

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | A designated centre for people with disabilities operated by St Michael's House |
| Centre ID: | OSV-0002362 |
| Centre county: | Dublin 5 |
| Type of centre: | Health Act 2004 Section 38 Arrangement |
| Registered provider: | St Michael's House |
| Provider Nominee: | John Birthistle |
| Lead inspector: | Nuala Rafferty |
| Support inspector(s): | None. |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 5 |
| Number of vacancies on the date of inspection: | 0 |

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

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|------------------------|------------------------|
| From: | To: |
| 04 November 2014 10:30 | 04 November 2014 17:30 |
| 05 November 2014 08:00 | 05 November 2014 14:00 |

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

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

Summary of findings from this inspection

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

As part of the application for registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider for the purposes of application

to register were found to be satisfactory. However, two documents one in relation to planning compliance and the other relating to fire compliance remain outstanding and are required to be submitted to the Authority before a recommendation for registration can be made by the inspector.

The nominated person on behalf of the provider and person in charge demonstrated knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centre's for Persons (Children and Adults with Disabilities) Regulations 2013 throughout the inspection process.

The fitness of the person in charge was assessed through interview and throughout the inspection process to determine fitness for registration purposes and was found to have satisfactory knowledge of their role and responsibilities under the legislation and sufficient experience and knowledge to provide safe and appropriate care to residents. The fitness of the nominated person on behalf of the provider will also be considered as part of this process.

A number of residents' questionnaires were received by the Authority prior to the inspection. The opinions expressed through both the questionnaires and conversations with the inspector on site were broadly satisfactory with services and facilities provided. In particular, residents were very complimentary on the manner in which staff delivered care to them commenting on their good humour and respectful attitude.

Overall, evidence was found that residents' healthcare needs were met. Residents had access to General Practitioner (GP) services and a full time medical officer as part of the overall services provided by St Michael's House Group. Access to allied health professionals such as physiotherapy speech and language therapists and to community health services were also available.

The inspector found there were aspects of the service that needed improvement such as risk management, care planning and policies and procedures.

The Action Plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the Authority's 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, 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:

Evidence that residents were consulted with and enabled to participate in decisions about their care and about the organisation of the centre was found on this inspection. Regular weekly meetings took place and minutes of these meetings outlined discussions and decisions taken on activities and meal planning. Daily routines respected individual choice and preferences such as times for rising or returning to bed.

It was found that resident's privacy and dignity was respected through personal care practices, maintaining private communications and contacts with relatives and friends and maximising independence. Locks were available on all bedroom doors and some residents were provided with their bedroom door key. Use of CCTV or other monitoring devices were not in use in the centre at this time.

Staff were observed to facilitate residents' capacity to exercise personal autonomy and residents were enabled to exercise choice and control in their daily lives in accordance with their preferences. Independence was promoted and encouraged through development and maintenance of life skills.

Systems to safeguard finances were in place and supports to facilitate residents to safely manage their finances were reviewed.

It was found that resident's belongings and finances were protected on this inspection. A robust system which involved recording, balancing and auditing three separate account records was in place consisting of an expenditure record, receipts and bank account statements. Each aspect of the three records was reconciled for every lodgement, withdrawal or transaction conducted. These were audited by the person in

charge monthly. Records indicated reconciliation and corroboration of purchases/payments with receipts expenditure records and bank statements.

There was a written operational policy and procedure relating to the making, handling and investigation of written complaints. The procedure identified the nominated person to investigate a complaint and the appeals process. There was a nominated person who held a monitoring role to ensure that all complaints were appropriately responded to and records were kept. It was also noted that residents were facilitated to have access to advocacy services. A process to record complaints was available however; the inspector was told no complaints had been made to date.

Judgment:
Compliant

Outcome 02: Communication

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

Theme:
Individualised Supports and Care

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

Findings:
Evidence that staff were aware of the different communication needs of residents and that systems were in place including external professionals input where necessary, to meet the diverse needs of all residents was found.

Residents identified with verbal communication difficulties were supported and facilitated to communicate using alternative methods such as expressive body language and picture prompts. These individual communication requirements were included in personal plans and reflected in practice. Examples included, communication booklets which were easily transportable to use in different social settings. Staff were very familiar with the expressive body language prompts used by some residents.

The centre is part of the local community and residents visit local shops, restaurants and leisure facilities on a regular basis. Trips to the park, cinema and shopping complex were favourite options.

