

**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-0002332
Centre county:	Dublin 11
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	Maureen Hefferon
Lead inspector:	Nuala Rafferty
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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

From:	To:
24 March 2015 10:00	24 March 2015 17:00
25 March 2015 07:30	25 March 2015 16:00

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

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

Summary of findings from this inspection

This was the first inspection of this 6 bed centre for persons with disabilities. This was also an announced inspection and is 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 renewal of 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.

The fitness of the person in charge was assessed through interview and throughout the inspection process to determine fitness for registration purposes and she was found to have satisfactory knowledge of her 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 was previously considered as part of this process and she also was found to be a fit person to carry out the role of provider nominee.

A number of residents' and relatives questionnaires were received by the Authority during and after the inspection. The opinions expressed through both the questionnaires and in conversations with inspectors on site were all satisfactory with services and facilities provided and complimentary on the manner in which staff deliver a good standard of care.

Overall, evidence was found that residents' healthcare needs were broadly 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 premises, medication management and care planning.

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:

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. Monitoring devices such as CCTV was not in place however, a sensor alarm was in place on one bedroom to maintain safety whilst also respecting resident's privacy.

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 in personal care and other activities of daily living relevant to assessed abilities.

Systems to safeguard finances were in place and supports to facilitate residents to safely manage their finances were reviewed and it was found that resident's belongings and finances were protected on this inspection by robust systems of recording, balancing and auditing each resident's bank account statements which were regularly audited by the person in charge.

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. A complaints record was in place and on review it was found that complaints made to date were investigated and measures implemented to address them. A review of the level of complainant's satisfaction was subsequently held.

Practices observed throughout the inspection evidenced that residents rights were upheld and daily routines were found to respect individual choice and preferences such as times for rising or returning to bed, going for walks or listening to music.

In conversation with staff and on review of some documentation including returned relatives questionnaires it was found that families were kept informed of all developments in the centre and included to the fullest extent possible in the lives of their loved ones.

Regular residents meetings to discuss and agree the daily or weekly activities programme, menu choices or other group life decisions were held. However, although the inspector was told that opportunities to formally meet with staff to discuss their loved ones care plan on an annual basis and social occasions were held, a transparent formal consultation process to seek or action the views of residents or relatives on service delivery or development was not in place.

The inspector was also told that this area was being addressed through the development of the organisations' Annual Report whereby a formal consultation process was being devised for all residents and relatives on the development of services. This is further referenced under Outcome 14

Judgment:

Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

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' were found to have a variety of communication abilities. Staff supported and facilitated their communication using alternative methods such as objects of reference and picture prompts. These individual communication requirements were included in personal plans and reflected in practice. A large folder of pictures depicting types of foods, activities and places to aid communication was available and frequently used, examples included; use of lámh sign language; individual picture signs such as a shopping trolley to denote shopping trip or a bed with a clock to denote bedtime, were

used to inform choices for some residents daily routine.

The centre is part of the local community and residents visit local shops, restaurants and leisure facilities on a very regular basis. Trips to the local shops and cafés were a daily event.

Residents had access to radio, television and information on local events. Newspapers and magazines were available and most residents also had their own personal mobile phone. Although access to the internet was available within the centre this was only a recent development and as yet there was no access to social media such as facebook or skype. However, the person in charge was currently pursuing this area to enable one resident with a laptop improve communication with siblings who were living 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):

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

Findings:

Evidence that residents were supported to develop and maintain positive relationships with family and friends were 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 very supported by staff to be involved on a daily basis in the life of their relative.

Residents involvement in activities in the community were supported with some residents going to a local voluntary group and others involved in a local running group.

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):

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

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.

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 however, it was noted that where additional charges were applied these were not all included.

The contract did not include or clarify charges made to residents for staffing supports whilst on holidays away from the centre. Although it was found that where possible these were borne by the centre, either from the operational budget or through fund raising activities, it was found that where unavoidable residents did contribute to the costs associated with staffing supports whilst on holiday.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Evidence that resident's well being and welfare were maintained by a good standard of evidence-based care and support was found.

The inspector reviewed of a sample of residents records. Detailed personal plans that identified the supports to be provided to maximise each resident's abilities to reach potential for personal development in all spheres of daily life were in place. These plans were found to reflect resident's involvement to the extent that the resident was consulted in relation to their wishes and preferences on social needs relating to family and community based contacts visits and outings.

