

**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-0002390
Centre county:	Co. Dublin
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	Maureen Hefferon
Lead inspector:	Sheila McKevitt
Support inspector(s):	None
Type of inspection	Unannounced
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 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: 05 September 2014 09:30 To: 05 September 2014 17:00

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

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 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). Nine outcomes were inspected against and the centre was found to be in compliance with seven of the nine outcomes. The inspector found the management team had made considerable efforts to comply with The Health Act 2007 (Care and support of residents in designated centres for persons (Children and adults) with disabilities) Regulations 2013.

The centre is home for five residents; however, it can accommodate six residents'. There was one vacant bed at the time this inspection. The inspector met with all the residents and staff on duty. The inspector observed practices and reviewed documentation such as comprehensive assessments, personal plans, fire records, policies and medication records.

Overall the inspector found there were no immediate risks to residents. Residents enjoyed living in the centre. All residents' had a key worker, who promoted, encouraged and facilitated their independence, assisting them in every way possible to achieve their personal goals and lead a meaningful life. The staffing levels and skill mix was appropriate to meet the need of residents. Residents' health and social care needs were met. They felt safe and secure living in their home. Risk was well managed and medication management practices were in line with best practice.

The inspector found that improvements were required in two of the nine outcomes inspected against. Improvements were required with the statement of purpose and the number of shower/bathrooms available for residents use.

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 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:

Each resident's wellbeing and welfare was maintained by a high standard of evidence based care and support. They had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

The inspector reviewed two resident's files with their permission. Both had comprehensive assessments in place which were in the process of being updated by the resident and their key worker. The sections completed reflected the resident's personal likes and preferences.

Both residents' talked the inspector through their individual personal plan for 2014. Each resident had set three personal goals with the assistance of staff and both residents' were in the process of achieving their goals by the end of 2014. For example, one resident explained how he had already achieved two of the goals he set. He had gone to see his favourite football team play and had gotten a job. He explained how he was working on achieving his third goal.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The location and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. However, there were not enough shower/bathrooms to meet the needs of six residents.

The detached house was located in a quite cul de sac. The front paved area allowed for car parking. There was a safe and secure garden to the rear of the house which contained a flower bed where one of the resident's displayed her garden gnomes.

The large bright kitchen/living room overlooked and opened into the garden. There were two communal rooms, one homely sitting/television room, large enough to facilitate six residents. This room opened into a smaller quite room used by residents to meet visitors, exercise and /or listen to music in private. One resident showed the inspector her exercise bike which she stored in this room and used on a daily basis to maintain her fitness.

The house could facilitate six residents' in individual bedrooms, with two resident bedrooms downstairs and four upstairs. However, there was no shower facility downstairs and just one communal shower upstairs. Although there were just five residents living in the house at the time of this inspection the availability of just one shower restricted residents' choice of when they could shower. Staff explained how they and the five residents had decided to put a shower schedule in place to avoid arguments in the mornings. Some residents were now restricted to showering at night.

Judgment:
Non Compliant - Moderate

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:

The inspector formed the view that the health and safety of residents, visitors and staff was promoted and protected.

The person in charge completed risk assessments on a monthly and annual basis and health and safety checks were completed on a quarterly basis with the service manager. Accidents and incidents were reviewed on a bi-monthly basis by the person in charge and the service manager.

There was an up-to-date localised health and safety statement on display in the hallway. The emergency plan in place was detailed and included the procedures to be followed in the event all potential emergencies. The risk management policy met the legislative requirements. There were no concerns in relation to infection control in this social care setting.

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 within the past year and those 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. Residents confirmed this to the inspector.

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):

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

Findings:

Measures were in place to protect and safeguard residents which included a policy and procedure on the prevention, detection and response to abuse. Staff had up to date mandatory safe guarding vulnerable adults training in place and those spoken with had

a clear understanding of how to safe guard residents'.

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

Communication between residents and staff was respectful. One resident who at times displayed behaviours that maybe challenging had a detailed, up-to-date wellbeing assessment, behavioural support plan and detailed records of each episode of challenging behaviour in place.

There were environmental restraints in use. Some kitchen cupboards and the main fridge in house were secured from 12 midnight to 7am each day. This was in place to assist one resident to restrict her eating behaviours. Records to reflect the reasons why, when and for what period of time this restraint was used were all available and up-to-date.

