

**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-0002356
Centre county:	Dublin 5
Email address:	hazel.mulligan@smh.ie
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	John Birthistle
Lead inspector:	Sheila McKeivitt
Support inspector(s):	Leone Ewings;
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 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 compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 24 June 2014 09:30 To: 24 June 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 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was the first inspection of the centre by the Health Information and Quality Authority (the Authority). The centre is home to six residents. During the inspection the inspector met with some of the residents and staff, observed practices and reviewed documentation such as resident assessments, personal plans, tenancy agreements, the complaints process, fire records, policies and medication records. Residents spoken with stated they enjoyed living in the centre. The care and welfare of residents was maintained in a safe and secure environment. Ten outcomes were inspected against and non compliances were identified in five outcomes.

The inspector found that the governance and management structures in place provided the person in charge with adequate protective time to assist him to become compliant with The Health Act 2007 (Care and support of residents in designated centres for persons (Children and adults) with disabilities) Regulations 2013. The staffing levels were adequate to meet the social care needs of residents' and the environment was safe and secure.

Improvements were required in documents such as the statement of purpose, contracts of care, actual staff roster and development of a health and safety policy. A review of medication policies and practices was required.

The action plans at the end of the report reflect the non compliances with regulations and standards.

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 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

Findings:
Residents had their rights respected; dignity maintained and were consulted with regarding their daily living and care.

Residents were consulted with about how the centre was run, a weekly consultation meeting took place where staff and residents planned their weekly activities, menu, shopping lists, visitors to the house and appointments. Care practices respected residents' privacy. This was reflected in each residents intimate care plan. Residents had their own front door key. They could invite friends and family members to the house at anytime. They had a small visitors/sitting room where they could receive visitors in private. There was a portable telephone available in the house which residents had access to.

All residents attended day care facilities during the week and had opportunities to avail of activities of their choice in the evenings and at weekends. Staff facilitated residents to access these activities by accompanying them to venues.

There was a complaints policy in place, it was clear and concise and was available in a pictorial format for residents'. Residents had access to advocacy services. Staff assisted residents to manage their finances and the inspector saw that the organisations' policy on the management of residents' finances was followed by staff.

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

Findings:

Residents did not have contracts, which included details about of the support, care and welfare of the resident or details of the services to be provided or of the fees to be charged. Residents did have tenancy agreements in place which they had signed however; these documents did not include any of the above mentioned requirements.

Judgment:

Non Compliant - Major

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

Findings:

Each resident had an individual assessment and personal plan in place.

Some residents had lived and some staff had worked in the centre since it opened in 2008, therefore residents and staff knew each other well. Residents' lead busy lives and all had some level of independence. They all attended day care facilities and they were involved in the local community. Residents were encouraged and facilitated to lead a healthy lifestyle. For example, residents walked to the local shops and cinema with staff. Residents could also avail of transport provided by the organisation.

The comprehensive assessments in place for each resident were detailed and reflected the residents met on inspection. They had been developed within the past month.

One resident confirmed to the inspector that he was involved in developing a personal plan with his key worker. He described how he had set three short term and three long term goals. The resident was satisfied that he was well on the way to achieving the

goals he had set. The inspector reviewed a sample of two residents' personal plans and found the goals identified were specific, measurable, attainable, realistic and timely. There were good records kept of actions taken to date to assist each resident achieve their goals.

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

Findings:

The health and safety of residents, visitors and staff was promoted and protected. The risk management policy in place met the legislative requirements as it included measures in place to identify and manage risk and outlined procedures to follow in the event that specific risks did occur. The person in charge completed risk assessments on a monthly basis and health and safety checks were completed on a quarterly basis with the service manager. However, there was no up-to-date, detailed, localised health and safety statement in place and the organisational health and safety statement had not been reviewed since 2009. The emergency plan in place was detailed and included the procedures to be followed in the event of all emergencies.

Records were available to confirm that fire equipment including fire extinguishers, the fire blanket, emergency lighting and the fire alarm had all been tested by professionals within the required time frame. All staff had completed fire training in March 2013 and the inspector saw evidence that refresher training was scheduled for all staff for 27 July 2014. Staff spoken with had a clear understanding of the procedure to be followed in the event of a fire. The inspector saw that each resident had an individual fire evacuation plan in place and records reviewed showed that fire drills were practiced on a regular basis during the day and night by both staff and residents.

Judgment:
Non Compliant - Minor

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

Findings:

Residents' were safe and secure in their home. They had access to an enclosed garden. All the exit/entry doors could be secure by locking and the house was alarmed.

Staff spoken with had a good theoretical knowledge of abuse and knew the procedure to follow if they witnessed any alleged abuse. All had up-to-date training in place. Communication between residents and staff was respectful. Two residents who at times displayed behaviours that maybe challenging had detailed, up-to-date wellbeing assessments and positive approach plans in place. The kitchen door was locked at night time to prevent three residents from entering the kitchen. The only other resident who could enter the kitchen independently had been given a key for the kitchen door. All three residents had risk assessments in place for the use of this restraint, these reflected the fact that the restrictive practice was used for as minimum a time as possible.

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

Findings:

The health care needs of residents were being met. The inspector reviewed two residents' files and saw evidence that they were facilitated to access their General Practitioner (GP) and to seek appropriate treatment and therapies from allied health care professionals when required. The inspector was satisfied that the allied health services were availed of promptly to meet residents' needs. For example, one residents' had recently been reviewed by a dentist, psychologist and dietician. Records were on file to reflect these assessments.