Individual personal plans to support residents' development of life skills were in place and identified staff's understanding of the need to provide a balance of physical and emotional supports. Evidence of good practice was also found in positive behavioural support plans with staff aware of risks associated with fixated tendencies, triggers, early warning signs and the importance of monitoring mood and behaviours to maintain mood equilibrium.

Some individual personal plans referenced supporting documents such as the distress assessment tool for details relating to behaviours associated with pain management or risk of choking. Plans also included detailed phased processes to support the achievement of outcome based goals in relation to identified goals to improve independence such as; increase level of physical activity or improve independence in personal care.

Evidence that residents, their next of kin or nominated advocates were consulted and involved in the development of personal or healthcare plans was available

However, some improvements were found to be required in that plans were not in place for every identified healthcare need, such as, management of constipation; ear infections or use of enemas.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

In general the design and layout of this detached dormer bungalow was found to meet the needs of the current resident profile in line with the statement of purpose, although considerable improvements to the fabric and maintenance of the building was found to be required. The adequacy of communal accommodation specifically in relation to the sitting room and staff office cum bedroom was not assured in terms of safe circulation space; privacy or comfort.

The centre consisted of five single bedrooms and one twin bedroom which was shared by two people on a time share basis each week.

On the ground floor there are three bedrooms, one of which included an ensuite with toilet and wash hand basin, a small sitting room, kitchen cum dining room, sitting room, utility room, one large assisted shower room with toilet and wash hand basin. Staff office which was partitioned to enclose a small bed space consisting of a single bed and three open shelf storage unit.

On the first floor there are three bedrooms without ensuite, non assisted shower room with toilet and wash hand basin and a hot press

A small enclosed garden was available for residents at the rear of the house with one side entrance. There was a small paved area and a grassed area however, the person in charge was aware that the garden needed some attention to bring it to a standard where it could be enjoyed as an appropriate recreational outside space.

There were sufficient furnishings, fixtures and fittings to meet the individual needs of residents', including storage space in each resident's bedroom. Efforts to reflect resident's individuality and preferences in relation to colour and furnishings in bedrooms were noted and photographs, pictures and fixtures which reflected interests and hobbies were evident.

The communal areas included a kitchen/dining room and a sitting room. The kitchen/dining area was a large bright rectangular room with access to the hallways from two doors, one at each end of the room. A set of double doors led through to the sitting room from the dining area.

The inspector noted that although the kitchen was fully operational with sufficient cooking facilities and equipment, the fabric of the built in units were torn, stained and many of the doors were strained and not closing fully. Strip lighting situated underneath the overhead cupboards was intended to provide additional lighting for the work tops and the cooking area. However, these were heavily stained with rust, mould and grime and some were not in working order.

There was a large, extendible dining room table and chairs which although marked were of good quality however, there was a build up of food particles found to have accumulated in the grooves of the table particularly where it was extended.

The windows in the sitting room were not very large and this coupled with three sets of

couches contributed to an overall dark and cluttered appearance. The room also contained a TV situated on top of a table, in order for everyone to view the TV one couch which was positioned to the side of the TV had to be pulled out at an angle, this restricted the amount of circulation space further and raised concerns for the safe movement of residents with mobility and balance issues. The side of another couch prevented the double doors into the dining room from being fully opened. Overall, the room did not provide a comfortable safe space for the number of residents and staff to relax when all residents were there together.

A separate recreational space was not available for residents to avail of or receive visitors. Although one resident's bedroom does contain a small sitting area, this area cannot be used freely by all residents as it forms part of an individual behavioural support plan.

Facilities for staff within the unit were very limited in terms of space. In order to fully meet residents needs two staff were on duty each night, both are on sleepover shifts, but one staff is on- call to respond to residents needs. In order to accommodate staff sleeping arrangements the original office which contained a bed was partitioned and this section contained a single bed and shelving unit. In conjunction with another single bed the office also contained an office desk and two fold up chairs, two wall mounted shelves and storage boxes. However, neither the office or the area containing the second sleepover bed were large enough to facilitate circulation space, locker or change area. These facilities required to be reviewed from a health and safety perspective to ensure adequacy as it was noted that residents often accompanied staff into both the office and sleepover room.

The office was not large enough to accommodate a filing cabinet which was situated outside the office on the corridor. Although storage space was limited and some equipment was noted in the downstairs hallway, the hallway was wide enough to accommodate it and did not hinder access or egress to or from the house.

The current profile of residents did not require a high level of assistive equipment and the inspector noted that equipment required was available such as shower chairs and profiling bed.