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):

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

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. Completed referral forms were available for review in residents' files and written evidence of relevant reviews were also available. For example, one resident had recently returned from a short stay in an acute hospital. All the records reviewed reflected staffs' fast response in facilitating the resident to obtain medical treatment. Resident's discharge letters were available for review.

Residents' spoken with stated they could choose their preferred meals. They normally did so at their weekly house meeting held every Monday. Residents assisted staff to cook the evening meal in the house. One resident talked the inspector through the planned meals for the week displayed on the notice board in the kitchen. Each resident choose an evening meal and they had takeaway on Fridays. Some residents' assisted staff with the food shopping.

The inspector saw that residents' had access to adequate quantities and a good variety of nutritious food to meet their dietary needs. Staff had a good knowledge of the different food consistency required by the residents' and the inspector saw their knowledge was reflected in the resident individual assessment records. Snacks were available.

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:

Medication management practices were in line with best practice. There were written operational policies relating to the ordering, prescribing, storing and administration including self administration of medicines. These were in the process of been updated to reflect the new positive change in practices.

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.

Safe Administration Medication (SAM) guidelines were under review to reflect new changes in practices.

Resident medication prescription charts were reviewed. Each medication was prescribed by a medical officer and contained an original signature. The residents GP was identified on the prescription chart and all sections of the chart were completed in full. The

inspector saw that each resident had their medication prescription reviewed within the previous 24hrs.

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:

A copy of the statement of purpose was reviewed on inspection. It included details of the services and facilities provided. It also contained most 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, the following needed to be reviewed and included:

- admission criteria for the centre
- specific care needs to be met in the centre
- nominated providers experience to date
- nominated providers and person in charge: dates of qualifications
- size of rooms
- arrangements to engage in social activities, hobbies and leisure.

A copy of the statement of purpose was available to residents and their representatives. The inspection saw a copy on display in a prominent position in the kitchen.

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

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

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

Findings:

There was a clearly defined management structure that identified the lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced social care worker with authority, accountability and responsibility for the provision of the service. She was the named Person in Charge (PIC) and was employed full-time. She had held the post of Head of Unit/Social Care Leader for seven years. The inspector observed that she was involved in the governance, operational management and administration of the centre on a regular and consistent basis. For example, she explained how she was involved in the admission process. Residents knew her well. She confirmed that sufficient management time was allocated to her to ensure she could carry out her role as person in charge.

During the inspection she demonstrated a good knowledge of the legislation and of her statutory responsibilities. She was committed to her own professional development and was supported in her role within the centre by a team of social care workers. She reported directly to a Service Manager who reported to a Regional Director (also nominated person on behalf of the provider). She had scheduled minuted meetings with the service manager every 4-6 weeks and the nominated person on behalf of the provider attended the centre occasionally.

The management team had put a plan in place to carry out an unannounced inspection of the centre. The assessment tool to be used during this unannounced inspection and used to gather the relevant data was in the process of being developed by personnel in management.

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:

The numbers and skill mix of staff were adequate to meet the needs of the five residents.

Residents told the inspector that there was always enough staff on duty. Education and training records were reviewed for each staff named on the roster and these records showed that all staff had mandatory training in place, together with, up-to-date safe administration of medicines and all but one staff member had food safety training in place.

There were no volunteers working in the centre. There was one social care worker employed through an agency she worked fulltime hours in the centre for over a year and had applied for a permanent position with the organisation. Records in place showed this staff member had also got the required training in place.

Staff files were not reviewed on this inspection.

Judgment:

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:

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Regulation Directorate
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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-0002390
Date of Inspection:	05 September 2014
Date of response:	24 September 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.

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 06: Safe and suitable premises

Theme: Effective Services

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

One shower room was not adequately meeting the needs of the five residents living in the house.

Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs

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

of residents.

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

Building sketches have been sent to the architect for review. A meeting will be arranged between Person in Charge, Service Manager and technical services Dept to set out a plan for modifying the premises to have a second shower room.

Proposed Timescale: 30/11/2014

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 did not contain all 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.

The following needed to be reviewed and included:

- admission criteria for the centre
- specific care needs to be met in the centre
- nominated providers experience to date
- nominated providers and person in charge: dates of qualifications
- size of rooms
- arrangements to engage in social activities, hobbies and leisure.

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 Person in Charge has reviewed and made the suggested changes to the statement of purpose.

Proposed Timescale: 24/09/2014