

**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-0002401
Centre county:	Dublin 16
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	Declan Ryan
Lead inspector:	Deirdre Byrne
Support inspector(s):	Shane Walsh
Type of inspection	Announced
Number of residents on the date of inspection:	5
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 1 day(s).

The inspection took place over the following dates and times

From: 07 July 2015 09:30 To: 07 July 2015 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 registration inspection was announced and took place over one day. Inspectors observed practices and reviewed documentation such as personal plans, medical records, accident logs, policies and procedures and staff files. Inspectors received questionnaires from residents which were complimentary of the service being provided at the centre.

Inspectors met with the five residents who lived in the designated centre. The centre consists of one house for up to six residents with bedrooms over the two floors. It is located in a residential area, with good access and public transport links to the local community and city centre. Residents who spoke with inspectors felt they were

happy and safe living in the centre, and well supported by the staff. The residents talked about the different activities they were involved in and showed inspectors around their home.

The person in charge was present throughout the inspection. A fit person interview was held during the inspection, in which it was evident the person in charge was aware of their role as per the Regulations. The person nominated on behalf of the provider (the provider) did not attend this inspection. However, the service manager was present during the inspection. A fit person interview had been carried out with the provider prior to the inspection and he found to be knowledgeable of his role and the requirements of the Regulations.

Inspectors found there was a clearly defined management team in place with responsibility for the service. There were suitable governance arrangements in the designated centre to support this management structure and ensure that the needs of residents were met, incidents were appropriately responded to and personal plans implemented.

As many of the residents were out during the day, part of the inspection took place in the late afternoon and evening, when residents had returned from their day activities or employment. All residents had an intellectual disability.

Inspectors found that the residents received a good quality service, and their health social and emotional needs were assessed and met. They were seen to live in an environment that was well maintained, and had been designed to meet their needs.

The staff team that supported the residents were caring and knowledgeable about their needs, but supported and encouraged individuals to be as independent as possible in relation to their abilities. There was a positive atmosphere on the day of the inspection, with lots of joking and laughter.

Personal support plans encouraged residents to set out their goals for the future, and health care plans covered all assessed needs and ensured that people received the care and support they needed to maintain a healthy lifestyle.

Some areas of improvement were needed and they related to the development of up-to-date plans of residents social care needs and review of these, and the policy on safeguarding needed review. Improvement was also needed in the regular servicing of fire emergency lighting and the routine safety checks completed by staff.

These matters are discussed in more detail in the report, and the action plan set out 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 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):

This was the centre's first inspection by the Authority.

Findings:

Inspectors found residents were consulted with, and participated in the organisation of the centre. Residents were enabled to exercise choice and control over their life in accordance with their preferences and to maximise their independence. There were robust procedures for the management of complaints.

The provider ensured there were systems in place to manage and respond to complaints. There was a complaints procedure and policy that met the requirements of the Regulations. A complaints log was read by inspectors. The complaints reviewed by inspectors were clearly documented, along with the action taken and if they were/or not resolved to the satisfaction of the complainant. There were procedures displayed in the house, and they described how to make a complaint. A notice board contained information on an external advocacy service available to residents if they wished to access it.

Inspectors found there were measures in place to safeguard residents monies. The procedures in place for staff completing transactions on residents behalf were adequate. For example, dual signatures were provided when recording transactions carried out. Receipts of items purchased on residents behalf were maintained and logged. A sample of cash balances were checked, counted and found to be correct.

Residents had opportunities to plan their day and were consulted with in the running of their home through weekly house meeting. The minutes of these meeting were read by inspectors, and outlined a range of matters being discussed such as meals, activities, HIQA and household routines. The minutes were in an accessible format and it was

evident they were read and signed by the residents.

During the inspection, inspectors observed staff treating the residents with dignity and respect, and supported routines and practice in a manner maximising residents' independence and exercise their rights. Residents' spoken with expressed knowledge of these rights, expressly naming their right to speak up about any issues they may have. In the questionnaires residents and relatives had completed, there was overall satisfaction with the service provided and the centre. Residents stated that they "feel safe", "make own choices", and are "happy".

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):

This was the centre's first inspection by the Authority.

Findings:

Inspectors were satisfied that the person in charge ensured the communication support needs of residents were met.