Service records were found to be up to date and maintenance contracts including domestic and clinical waste were in place. However, a high standard of environmental cleanliness and hygiene was not found.

Many aspects of the centre required to be thoroughly cleaned where a build up of dirt and grime was found. For example the main downstairs shower room where there was a build up of dirt and grime found on the inside of the window and on the window blind, underneath the sink, on the wall tiles and on skirting's. In the kitchen/dining area; dirt and grime was noted on doors; floor and skirting's; window ledges and blinds; underneath and around the base of the chest freezer. In the utility room there was a build up of dirt and grime found on the washing machine and in and around cupboards. All rooms and hallways required a deep clean in general on all skirting's; ledges; door frames; vents; cupboards inside and out; light fittings; tiles; showers; sinks; toilets and in/around all pull out furniture.

Improvements were also required to the maintenance of the centre, with many items of equipment and fittings requiring to be replaced or repaired including; replacement of the kitchen cupboards, worktops and pelmet lighting; aspects of the flooring in the kitchen and downstairs bathroom was torn and stained; mould was noted on parts of the walls and ceiling in the downstairs shower room and on the window, walls and blind in the staff 'bedroom'.

Some items of equipment were found to require replacement or repair including; downstairs bathroom; rust noted on shower chair; stand on weighing scales; towel rail broken, utility room; detergent drawer on washing machine broken and difficult to open. upstairs shower room; toilet roll and toiletries unit rusted.

Improvements to the provision, level and maintenance of ventilation and heat in the centre also required to be improved. A lack of mechanical ventilation was noted in the staff 'bedroom' and also needed review in other rooms where mould was noted on the ceiling or walls.

On checking it was found that the room temperatures in both communal and bedroom areas were at a very minimal level, this was despite the heating being on throughout the morning with a heavy throughput of people in the house and breakfasts being cooked. One of the residents complained loudly that her bedroom was cold. On review of documentation and in conversation with staff it was found that there had been ongoing problems with the heating which had been raised with the maintenance department but had not been resolved.

All of these issues were brought to the attention of the person in charge throughout the course of the inspection and prior to the conclusion of the inspection a private company was engaged and commenced a deep clean of the environment and the maintenance team were on site to review the heating; replace blinds; remove the strip lighting underneath the kitchen units and address other identified issues.

Judgment:

Non Compliant - Major

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:

Overall, the health and safety of residents, visitors and staff was promoted and

protected in that policies and procedures for risk management and health and safety were available and staff were aware of them.

Records relating to fire safety were readily available regarding the regular servicing of fire equipment and fire officer's visits. Fire escape routes were unobstructed. Fire equipment and alarms were tested and arrangements were in place for the maintenance of the system and equipment. Individual personal emergency evacuation plans for all residents were in place and were sufficiently specific to guide staff. Staff had received annual training in fire safety as required under the legislation and all staff spoken with demonstrated a good knowledge of the procedures to be followed in the event of a fire, and the contents of the emergency plan. Each resident had a detailed evacuation plan which had been risk assessed.

Arrangements were in place for responding to emergencies including procedures and policies covering responses in the event of a resident being absent or missing without staff knowledge. In conversation with them it was found that staff were fully aware of these procedures.

Evidence of effective review of the systems in place to assess and manage all risks associated with response to emergencies was found. A centre specific emergency plan to direct and guide staff in response to any major emergency such as power failure, flooding or other form of emergency was available and had recently been reviewed. The plan identified all resources available to ensure residents safety such as alternative accommodation. Some additional equipment to effectively and safely respond to emergencies was available such as search torches, blankets and lists of emergency numbers.

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 as required in the Registration Regulations had not been provided. An action in relation to this is included under Outcome 14

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:

The inspectors observed that the centre was a safe environment for the residents and that there were measures in place to protect residents from abuse. In conversation with staff it was found that they were knowledgeable on the different types of abuse, and were aware of the reporting mechanisms in place if abuse was reported or observed.

In conversation with residents the inspector was told they felt safe in the centre. A warm, respectful and friendly relationship between the staff and residents was evident and in one case a resident became visibly excited and happy to see a staff member who was arriving on duty.

The centre promoted a restraint free environment. Restraint was not observed to be in practice in the centre at the time of this inspection.

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 that had occurred in the centre was maintained and where appropriate all notifiable incidents had been submitted to the Chief Inspector. All quarterly notifications had been submitted to the Authority within the appropriate time

frame.

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):

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

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 had capacity or 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; personal care; lámh signs for communication skill development; food preparation; literacy and financial management.