Residents had access to radio, television, social media, newspapers, internet and information on local events, and were facilitated to access, where required, assistive technology and aids and appliances to promote their full capabilities. Some of the residents had used the internet to research their recent holiday abroad.

Judgment:
Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Evidence that residents were supported to develop and maintain positive relationships with family and friends was found.

Arrangements were in place for each resident to receive visitors in private without restrictions unless requested by the resident.

Good communication systems were in place and families were kept informed of residents' well being and were involved in their personal plans. Through feedback from questionnaires returned some family members felt supported by staff to be involved on an ongoing basis in the life of their relative.

Some residents told the inspector of their plans to stay with family over the Christmas period and it was found that staff and families have already begun to make arrangements to ensure all residents spend time with their families in the community over the Christmas period.

Residents involvement in activities in the community were supported with some residents involved in art and drama classes on a weekly basis and others volunteering in animal rescue centres in their locality.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

It was found that residents' admissions were in line with the Statement of Purpose. The resident profile of the centre was found to be stable and there were no new or recent

admissions.

The management of one person who had recently returned to the centre following a period of time elsewhere was reviewed and found to be appropriate. A full review of the person's health status with consideration of future needs and level of interventions required to manage their care needs was carried out by all of the health professional involved in their care. The National Advocacy Service was accessed to support the individual to indicate their preference and choice to return to the centre.

On a sample of those reviewed it was found that each resident had a written contract agreed within a month of admission. The contract set out the services to be provided and all fees were included in the contract. Where additional charges pertained these were also included.

Although the contract was in written format an accompanying finance plan which referenced and included all of the fees contained in the contract was in a pictorial format for improved accessibility for residents understanding.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Although the actions required from the previous inspection were implemented, some further improvements were found to be required.

The lines of enquiry were fully reviewed on the last inspection and evidence that resident's well being and welfare was maintained by a good standard of evidence-based care and support was again found on this occasion. Personal plans were in place to support resident's continued personal independence and life skills development

Personal plans reflected resident's wishes and preferences relating to family and community based contacts visits and outings. Evidence that opportunities for education, training and development were provided was found in that all residents were attending day services to maintain and develop life skills.

However, on looking at a sample of clinical documentation it was found that improvements continued to be required to ensure that arrangements were in place and effective to meet all of the health needs of each resident.

A comprehensive care planning system with evidenced based risk assessment tools was recently introduced into the centre and all staff including the person in charge were in the process of becoming familiar with the system. Current residents were found to require few physiological healthcare related inputs and assessed needs primarily related to social, emotional, psychiatric and psychological inputs.

Although in general, care plans in place reflected the care delivered and were person centred further improvements were found to be required. All healthcare related problems or needs were not fully assessed to ensure the appropriate care required to manage the need was provided. Care plans which were in place were noted to be generalised and not sufficiently specific to appropriately manage the residents identified need, for example plans to manage pressure area care, continence and dietary needs. All of the plans viewed were noted to have been updated in recent weeks and therefore effectiveness of ongoing reviews could not be determined.

Evidence that all residents, their next of kin or nominated advocates were consulted and involved in the development of personal or healthcare plans was not available in all cases.

Judgment:

Non Compliant - Minor

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Overall the design and layout of the centre was found to meet the needs of the current resident profile in line with the statement of purpose. Efforts to provide furnishings, fixtures and fittings which created a personalised comfortable living space that also promoted residents' safety, dignity, independence and well being were noted. Adequate private and communal accommodation including sitting rooms, bathrooms and showers laundry facilities and small enclosed garden with safe access and egress was available.

The maintenance both internal and external was found to be of a good overall standard with suitable heating, lighting and ventilation. There was a good standard of hygiene

and the centre was found to be visually clean and hygienic. The kitchen was fully operational with sufficient cooking facilities and equipment and was well organised. Appropriate assistive equipment was in place and available for use, service records were found to be up to date and maintenance contracts were in place. Adequate storage was found and corridors were uncluttered and safe for residents mobilising.

However, evidence that the building complies with the Planning and Development Act 2000-2013 signed by a suitably qualified competent person as required by Registration Regulation (5)(3)(c) was not provided.

Some improvements to the premises were found to be needed to ensure the safety of residents and staff in the event of an emergency and this is mentioned under outcome 7 in this report.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

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

Findings:

Although actions required further to findings of the last inspection under this outcome were addressed on this occasion, further improvements were found to be required.