The residents had access to assistive technologies and were facilitated to access communication aids to promote their full capabilities. For example, pictorial technologies were observed to be used by the residents when choosing meals. There was an education department that provided support and training to residents in the development of the communication skills. Inspectors saw some residents were referred to the department.

Staff were aware of the communication needs of residents and these were clearly described in within individual communication care plans.

The centre was part of the local community, and residents had access to radio, television, internet, and information on local events. The residents participated in local services, getting hair done, visiting coffee shops, and local day services. There were links with the neighborhood, and they attended local shops, restaurants, and public houses.

Judgment:

Compliant

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Outcome 03: Family and personal relationships and links with the community <i>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.</i>

Theme: Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s): This was the centre’s first inspection by the Authority.
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Findings: Inspectors were satisfied that residents were supported to develop and maintain personal relationships and links with the wider community, and families were encouraged to be involved in the lives of residents. There a policy on visitors to the centre. Visitors could visit residents at any reasonable time, with residents wishes, and restrictions were in place with the agreement of the resident. Inspectors found that family relationships are supported and encouraged. Families were welcome in the home. Additionally residents visited their families with the support of staff. One resident went to her family for dinner every week, which was a regular date in their diary. Links to wider the community were also evident. Pictorial rosters on each residents file indicated residents participated in weekly routines in the home, such as shopping for groceries. Additionally inspectors were informed that residents visit the community to attend the go for walks, drives, badminton, discos, exercise, music and art classes, coffee.

Judgment: Compliant

Outcome 04: Admissions and Contract for the Provision of Services <i>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.</i>

Theme: Effective Services

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

Inspectors found the provider ensured admissions and discharges to the service were planned and timely, and each resident had an agreed, written contract of the service they were provided.

Each resident had a written agreement of the provision of services. A sample of contracts of care reviewed were signed by the residents or their representative and clearly outlined the services to be provided. The contracts included the fees to be charged.

There were policies and procedures in place for admitting and the discharge of residents, which had been reviewed at previous inspections by the Authority. There had been no recent admissions of residents to the centre. The person in charge outlined the admissions process which was reflective of the procedures in the Statement of Purpose. A recent discharge from the centre was described to inspectors. It had taken place in planned manner. The social care workers and person in charge outlined the process to inspectors and how each new admission or discharge was a carefully planned process.

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):

This was the centre's first inspection by the Authority.

Findings:

Inspectors were satisfied that the social, health and emotional care needs of residents were ensured through regular assessment of and review by staff familiar with their needs. There was evidence that the support provided by the service to residents was cognisant of their individual needs, and also ensured residents were enabled to make informed decisions and choices. An area of improvement was identified.

Care and support provided to residents reflected their assessed needs and respected their wishes. A comprehensive assessment of residents health, emotional, safety and

support needs was carried out annually. It informed the the personal care plans for each that resident. There was evidence residents too had been involved in the assessments to identify their needs and to support them make choices, as much as possible. Residents signed off their on their own file.

All residents had individual personal plans in place. Inspectors read a sample of the plans, and they were seen to identify the needs of the resident, and how they were to be met. They covered areas such as 'my home life', relationships and choice, skills in the community and physical wellbeing. Each residents plan was reviewed regularly, and the records showed that a full review was carried out annually. The residents were included in the review, which were meaningful and assessed the effectiveness of individual goals. However, an area of improvement was identified. One residents goals for 2015 had yet to be formally reviewed for their effectiveness to date and developed in an accessible format for the resident This was discussed with the person in charge and the service manager.

There was also a meeting annually to set out what the residents wanted to achieve in their future and included setting any goals that people wanted to meet, and the progress made in meeting them.

Each resident had a copy of their daily routines that were set out in pictorial and plain English format. Residents were seen to be heading out in the morning to their agreed activities, and returning later in the afternoon. Those who spoke with inspectors said they enjoyed the social aspects of attending different services in the day, and spoke of the activities they were involved in. For those who did not speak directly with the inspector, it was noted they appeared relaxed and enjoyed spending time in their chosen part of the centre on their return.

Where residents required involvement of other professionals, records showed that this had been supported. For example some residents had a speech and language therapy assessments, or physiotherapist. There was evidence of other health professionals being involved. For example psychology, psychiatry, dentist, and occupational therapy. This is discussed further under outcome 11.

