspection were adequately addressed, and the health and safety of residents, staff and visitors was promoted in the designated centre.

On review of records of accidents, incidents and adverse events, the inspector found that in general there were low incidents in the designated centre. Each incident or near miss was recorded by staff, and reviewed by the person in charge. Accidents, incidents and near misses were also reviewed periodically by the person in charge and service manager.

There was a risk management policy in place in the designated centre, along with a risk register of all known risks and their control measures. This had been improved upon

since the previous inspection, with risks clearly identified and reviewed regularly. The inspector found there to be a balanced approach to risk management, with information and guidance given to residents on potential risks while respecting their right to take a risk. For example, deciding not to quit smoking.

The inspector noted improvements since the last inspection with the installation of fire containment equipment in the designated centre. There was an alarm and detection system in place, emergency lighting and suitable fire fighting equipment. These were all evidenced as serviced and checked by professionals on a routine basis. Fire drills were done regularly and residents had a good understanding of what to do in event of fire or evacuation, even if they were at home alone. Staff had all received training in fire safety which was evidenced as being up-to-date.

Residents told the inspector that they felt safe living in the centre. Residents took responsibility for some of the health and safety practices in the centre, such as ensuring all internal doors were closed before bed, and unplugging all electrical equipment.

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:

The inspector found that residents felt safe living in the centre, and that appropriate safeguarding measures were in place to prevent harm or abuse.

The policy in relation to the prevention, detection and response to abuse had been updated and was effective from January 2016. This policy included the guidelines in relation to national policy and the need to notify both HIQA and the national safeguarding team. This was an improvement since the previous inspection.

There was a designated person to investigate and manage any allegations, suspicions or concerns of abuse for the organisation, and their information was on display in the staff office. There had been no allegations of abuse notified to HIQA since the previous

inspection, and no safeguarding concerns between peers or otherwise. Residents told the inspector that they felt they could raise any concerns easily to the staff team or management. Residents' family members outlined that they felt their relative was well cared for and safe living in the centre.

A risk assessment had been completed and supporting documentation regarding an action raised at the previous inspection. The inspector found that this had been reviewed by the multidisciplinary team (MDT) and appropriate controls were in place to support the resident, while promoting the safety of others. The resident had been fully included in any discussions and supports regarding this behaviour, and did not feel that any rights were being restricted based on these supports.

Residents living in the centre had access to psychiatry services and psychology input if required. Records of all appointments were maintained and professional advice was included in residents' plans. Since the previous inspection, improvements were made in the written documentation. For example, there were clear mental health plans to guide staff in the event of a resident experiencing distress.

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 that residents' healthcare needs were met with the support of the staff in the designated centre.

Comprehensive assessments of residents' healthcare needs were completed on a yearly basis, with care plans and risk assessments completed for any issues raised with the assessment process. Residents had their own local General Practitioner (GP), and had access to a range of allied health professionals such as physiotherapists, urologists, opticians, dentists and psychiatrists. Appointments with health professionals were supported, and documented to include any advice given on the direction of care. For example, advice on soft food diet by the speech and language therapist was included in the resident's personal plan.

The inspector spoke with residents, a family member and staff regarding residents' healthcare needs and supports. The inspector found that residents were encouraged to

be in control of their own health. For example evidence of encouraging and promoting residents to quit smoking by providing information on the risks and options available. Any age related health risks were identified in assessments and supports put in place. For example, memory checks and baseline assessments for dementia. The inspector observed good verbal handover of information between staff following a hospital admission of a resident, and appropriate follow up.

The inspector spoke with residents, and joined them for their evening meal. The inspector was informed that menus were agreed at the weekly residents meeting and planned out in advance. The inspector found that there was a good understanding of residents' individual needs regarding food, diet and mealtimes. The mealtime experience was a relaxed and positive social event with residents and staff all sitting together and discussing their days. The inspector observed that residents participated, prepared and cooked their own meals on a rotation basis.

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:

The inspector found that residents were protected by safe medicine management practices.

Medicine was administered by social care workers in the designated centre and staff received training in the safe administration of medicine inclusive of a competency assessment. These training records were sent onto the inspector, and showed that all staff were up-to-date in their refresher training.