Community involvements were actively supported by staff with some residents attending aqua aerobics and others involved in special Olympics', mini marathon and advocacy groups. Supported 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):

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

Findings:

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.

Records of clinical interventions relevant to ongoing healthcare needs were found to be up to date and reflected the residents' health care status. Residents were supported on an individual basis to enjoy the best possible health. Some residents had particular healthcare needs which required a high level of supervision and monitoring, this was provided in a non-intrusive manner.

Inputs from allied health professionals such as; psychology, physiotherapy, speech and language and occupational therapy services with written evidence of relevant reviews were available and informed care planning. However, it was found that a care plan for every healthcare need was not in place and an action relating to this finding is included under Outcome 5.

Residents were provided with food and drink at times and in quantities adequate for their needs. A good variety of nutritious food was also available to meet their dietary needs. Written guidance was in place for residents who required modified consistency diets or fluids and staff were familiar with the appropriate consistencies required..

The kitchen was well equipped and staff had received training in basic food hygiene. All meals were prepared in the centre and residents were involved in the preparation of evening meals as appropriate to their ability and preference. Food was properly served and was hot and well presented. Meals were relaxed and sociable, 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.

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:

Staff were aware that there was a new operational policy which included the ordering, prescribing, storing and administration of medicines, although a copy of the new policy was not available in the centre.

The administration of medication to residents was observed, and it was noted that staff were familiar with each resident's medication and facilitated residents to take their medication at the prescribed time as part of their daily routine. Details of all medicines administered were correctly recorded

It was found that each of the residents had their prescribed medications recently reviewed by a Medical Officer. Observation of medication administration practice was satisfactory and a record of staff signatures and initials were maintained in line with best practice

A closed single dose, individualised medication administration system was recently established and systems were in place for safe disposal and return of unused or out of date medications. Whilst an overarching policy on this system was not yet available the person in charge had devised a local process with advice from the pharmacist to guide staff on the implementation of the system.

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 and recorded. There were two secure disposal containers for medications.

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

There was evidence that medication management practices were broadly in line with current guidelines and legislation although some improvements were found to be required such as;

- topical medications which were opened and in use did not have an identified date of opening so that a determination could be made when the medication should be discarded in line with manufacturers or pharmaceutical guidance
- although systems were in place for the safe disposal and return of out of date medications it was noted that some out of date medications remained stored alongside current stock with consequential risk of administration. This was raised with staff and addressed immediately, in addition the storage of the containers for disposed medications were relocated to a separate locked cupboard to improve segregation measures
- improvements to audit processes to include commencement dates of topical medications and to ensure that each medication has a dispensing label from the pharmacist were needed. A small number of medications did not have a dispensing label.

Judgment:

Non Compliant - Moderate

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 written statement of purpose was available which broadly reflected the service provided in the centre. On review it was found that some improvements were required to ensure the document contained all of the information required by Schedule 1 of the Regulations.

Information which required to be clarified in the statement of purpose included;

- the specific criteria used for admission including policy and procedures for emergency admissions
- the number age and gender of the residents for whom its intended the accommodation should be provided- which should include time share arrangements where these pertain
- a floor plan was included in the document but it was not sufficiently clear to enable the determination of the actual size of rooms.

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:

Evidence that management systems within the centre were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively

monitored was found

The person in charge and the service manager both engaged with the process to determine fitness as part of the inspection and demonstrated sufficient knowledge of the legislation and statutory responsibilities associated with their roles. 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.

An annual review of the quality and safety of care in the designated centre had not yet been conducted although a template was being devised and 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; equipment maintenance; emergency procedures and planning; transport maintenance; restrictive practice review; nurse manager on call supports; safeguarding.

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. The inspector was informed that this information would be used to inform the annual review of the service, a format for which was being developed by management.

Although a formal consultation process to seek or action the views of residents or relatives on service delivery or development was not in place, as previously mentioned in Outcome 1 the inspector was told that this area would be addressed through the development of the organisations Annual Report whereby a formal consultation process was being devised for all residents and relatives on the development of services

The service manager and person in charge also met regularly to discuss the service provision budgets and resources for the centre.

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.

Judgment:

Non Compliant - Major

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

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

Findings:

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

A senior experienced and qualified social 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):

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

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 residents on a regular basis to enjoy social events such as concerts and also to facilitate healthcare needs such as hospital appointments and in patient stays with staff resources made flexible and available. However, the inspector found that there had been reductions in the level of staff over recent years with a cumulative reduction in hours of approximately 40 hours per month over a two year period.