It was noted that the plans were person centred and gave a good overview of the residents preferences, including their likes and dislikes about how they chose to spend their time.

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):

This was the centre's first inspection by the Authority.

Findings:

Overall, the design and layout of this house met the individual and collective needs of the residents. Inspectors were satisfied that the centre was clean, warm, well maintained and homely. The centre comprised of one unit.

The centre is a two story six bedroom house located in a residential area. There are good links to public transport and it is close by the local community and city centre. There are currently five residents living in the house: two female and three male residents. All bedrooms are single occupancy. There are two bedrooms on the ground floor and three on the first floor. Inspectors visited one of the bedrooms with the permission of the resident. It was a large room, tastefully decorated with ample storage and bedside lockers. The remaining five bedrooms were observed to be decorated and furnished in accordance to the wishes of the residents. All contained personal items such as television, family photographs, posters and various other belongings.

There was a large sitting room, with a second smaller sitting in the house. Both provided with comfortable seating and television. A large kitchen cum dining room was the focal point of the house with direct access to the large landscaped garden from there. The nicely landscaped garden had potted plants, and one resident told inspectors they liked to water them. There was a secured entrance. A separate utility/laundry room was provided with washer dryer and storage facilities. A shed in the back garden was used to store cleaning equipment for the house.

In the house there were appropriate numbers of bathrooms, showers and toilets in the centre to meet the residents needs. There was a staff office, with bedroom and en-suite shower for sleep over staff on the first floor.

The centre was maintained to a good standard cleanliness and hygiene. Inspectors were informed both staff and the residents carry out the cleaning procedures. There was suitable cleaning equipment provided.

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):

This was the centre's first inspection by the Authority.

Findings:

Inspectors found the provider had put measures in place to ensure the health and safety of residents, staff and visitors to the designated centre was promoted and protected. However, improvements were required in relation to aspects of fire safety.

There was a risk management policy that met the requirements of the Regulations. Inspectors reviewed the incident report documents and found they had been fully completed. Appropriate control measures had been put in place following risk assessments to minimize the risk of re-occurrence. There was also a risk register for the centre, that included individual risk assessments of residents and environmental assessment.

Inspectors found systems were in place to review risks that were rated orange and red. These were escalated to senior management for review. The person in charge ensured risks were escalated to the service manager and these were reviewed at service level meetings, where further action or measures to address the risks were discussed. The decisions made were shared back to the person in charge who shared them with the staff in the house.

Learning from incidents and accidents was incorporated in the resident care plans to minimise risk of another incident. Staff were asked to sign to show they had read documents where practice had changed. Any follow up action or further investigations would be discussed at staff meetings.

A health and safety statement was seen by inspectors. There was emergency evacuation plan in place. Staff were familiar with it and the alternative accommodation an evacuation was required.

There were infection control procedures in place, and guidelines were located in the staff room. However, the staff were unsure of their location. This is further discussed under outcome 18.

There were systems in place for the management of fire safety. Inspectors spoke to staff who were knowledgeable of the fire prevention and evacuation procedures in place. All staff had received training in fire prevention and the use of extinguishers. There were personal evacuation emergency plans (PEEP) for each resident. They were reviewed and were up-to-date for each resident.

There were records of fire drills carried out that confirmed they took place at minimum six monthly intervals, and included night drills. The staff completed daily, weekly, monthly and quarterly checks of safety equipment and alarms and exits. An area of improvement in the recording of these was identified (see outcome 18).

Records read confirmed that fire fighting equipment was serviced regularly at frequent intervals. Although an area of improvement was identified between the quarterly

servicing of the emergency lighting and fire alarm system during the year. There were suitable containment systems in place, with fire doors provided on all doors of the house. Fire orders were displayed prominently throughout the centre.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

This was the centre's first inspection by the Authority.

Findings:

Inspectors were satisfied that the provider had measures were in place to safeguard and protect residents from abuse; had ensured systems were in place to promote a positive approach to behaviours that challenge; and the management of restrictive practices were in line with the National policy.

There was a policy on and procedures in place for the prevention, detection and response to abuse that was comprehensive, and guided practice. However, the current policy did not yet reflect the 2014 procedures and guidelines for safeguarding vulnerable adults from the Health Service Executive. The service manager informed inspectors this would be carried out by the registered provider in due course. See outcome 18.