Residents' spoken with told the inspector they had a choice of food and they assisted with the preparation and cooking of meals. One resident explained how he had invited a friend to his house for dinner cooking most of it himself. The inspector saw that residents' had access to adequate quantities and a good variety of nutritious food to meet their dietary needs. Snacks were available and staff all had up-to-date food hygiene training in place.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Findings:

There were written operational policies relating to the ordering, prescribing, storing and administration including self administration of medicines. However, the prescribing practices were not in line with best practice.

The practices observed in relation to ordering, storing and disposal of medication were in line with the policies. 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 by staff. An audit of each resident's medications was completed on a weekly basis by staff; any discrepancies were identified and reported to the service manager by completion of an error form. This was reviewed and recommendations made were fed back to the Social Care Leader who was given a set period of time to implement the recommendations made. Controlled medications were not in used in this centre.

All care staff had up-to-date refresher Safe Administration of Medication training in place

Resident medication prescription charts were reviewed and the findings were as follows:

- the residents GP name was not identified on the chart
- the first name of medical officers only appeared on a number of the prescription charts
- each medication was not individually prescribed by either the medical officer (MO) or the residents GP

The inspector saw that each of the residents had their prescribed medications reviewed by the MO within the past month.

Judgment:

Non Compliant - Major

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

Findings:

A copy of the statement of purpose was reviewed pre- inspection. It included details of the services and facilities provided. It contained the majority of the information as required in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013.

However, some additional details were required as follows:

- person in charge qualifications
- the local organisational structure was not included
- criteria used for admission to the designated centre including the policy and procedures (if any) for emergency admissions or the persons in charge involvement in the process.

A copy of the statement of purpose was available to residents in a format that met their needs. One resident went through this document with the inspector.

Judgment:

Non Compliant - Minor

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

Findings:

There was a clearly defined management structure that identified the lines of authority and accountability. The centre was managed by a suitably qualified newly appointed social care leader with authority, accountability and responsibility for the provision of the service. He was the named Person in Charge (PIC), employed full-time in the centre. The inspector observed that he was involved in the governance, operational management and administration of the centre on a regular and consistent basis. For example, he had maintained clear, concise and accurate records in relation to all staff training completed to date. Residents knew him well.

During the inspection he demonstrated a good knowledge of the legislation and of his statutory responsibilities. He was committed to his own professional development, having completed a Certificate in management in 2010. He was supported in his role within the centre by a team social care workers. He reported directly to a Service Manager who reported to a Regional Director (also nominated person on behalf of the provider). He had regular scheduled minute meetings with the service manager and the nominated person on behalf of the provider attended the centre occasionally.

The inspector observed that he had been given 3 days of protected management time on Junes roster and protected management time was going to be scheduled into all monthly rosters going forward. The person in charge stated that this protected time had enabled him to prepare for this inspection. This was evident as the centre was in compliance with 5 of the 10 outcomes inspected against.

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

Findings:

Staff numbers and skill mix were adequate to meet residents' needs.

The staff roster showed there was a member of staff in the centre from 8am to 8pm Monday through to Friday. However, the inspector was informed that from 10am to 2 pm Monday to Thursday the staff member did not work in the centre, but did work in the day-care service nearby, unless residents living in the house required the staff assistance.

There were no volunteers or students working in the house and agency staff were seldom recruited.

Social care workers were supervised by the social care leader also the person in charge. Staff informed the inspector and training records reviewed confirmed that staff had up-to-date mandatory training in place. Staff files reviewed contained all the required documents as outlined in schedule 2.

Judgment:

Non Compliant - Minor

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:

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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-0002356
Date of Inspection:	24 June 2014
Date of response:	25 July 2014

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Residents did not have agreements in place outlining the terms of their admission, services and fees to be charged.

Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

A contract of Care document outlining terms of admission, services and fees to be charged, has been produced. These will be completed with each resident and or their representative if necessary.

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

Proposed Timescale: 31/07/2014

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:

Staff had not received refresher fire training in over a year.

Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

Fire safety training for all staff is scheduled for the 23/07/2014. This training will include fire prevention, emergency procedures, building layout and escape routes, location of fire alarm alert points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

Local Health and Safety Statement detailing the health and safety practices in the unit was completed by Person in Charge on the 17/07/2014

Proposed Timescale: 23/07/2014

Outcome 12. Medication Management

Theme: Health and Development

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

Medication prescriptions were not completed in accordance with best practice.

Action Required:

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

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

The person in charge has been advised by the Director of Psychiatry and the Head of the Medical Department that they are developing an organisational prescribing policy. The policies will support the accurate administration of medication. The person in charge will implement these policies and request the relevant training for the staff to ensure that medication is administered as prescribed

The organisation's Medication Management Group will develop a policy for service users being referred to hospital/external providers. This will assist with their medication reconciliation.

Proposed Timescale: 30/09/2014

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose required updating to contain all information as required by the regulations.

Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 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 statement of purpose was amended on the 17/07/2014 and now includes:

- Details of the Person In Charge qualifications
- The local organisational structure
- Criteria used for admission and the Persons in Charge involvement in the admissions process

Proposed Timescale: 17/07/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

The staff roster did not reflect the actual hours staff were working in the centre.

Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

The roster now reflects the actual hours that staff work in the centre. The current roster contains the dates and times that staff work in other nominated units. All future rosters will also contain this information.

Proposed Timescale: 17/07/2014