The actions which were to be addressed included;

- the establishment of a risk register which identified all hazards and associated controls was now in place since the last inspection. This register was viewed and found to be updated on a regular basis. The register was found to include risks associated with residents leaving the centre without staff knowledge; loss of power, heat or water; risks associated with choking; falls; and behaviour that challenges.
- an emergency evacuation plan which identified all of the supports and back up measures to ensure the safe and timely evacuation of all persons in the centre. A revised plan was viewed and included specific guidance to staff such as; alternative accommodation; emergency pack for use; supports available and how to access them.
- management of risks associated with residents leaving the centre without staff knowledge was found to have improved and a specific policy and procedure to guide staff both during the day and at night and also on how the response should change dependent on the number of staff on duty. Again information on supports to back up staff and how to access them was viewed.
- improvements to security of the premises were put in place with secure front and side gates and improved external lighting.

The inspector found that in general good governance processes and safe practices

implemented by the person in charge with staff promoted and protected the health and safety of residents. Processes and procedures in relation to; health and safety and moving and handling, in accordance with an up-to-date health and safety statement; safe evacuation of residents and staff in the event of fire; fire procedure was prominently displayed; there were regular fire drills and fire records included details of fire drills, fire alarm tests and fire safety equipment was found to be serviced on an annual basis.

Safe and appropriate practices in relation to moving and handling, infection prevention and control and reasonable measures to prevent and reduce risk of accidents were found to be in place.

However, some improvements were found to be needed to the premises to ensure the safety of residents and staff in the event of an emergency and as mentioned under outcome 6 in this report.

Not all of the internal doors in the house were solid wood doors which are recommended to provide up to 30 minutes resistance to fire. Also there were gaps noted around the doors and frames of doors where smoke could escape in a fire scenario. Very few doors had automatic door closures attached and none had intumescent smoke seals to assist in the containment of smoke and fire.

In addition, written confirmation from a properly and suitably qualified person with experience in fire safety design and management that all statutory requirements relating to fire safety and building control have been complied with has not been provided.

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):

No actions were required from the previous inspection.

Findings:

All lines of enquiry under this outcome were reviewed on the last inspection and found to be compliant.

In conversations with residents some expressed feeling safe and could tell inspectors the

names of staff they were familiar with. Although all residents spoken with were unable to express feeling safe, the inspector observed they appeared comfortable with staff and did not exhibit behaviours associated with distress or anxiety.

Where some residents exhibited aspects of behaviour that is challenging on occasions, staff were familiar with potential triggers and efforts were made to identify and alleviate the underlying causes for each individual resident.

It was found that few restrictive procedures were in place for any resident on this inspection. Bed rails were in limited use. On review of the records and in conversation with staff and on observation it was found that the practice was fully assessed in terms of safety and appropriateness. Alternatives had been considered, discussed and rejected with due regard to the wishes of the individual.

Medications were prescribed for use in very specific circumstances to alleviate anxiety related to certain care interventions for some residents and as a last resort in response to extreme behaviours however, it was found these measures were rarely used.

Judgment:

Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the designated centre was found to be maintained and where required were notified to the Chief Inspector within the specified time frames.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Evidence that an assessment process to establish each residents educational, employment or training goals in accordance with their wishes and capacities was found.

All residents were engaged in social activities internal and external to the centre to the extent that they wished to be. All attended day centres where they were supported to avail of a variety of classes which developed or maintained independent life skills such as; literacy; computers; cookery; financial planning and shopping. Some of the residents, due to health related problems did not attend the more developmental classes but enjoy a range of other activities designed to promote social interaction and relaxation such as arts and crafts, bingo music and massage.

Staff in the residential and day centres had established and maintained good communication processes to ensure residents benefited from the skills learned on an ongoing basis, for example skills learned during cookery classes were implemented in practice when residents assisted to prepare and cook their own meals in the centre.

Community involvements were actively supported by staff with some residents attending weekly art and drama classes in the local college and another volunteering in the local animal rescue centre. These all formed part of outcome based personal plans. Employment opportunities were also in place for some.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

All lines of enquiry under this outcome were reviewed on the last inspection and were found to be compliant. Similarly on this inspection it was noted that individual residents' health needs were in general met by the care provided in the centre. It was noted that staff endeavoured to encourage and enable residents to make healthy living choices.

Evidence that residents' health care needs were met through timely access to GP services and other allied health care services and were provided with appropriate treatment and therapies was found.