Negative impacts on the flexibility of staff rosters to facilitate social activities for residents included the reduction of alternative transport provision which is now provided

by centre staff and the provision of staff supports to residents availing of employment opportunities. This impacted on the availability of staff to maintain the unit to a high standard of cleanliness and although there was a basic level of general tidiness, aspects of the centre required a deep clean and this is referenced under Outcome 6

The current resident profile although stable, were found to have complex and increasing needs. Changes in physical, psychiatric and cognition health were noted and clinical inputs to manage issues such as chronic constipation and hydration have required occasional nursing inputs.

Overall, although the facilities and services in the centre broadly reflect those outlined in the statement of purpose the level of resources available to maintain the current services to a high standard required to be reviewed.

Judgment:

Substantially 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:

An actual and planned rota was in place and absences were covered by a panel of relief staff which although this included agency staff, these were usually the same people to provide consistency.

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.

The levels and skill mix of staff were sufficient to meet the direct care needs of the current resident profile on this inspection and staff were supervised appropriate to their role. However, as referenced under Outcomes 6 and 16 it was noted that resources to improve the level of hygiene within the centre and the level and frequency of nursing inputs required to meet the changing needs of residents needs ongoing monitoring and review.

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; basic food hygiene, management of dysphagia, bereavement and loss, heimlich manoeuvre and first aid. The person in charge was aware of the importance of staff training and development to continue to meet residents' needs going forward and had identified further training in positive behaviour supports, lámh sign language and clinical skills such as constipation and fluid management techniques.

Recruitment processes were reviewed on this inspection and on review of a sample of staff files these were found to meet the requirements of Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) Regulations 2013.

Judgment:
Compliant

Outcome 18: Records and documentation

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

Theme:
Use of Information

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

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

Findings:

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, and notifications as required under Regulation 31.

Records were maintained in respect of accident and incidents, clinical records and documentation of reviews and recommendations by clinicians were retained in the centre.

An insurance certificate was submitted as part of the registration pack, but this had expired at the time of inspection however, the service manager contacted the insurance company who provided written confirmation that the renewal of insurance cover was being processed to ensure that the centre was adequately insured against accidents or injury to residents, staff and visitors. It was also found that the bus used to transport residents was adequately insured.

A directory of residents was established which included all the required information and was being maintained.

The centre had some of the written operational policies as outlined in schedule 5 available for review, some were in draft format such as; provision of intimate care; communication with residents and risk management policies. Others required review and some had not been reviewed for between five to ten years, these included; infection prevention and control; hand hygiene; waste management and volunteer policies.

Policies not developed to date included the following:

- monitoring and documentation of nutritional intake
- access to education training and development
- staff training and development.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002332
Date of Inspection:	24 March 2015
Date of response:	15 May 2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 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:

The contract of care did not include all additional charges where these were applicable.

Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be

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

charged.

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

The Provider Nominee will ensure the Contract of Care is revised to reflect all additional charges where applicable. The PIC will make sure the revised Contract of Care is signed by the Residents.

Proposed Timescale: 01/06/2015

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:

A plan was not in place for every identified healthcare need.

Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

The PIC will ensure there is a plan in place for every identified healthcare need.

Proposed Timescale: 01/06/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The adequacy of communal accommodation specifically in relation to the sitting room and staff office cum bedroom was not assured in terms of safe circulation space; privacy or comfort.

Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

This issue will be addressed on a phased basis. The first phase involved the PIC meeting the Head of Technical Services on April 29th 2015 to review the accommodation. Phase two will include the head of Technical Services who will develop and cost plans incorporating improvements in the adequacy of communal accommodation, by the end of June 2015. Phase three will involve a meeting with PIC,

Service Manager, Head of Technical Services and Provider Nominee to review plans and costings and develop plans in relation to adequacy of communal accommodation by the end of July 2015. The Provider Nominee is committed to implementing plans to improve communal accommodation in the designated centre by the end of 2015. The Staff office cum bedroom will be addressed in this process.

Proposed Timescale: 31/12/2014

Theme: Effective Services

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

A full maintenance programme was required including the repair or replacement of many fixtures and fittings as outlined in the body of the report.

Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

Strip lighting was removed 24th March 2015

Bathroom accessories were replaced 25th March 2015

Blinds in bathroom replaced 27th March 2015

Washing machine part ordered 25th March 2015

Dining room table to be cleaned and re-varnished

Overview of heating system in house 6th June 2015.