Residents were encouraged to be in control or involved in their medicine to the best of their abilities and wishes. Risk assessments had been completed to determine any supports required. For example, some residents took responsibilities for some of their daily medicine, but needed support with others. The inspector observed residents being encouraged to do as much as possible, such as taking tablets from administration cups themselves.

Medicine was securely stored in the designated centre. Documentation was clear, and maintained in line with best practice. For example, all medicine was signed off by the

prescribing doctor, any discontinued medicine was signed off and removed from the record to avoid any potential errors.

The most recent medicine management audit showed no areas in need of address. There had been a number of medicine errors over a few months in 2016 and this was reviewed and analysed to identify possible reasons. Changes were made to reduce the likelihood of re-occurrence and all staff had since received their refresher training. The inspector found that in recent months there were low incidents of errors in relation to medicine.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that there was a clear management structure in place in the designated centre which was known to residents.

The person in charge had not changed since the previous inspection and as such continued to meet the requirements of the regulations. The person in charge was off-duty on the day of inspection, and the inspection process was supported by a person participating in the management of the centre who held the role of social care worker. The inspector found that in the absence of the person in charge effective oversight remained in place. The person in charge reported to the services manager, who in turn reported to the regional director who acted on behalf of the provider.

The inspector found there to be effective management systems in place. Audits and reviews were carried out routinely, unannounced visits had occurred every six months on behalf of the provider, and there had been an annual review of 2016. This report was inclusive of the views of residents, families, staff and clinicians linked to the centre. Areas that were identified in need of improvement were in general linked to further quality enhancement. Such as to continue to promote positive aging, and to carry out fundraising.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector found that there was a stable and consistent staff team available to work in the designated centre, who were skilled and experienced in the area of social care provision. Residents knew staff members well and interactions observed were familiar and positive. Staff were encouraging residents to be independent, and to make good choices about their care and support needs, while respecting their wishes. For example, encouraging regular personal care and discussing the positive benefits of this for the resident to make an informed choice of their own.

The inspector reviewed the training records and spoke with staff. Some gaps were identified in relation to refresher training in mandatory areas. For example, safeguarding training. Following the inspection, the person in charge submitted training dates to the inspector for three staff to complete this training in the coming weeks. However, some staff still required refresher training in positive behaviour support and de-escalation techniques.

On reviewing the healthcare needs and plans of residents the inspector found a particular training need that had not yet been facilitated which would allow staff to carry out a procedure in relation to a resident's healthcare twice a week. This was advised by a specialist nurse in May, and written on the resident's prescription from June. This procedure had not yet happened as staff were awaiting training in this area, and the public health nurse was not available to support it at this time. This was in need of address to ensure a proactive approach to the management of a healthcare issue, in place of a responsive one. The provider nominee informed the inspector that a solution was being sought at the time of the inspection.

Planned and actual rosters were maintained by the person in charge to show who was on duty, their times of shift and their full names. There was a schedule of supervision in place for staff to meet formally with the person in charge and discuss their role and their

personal and professional development.

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:

Louise Renwick
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-0002405
Date of Inspection:	03 July 2017
Date of response:	03 August 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 02: Communication

Theme: Individualised Supports and Care

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

Residents did not have access to the internet in the designated centre.

1. Action Required:

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and

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

internet.

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

The PIC will arrange with accounts for Broadband connection to be installed in the house.

Proposed Timescale: 30/09/2017

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 care plans required updating following change in circumstances, or new advise from allied healthcare professionals.

2. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

1. The PIC will review all care plans and will ensure all plans reflect changes in healthcare needs.

2. The PIC will ensure that all supports in place will have a written plan to reflect all Residents needs.

Proposed Timescale: 30/09/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

- A particular training need was identified to ensure staff could support residents' healthcare requirements.

- Refresher training was required for some staff in relation to positive behaviour support and de-escalation techniques.

3. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

The PIC has reviewed all training needs and has arranged for the following.

1. All staff to complete refresher Safe Guarding Service Users training by the 11th of October 2017.
2. All staff have received training in Positive Behaviour Support. Outstanding assignments needs to be fully completed and submitted to Open training College.
3. All staff have received education and Training on Best Practice in Catheter Care and Uro-Tainer Catheter Maintenance Solutions on the 26/07/17.

Proposed Timescale: 1. Completed 11/10/ 2017
2. Assignments will be completed by 29/09/2017
3. Completed 26/07/2017

Proposed Timescale: 11/10/2017