Residents were provided with food and drink at times and in quantities adequate for their needs. All meals were prepared in the centre and residents were encouraged to be involved in the preparation of both breakfast and evening meals as appropriate to their

ability and preference. Food was properly served and was hot and well presented. The evening meal was being prepared as the inspection concluded on the first day and although the kitchen was a hive of activity with both residents and staff involved, it was also a relaxed sociable and domesticated environment. Residents were facilitated to enjoy their meal independently, privately and at their own pace, where assistance was required it was offered in a discreet and sensitive manner.

Several residents were receiving therapeutic diets to promote and maintain health. Some of these diets were particularly restrictive with many common foods eliminated. Staff and residents were found to be very aware of the risks associated with non compliance to the diet. Staff used many forms of encouragement and support to the residents to remain compliant and to ensure a varied interesting and tasty diet. A special information book was compiled with lots of recipes for main meals including pizza, pies, cakes and bread.

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):

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

Findings:

All lines of enquiry under this outcome were reviewed in full on the last inspection and all actions arising were found to be satisfactorily addressed.

A closed single dose individualised medication administration system was recently established which was supported by appropriate documentation. An explanation booklet with pictorial written and easily recognised symbols was provided to each resident to facilitate and encourage understanding and compliance with taking medications.

Operational policies relating to the ordering, prescribing, storing and administration of medicines to residents were found to be safe and in accordance with current guidelines and legislation.

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.

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| <p>Theme: Leadership, Governance and Management</p> |
| <p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: A written statement of purpose was available which broadly reflected the service provided in the centre. On review it was found that the document contained all of the information required by Schedule 1 of the Regulations. Copies were available for residents in the centre.</p> |
| <p>Judgment: Compliant</p> |

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| <p>Outcome 14: Governance and Management <i>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.</i></p> |
| <p>Theme: Leadership, Governance and Management</p> |
| <p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: Evidence that management systems within the centre were in place to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored was found</p> <p>The person in charge engaged with the process to determine fitness as part of the inspection and demonstrated sufficient knowledge of the legislation and statutory responsibilities associated with the role. It was found that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis, provided good and consistent leadership to staff, support to families and was clearly resident focused.</p> <p>An annual review of the quality and safety of care in the designated centre had not yet been conducted although a report on a six month quality review by the service manager was carried out in conjunction with the person in charge. This incorporated aspects of service such as; staff training; equipment maintenance; emergency procedures and planning; transport maintenance; restrictive practice review; nurse manager on call supports; safeguarding and medication management.</p> |

An action plan on areas identified for improvement was incorporated. It was noted that this was the first review conducted to comply with the regulations and efforts to improve the quality and safety of care were ongoing.

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):

No actions were required from the previous inspection.

Findings:

There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge.

A senior care worker was identified to replace the person in charge and was noted to be familiar with residents' social and healthcare needs and aware of the responsibilities of the role in relation to notifications and protection of residents.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

Evidence that resources were available and directed towards supporting residents to achieve the goals set within their individual personal plans was available. Examples include the flexibility of staff rosters to support a resident maintain employment opportunities when the provision of a job coach was removed.

Residents were also supported to go on holidays abroad with staff resources made available and again flexible.

Overall, the facilities and services in the centre reflect the statement of purpose.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

All lines of enquiry were reviewed in full on the last inspection and actions required were found to be addressed.

It was found that some actions such as those relating to the provision of mandatory training to staff in fire safety, moving and handling and safeguarding were implemented and practice in place reflected competence in these areas.

Recruitment processes were not reviewed on this inspection however, the inspector had reviewed staff files on a number of occasions during previous inspections and was satisfied that the requirements of Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) Regulations 2013 had been met.

An actual and planned rota was in place and although absences were covered primarily by agency staff, these were usually the same people and residents to provide consistency. Where new staff arrived their identification was checked and a copy taken, they were then given the emergency procedures to read and sign and evidence of this was viewed.

The inspector found supervision of staff practice by the person in charge in conjunction with supports to provide learning and development were reviewed and monitored on an ongoing basis. The person in charge worked alongside staff on a regular basis and regular team meetings to discuss improvements and ongoing developments were held.

Additional staffing remains in place on night shift in response to risks identified on the last inspection further to a review of staffing levels and skill mix following the last inspection to ensure the safe effective delivery of quality care to service users.

The levels and skill mix of staff were sufficient to meet the needs of the current resident profile on this inspection and staff were supervised appropriate to their role. The

inspector observed staff and residents interactions and found that staff were respectful patient and attentive to residents needs. It was noted that staff provided reassurance to residents by delivering care to them in a quiet confident manner.