Inspectors spoke to staff who were familiar with the types of abuse and how they would respond if an allegation of abuse was made. All staff had completed up-to-date training in safeguarding of residents, and records read confirmed this.

The person in charge and the service manager were familiar with the procedures to follow if an investigation into an allegation of abuse was required. There was a designated person nominated in the organisation to oversee the investigation of allegations of abuse. The person in charge was familiar with her role and responsibilities in relation to these procedures. She was supported by the service manager in the event of an allegation being made.

Each resident had an intimate care plan that was incorporated into their personal plans. The plans provided clear guidance and reflected the residents' wishes.

There was a policy relating to positive behaviour support, which had been reviewed by the Authority at inspections of other designated centres the organisation. A small number of residents presented with behaviours that challenged in the centre. Inspectors read the behaviour support plans in place for two residents. They provided clear and comprehensive guidance to staff on the supports in place for each resident. The plans were developed by the internal psychology team. Inspectors discussed the plan with staff, who were familiar with the supports in place and the strategies that would be carried out. Staff have reported a reduction in incidents in the centre since the review of the plan and the addition of supports. Overall, they reported positive outcomes for of the residents in the unit as a result. There was very good access to an internal psychology and psychiatry services, with letters and minutes on residents files of the regular input from these departments.

There was very little use of restrictive practice carried out in the centre, and where used there were safeguarding measures in place to ensure it was utilised in accordance with the National Policy "Towards a Restraint Free Environment". There was a policy that provided guidance to staff. Where restrictive practices were in place, and depending on the type of practice (chemical or mechanical or a human rights restriction) there was referral into a multi-disciplinary committee who reviewed the use and rationale for continuing same.

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):

This was the centre's first inspection by the Authority.

Findings:

Inspectors found that the person in charge and staff had maintained records of all accidents and incidents that had occurred in the centre.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date and to the knowledge of inspectors, all relevant incidents had been notified to the Chief Inspector by the person in charge

Judgment:
Compliant

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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):
This was the centre's first inspection by the Authority.

Findings:
Inspectors were satisfied that each resident had opportunities for new experiences, social participation, and employment was facilitated and supported.

There was a policy on access to education and training. This committed to all residents being supported to engage in learning opportunities.

Records reviewed, and discussions held with residents and staff, confirmed residents had a variety of opportunities to engage. Each resident was involved in a range of activities. Inspectors read information, that was confirmed by staff, that residents had access to a range of different day services, attending groups, classes, and attending day service. Inspectors spoke with the some residents about these activities and all reported they enjoyed their options and routines. For other residents they were in the process of considering more longer term opportunities. For example, retirement and cutting back on the number of days per week in day service.

Staff informed inspectors that some residents visited family, had visitors in their homes, had parties, and attend shows and events in local entertainment venues.

The planning meetings between the residents and their key workers identified things residents wanted to achieve and some evidence was seen of these being met.

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

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

This was the centre's first inspection by the Authority.

Findings:

Inspectors were satisfied that each resident was supported to achieve and enjoy the best possible health.

Inspectors reviewed resident files and found that residents had access to medical and allied health care professionals. These included, but were not limited to, a general practitioner (GP) of their choice, including a medical officer within the organisation. There was very good access to a range of allied health professionals that included, dentist, occupational therapist, dietitian, dentist, psychiatrist and physiotherapist. The files indicated that access to these services was timely, and residents were facilitated by staff to receive any recommended treatments.

There were good practices in the identification and assessment of the residents health care needs. In addition, health care plans were developed to guide the care to be provided. It was noted that care plans did incorporate the recommendations of allied health professional, for example, the speech and language and dietician. The staff were very familiar with the recommendations and the care to be carried out.

Where residents were currently undergoing medical treatments/tests these were noted in the residents files for follow up and staff were aware of any particular current needs. Residents were seen to be actively encouraged to make healthy living choices during the inspection and to take responsibility for their own health and medical needs.

There were good practices in place for residents to make healthy living choices around food. There was evidence of a range of choice at meal times, and the menu was planned at weekly house meetings held with the residents. A pictorial menu was displayed in each unit. The resident meals were prepared in their homes by staff. There were records read that confirmed staff had training in food hygiene. Inspectors observed the evening time meal being prepared in the house, which was found to be nutritious and wholesome. Snacks and drinks were available to residents throughout the day and residents were seen availing of this. Residents were observed to be supported to independently prepare snacks and cups of tea during the day.