Dining room table August 2015.

Heating system to be upgraded and thermostats will be put on all individual radiators
June 6th 2015

Proposed Timescale: 06/06/2015

Theme: Effective Services

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

A high standard of environmental cleanliness and hygiene was not found.

Many aspects of the centre required to be thoroughly cleaned where a build up of dirt and grime was found.

Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

Contract Cleaners were engaged on day of inspection, 26th March 2015, to do a

thorough deep clean of areas identified.
The PIC will review routine cleaning arrangements with the staff team to ensure effective cleaning arrangements are in place.
The routine cleaning roster and system for signing off cleaning completed will be reviewed at staff meeting in June 2015.

Proposed Timescale: 30/06/2015

Theme: Effective Services

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

Staff facilities were limited in terms of space and required to be reviewed from a health and safety perspective to ensure adequacy as it was noted that residents often accompanied staff into both the office and sleepover room

Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

Facilities for staff will be considered as part of the wider process of roster review which will explore alternative options of utilisation of staff resources. This will have an impact on the staff accommodation in the designated centre. This process has begun with the PIC, Administration Manager and Service Manager. Recommendations resulting from this process will be implemented in the designated centre.

Proposed Timescale: 30/09/2015

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:

All out of date medications were not segregated from other medicines.

Action Required:

Under Regulation 29 (4) (c) 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 out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

The PIC has reviewed the system for checking expiry dates as per organisational guidelines and disposing out-of-date medications.

The PIC has informed all staff of this new practice at a staff meeting on April 15th 2015. Minutes of staff meeting are available for review.

The storage of out-of-date medications was re-located to a separate locked cupboard on 25th March 2015, segregated from medications in use.

Proposed Timescale: 31/03/2015**Theme:** Health and Development**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Practices in place did not ensure that all medications would be safely administered to the resident for whom it was prescribed in that commencement dates of topical medications and pharmaceutical dispensing labels for every medication was not in place.

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 PIC has reviewed all labelling on medications. The dispensing chemist has been informed and requested to label all individual packets of medications and to include expiry dates on all medication.

Topical creams are now all labelled appropriately, including commencement dates as soon as they are opened to ascertain relevant discard dates in line with manufacturers or chemists guidelines.

Proposed Timescale: 25/03/2015**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 information which requires to be clarified in the statement of purpose includes;

- the specific criteria used for admission including policy and procedures for emergency admissions

- the number age and gender of the residents for whom its intended the accommodation should be provided- which should include time share arrangements where these pertain.

- a floor plan is included in the document but it is not sufficiently clear to enable the determination of the actual size of rooms.

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 Provider Nominee will ensure that The Statement of Purpose will be further revised to meet the regulatory requirements.

Proposed Timescale: 12/05/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

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.

Action Required:

Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to: Provide all documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

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

Documents requested by PIC from Manager of Technical Services.

Templates submitted with Action Plan.

Proposed Timescale: 06/05/2015

Outcome 16: Use of Resources

Theme: Use of Resources

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

The level of resources to ensure effective delivery of services to residents at all times in line with the statement of purpose required to be reviewed.

Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

Level of staff resources to ensure effective delivery of services to residents at all times in line with the Statement of Purpose will be included and discussed as part of the wider roster review process by the PIC, Service Manager, Administration Manager and Provider Nominee. The Provider Nominee is committed to implementing recommendations made from this review process.

Proposed Timescale: 30/09/2015

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 written 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 were not available including;

- monitoring and documentation of nutritional intake.
- access to education training and development
- staff training and development.

All policies in place had not been adopted for implementation within the centre and some remained in draft form.

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:

The Staff Training and Development Department are currently engaged in a review process. The final report is expected by the end of June 2015. Following Review a Training and development Policy will be drafted and the deadline for this is end of September 2015.

Monitoring and documentation of Nutritional Intake Policy is now in place.
A local Policy will be developed by the PIC and Service Manager in relation to Access to Education, Training and Development in the Designated Centre.
The PIC will ensure adoption and implementation of all relevant Policies in the Designated Centre.

Proposed Timescale: 31/10/2015

Theme: Use of Information

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

All policies and procedures were not kept under review at three yearly intervals as required by the regulations.

Action Required:

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

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

The Provider Nominee will review Policies and Procedures at 3 yearly intervals in accordance with best practice.

The PIC will ensure implementation of all relevant Policies and Procedures in the Designated Centre

Proposed Timescale: 31/12/2015