Evidence that all staff received up-to-date mandatory fire training, moving and handling and vulnerable adult protection was viewed and also additional training provided such as; hand hygiene, safe administration of medication, management of dysphagia and first aid.

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):

No actions were required from the previous inspection.

Findings:

In a sample of those reviewed it was found that general records as required under Schedule 4 of the Regulations were maintained including key records such as the statement of purpose and function, resident's guide, complaints and notifications as required under Regulation 31.

Similar findings in relation to records required under Schedule 3 were also found. Records were maintained in respect of accident and incidents, nursing and medical records and improvements further to the last inspection were found to have been made with documentation of reviews and recommendations by clinicians now retained in the centre.

However, it was found that a directory of residents needs to be established under regulation 19 (1) and containing all of the information specified under Schedule 3 point 3 (a) - (e) and schedule 4 Points 7,8 and 9 as this was not in place.

All of the policies required to be maintained under Regulation 4 and listed in Schedule 5 were not available, including policies to guide staff on; restrictive practices, visitors, nutrition, records management, information to residents, education, development and training and communications.

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:

Nuala Rafferty
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

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| Centre name: | A designated centre for people with disabilities operated by St Michael's House |
| Centre ID: | OSV-0002362 |
| Date of Inspection: | 04 November 2014 |
| Date of response: | 24 November 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, 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:

All healthcare related problems or needs were not fully assessed to ensure the appropriate care required to manage the need was provided.

Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive

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

assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

All health care related issues or needs will be fully assessed by an appropriate health care professional, Plans to manage pressure area care, continence and dietary needs will be developed with the support of the appropriate health care professional.

Pressure care area assessment and interim report completed 24/11/14

Proposed Timescale: 01/01/2015

Theme: Effective Services

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

Evidence that all residents, their next of kin or nominated advocates were consulted and involved in the development of personal or healthcare plans was not available in all cases.

Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

Where service users have participated with the development of their care plans this will be evidenced by signatures or the equivalent according to their wishes. Where service users have declined to participate and their representative was consulted this will be duly documented.

Proposed Timescale: 01/01/2015

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 premises did not ensure the safety of residents and staff in the event of an emergency in that;

- not all of the internal doors in the house were solid wood doors which are recommended to provide up to 30 minutes resistance to fire
- there were gaps noted around the doors and frames of doors where smoke could escape in a fire scenario
- very few doors had automatic door closures attached and none had intumescent smoke seals to assist in the containment of smoke and fire.

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:

The PIC and Manager of the technical services department have reached agreement that all internal doors and frames will be replaced to the required standard of Regulation 28 (2) (B) (i). This is now in the process of being priced and work will be completed within the next three months.

Proposed Timescale: 15/03/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

All of the policies required under Regulation 4 Schedule 5 to be written adopted and implemented in the centre were not in place.

Action Required:

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

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

Nutrition Policy: the registered provider is developing a nutrition policy. The policy will be completed by December 1st 2014.

Records management: The registered provider has established a working group to develop the creation of, access to, retention of, maintenance and destruction of records policy. This will be in line with the data protection pact and the first draft of the policy will be developed by December 2015, with the final draft ready by March 2015. phase 1 15th December 2015, Phase 2 March 31st 2015.

Communications and provision of information to residents policy: The registered provider is in the process of developing a communications policy and a provision of information to residents policy as required in the legislation.

Restrictive Practices: The positive approaches monitoring group (PAMG) acts as a key mechanism for the implementation of the St. Michaels house Positive Behaviour Support Policy (2013) and it assesses and monitors the use of any restrictive practices.

This policy is awaiting publication. Date to be confirmed.

Visitors Policy: Is in place in the house. All staff will be briefed on the contents at the next staff meeting. 26/11/14

Proposed Timescale: 15/12/2014

Theme: Use of Information

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

A directory of residents was not in place in the centre

Action Required:

Under Regulation 19 (1) you are required to: Establish and maintain a directory of residents in the designated centre.

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

The PIC has compiled a directory of residents following the Guidance on Directory of Residents document developed by HIQA.

Proposed Timescale: 17/11/2014

Theme: Use of Information

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

Ensure the directory contains all of the information required under Schedule 3 point 3 (a) - (e) and schedule 4 Points 7,8 and 9

Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 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 directory now contains all of the information required under Schedule 3 point 3 (a) - (e) and schedule 4 Points 7,8 and 9

Proposed Timescale: 17/11/2014