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):

This was the centre's first inspection by the Authority.

Findings:

Inspectors were satisfied that residents were protected by the designated centres policies and procedures for medication management.

There was a comprehensive medication policy which provided staff guidance. It had been reviewed by the Authority at inspections of other designated centres of the organisation.

Inspectors read a sample of completed prescription and administration records which were completed in line with best practice guidelines. Information pertaining to each resident's medication was available in the residents files. Medications were stored securely in a locked cupboard in a locked box. Where medications required temperature control, a separate locked fridge located in the utility room would be used.

There were no residents self administering their own medications at the time of the inspection. Procedures were in place to guide staff if required.

The staff all completed training in the safe administration of medications along with a competency assessment prior to the administration of residents medications. Staff were familiar with the policies and procedures. The inspector did not inspect medication error incident forms at this time. However, the person in charge outlined the procedures followed if an error was identified. She outlined what action she had taken and the learning shared with staff. The person in charge reviewed any incidents of medication errors that occurred. Medication errors were reported to the clinical nurse manager on duty to review.

It was evident that there were appropriate procedures for the handling and disposal of unused and out of date medicines, and these were reviewed by the person in charge. There were systems were in place to monitor and review medication management practices. For example, weekly audits were carried out by staff. The audits read reviewed one residents medication administration and prescription sheet on a weekly basis. The staff stated it was good practice and helped pick up on errors, and resulted in good learning for all staff.

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):

This was the centre's first inspection by the Authority.

Findings:

Inspectors found that the Statement of Purpose met the requirements of the Regulations.

The Statement of Purpose accurately described the type of service and the facilities provided to the residents. It reflected the centre's aims, ethos and facilities. It described the support and care needs that the centre was designed to meet, as well as how those needs would be met.

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):

This was the centre's first inspection by the Authority.

Findings:

Inspectors were satisfied there was an established management structure in place, with the roles of staff clearly set out and understood. There were systems in place to monitor and review the safety and quality of care, and a full time person in charge was in place.

The person in charge was suitably qualified and experienced, and managed the centre with authority, accountability and responsibility for the provision of the service. The person in charge was based and worked full time in the designated centre. She was provided with additional time for administration in carrying out the role of person in charge. She was supported by a social care worker, who also deputised in her absence. Residents were observed to be very fond of and comfortable around the person in charge. The person in charge in turn was very familiar with and knowledgeable of each residents needs.

There were satisfactory governance arrangements and supervision in the centre. As

reported above, the person in charge was based in the centre. She reported on a daily basis to the service manager. There were meetings every two months with the service manager, which she and other person in charge would attend. In addition, the person in charge held staff meetings every month. There were one to one supervision meetings with staff. The staff informed inspectors they found this protected time very beneficial and that the person in charge was very supportive.

The provider had ensured systems were in place to monitor the safety and quality of care provided to residents. There were unannounced visits by the service manager on behalf of the provider. These visits resulted in a comprehensive audit of the service and took place up to twice a year. Two audit reports were read by inspectors. The areas looked at included residents needs, practices by staff, interviews with staff and residents, and feedback from families. A detailed action plan was also read that outlined the area that required improvement. The person in charge explained she was implementing the changes, and showed inspectors her own improvement plan to implement the recommendations.

An annual review of the safety and quality of care provided to residents was in place. It was yet to be made available to residents. However, on discussion with the person in charge and the services manager, they advised inspectors that an accessible version would be developed for the residents.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

Inspectors were satisfied that the person in charge had not been absent from the designated centre for more than 28 days. There were satisfactory arrangements in place to cover any absences of the person in charge. These arrangements were formalised and staff were aware of them.

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

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

This was the centre's first inspection by the Authority.

Findings:

Inspectors found from a review of residents needs that the designated centre was sufficiently resourced to support the needs of residents to achieve their individualised plans.

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):

This was the centre's first inspection by the Authority.

Findings:

Inspectors were satisfied that staff were committed to providing a quality service to residents. There was an adequate staff and skill mix to meet the assessed needs of residents, and residents received continuity of care. Staff were provided with mandatory and other training.

Training records were reviewed by inspectors at previous inspections by the Authority. From a sample reviewed for the centre, the staff had completed up-to-date training in fire safety, safeguarding and safety and manual handling. A range of other training was provided in relation to the management of behaviours that challenge, medications

management, food hygiene training.

A sample of staff files were reviewed at a previous inspection of the organisation by the Authority. The sample reviewed met the requirements of Schedule 2 of the Regulations.

Inspectors spoke to staff were familiar with the Regulations. There were copies of the Regulations and Standards available in the designated centre for the staff.

There were appropriate arrangements in place to ensure that staff were supervised on an ongoing basis. A sample of staff performance reviews were read by inspectors. A programme of supervision was in place, and records of the meetings with some staff were read by inspectors.

There were a small number volunteers worked directly with residents in the centre. The volunteer documentation and supervision arrangements reviewed were satisfactory and in accordance with the Regulations.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

This was the centre's first inspection by the Authority.

Findings:

Inspectors found that records were accurate, up-to-date, maintained securely and easily retrievable. An area of improvement in the review of policies and the completion of fire safety checks was identified.

The provider had ensured the designated centre had most of the written operational policies as required by Schedule 5 of the Regulations. However, some policies did not fully guide practice for example, the prevention of abuse did not reflect the HSE guidelines for the protection of vulnerable adults 2014. The infection control policies were not accessible to staff, and not easily located.

Inspectors reviewed the records listed in Schedules 2, 3 and 4 of the Regulations which were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The completion of fire safety records as per Schedule 4, required improvement. For example, as outlined in outcome 7, the fire safety checks were not consistently maintained with gaps between checks.

Inspector read the residents' guide and found it described the terms and conditions in respect of the accommodation provided and provided a summary of the complaints procedure. An accessible version of the guide in work shop form was also available, and completed by each resident who signed off on each also.

A directory of residents was up-to-date for each resident that contained the information to be maintained as required by Regulations.

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

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Deirdre Byrne
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-0002401
Date of Inspection:	07 July 2015
Date of response:	17 August 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 05: Social Care Needs

Theme: Effective Services

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

The review of residents personal plans requires improvement

1. 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

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

circumstances and new developments.

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

The PIC has reviewed all IP Plans for the residents and a tracking system is now in place to monitor the progress of individual IP plans with the key workers on a six-monthly basis. Documentation is available for the HIQA inspector to review.

Proposed Timescale: 17/08/2015

Theme: Effective Services

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

Personal plans were not consistently in an accessible version for residents.

2. Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

The IP goals as referred to in the report are due to be completed by September 2015. The IP goals are currently being worked upon for each resident and will be in accessible format for the resident

Proposed Timescale: 26/08/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The regularity for servicing the emergency lighting and fire alarm required review.

3. Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

To comply with IS 3218 – 2013 St Michael's House will ensure that four inspections per annum of the fire alarm are carried out from 01/01/2016. An inspection will also take place in November 2015.

The Emergency lighting heretofore was only tested once per annum. From July 2015 SMH will be carrying out 3 x 30 min inspections and one 3 hourly test. Record sheets will be kept both centrally and in unit Service record files. This will meet our obligations

under IS 3217 – 2008. Documentation is available for the HIQA inspector to review.

Proposed Timescale: 17/08/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

The infection control policy was not accessible to staff.

4. Action Required:

Under Regulation 04 (2) you are required to: Make the written policies and procedures as set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 available to staff.

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

Up to date Infection Control policy is in the designated centre. All Staff have signed and read the policy. Documentation is available for the HIQA inspector to review.

Proposed Timescale: 17/08/2015

Theme: Use of Information

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

The policy on the prevention of abuse required review to reflect the HSE guidelines.

5. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

The registered provider is currently updating the Safeguarding policy to bring it in line with the National Policy on Safeguarding. The Policy will be fully implemented when the review is complete.

Proposed Timescale: 31/10/2015

Theme: Use of Information

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

There were gaps in the fire safety records required to be completed by staff.

6. Action Required:

Under Regulation 21 (4) you are required to: Retain records set out in paragraphs (6), (11), (12), (13), and (14) of Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 4 years from the date of their making.

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

The PIC has established a clear accountable recording system whereby the rostered staff on a sleep over holds the responsibility of completing the fire safety records on a daily basis. The PIC will conduct monthly audits on this system

Proposed Timescale: 17/08/2015