

**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-0002354
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:	Sheila McKeivitt
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:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
05 August 2015 09:30	05 August 2015 17:00
06 August 2015 09:30	06 August 2015 14:00

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 the centre by the Authority. It was an announced inspection and formed 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 comprehensive assessments, personal care plans, health files, policies and procedures and staff files. The views of the five residents and staff on duty were also sought.

The person in charge and the service manager were in attendance during the

inspection. They both had experience and knowledge of working with residents with disabilities. 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, one document in relation to planning compliance remains outstanding.

Evidence of good practice was found across all outcomes. The centre was in compliance with 10 out of 18 outcomes inspected. There were significant weaknesses in the governance of the centre and senior management support needed to be enhanced to support the person in charge to carry out their role effectively. More resources were required in order to meet the needs of residents. A complaint which had been escalated to senior management remained unresolved. The numbers, competencies and skill mix of staff was not adequate to ensure the social care needs of residents were met. Other improvements were required in relation to the cleanliness of the centre and the location of the medication storage cupboard. Documents for improvement include the contract of care, and the drafting of a policy on education, training and development.

The action plans at the end of this report identifies the 10 outcomes under which improvements are required.

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:

Residents' were consulted with and participated in decisions about their care. They were provided with information about their rights and each resident's privacy and dignity was respected.

Residents had a house meeting once a week at which they planned for the week ahead. Each of the five residents currently living in the house selecting an evening meal of their choice. They also discussed and planned group evening activities, appointments and personal plans for the week. Visits to and from family homes and pre-arranged visitors/friends calling to the centre were also discussed at these meetings. There was a private visitors' room where residents could receive visitors in private.

Residents' privacy and dignity was respected by staff. The bathroom/shower room and toilet doors had privacy locks in place and staff maintained residents' privacy when providing care to them. All windows had blinds and curtains and residents had access to keys for their bedroom door, however only one resident had chosen to avail of a key.

The rights of residents were respected. Residents told the inspector they had choice and retained autonomy over their own life. The inspector met four residents over the two day inspection, one of whom spoke to the inspector and confirmed that they were free to make choices about their daily routine and when support was needed it was facilitated by staff. For example, she informed the inspector that she sometimes got tired of her day service and chose to stay at home. The inspector saw information about the National Advocacy Committee on display in the front hallway. The person in charge confirmed she had provided one complainant with these details recently.

There was a policy and procedure for the management of residents' monies by staff and a procedure on personal possessions. Safe and secure storage was available. The inspector reviewed a sample of resident finances with the person in charge and saw there were clear, concise records and receipts to reflect the individuals outgoing and incoming cash. The process in place reflected the policy. Residents were unable to manage their finances independently and were facilitated by staff to do so.

There was a complaints policy in place which was accessible in a pictorial format for residents', a copy was posted in the front hallway and a copy was included in the residents guide. There had been one written complaint made by a resident's next of kin in May 2015, the person in charge (the named complaints person) could not deal with the issues within the complaint and had forwarded it to the service manager to deal with. However, the complainant told the inspector that she had received no response to her complaint. The service manager and person in charge confirmed they had not investigated the issues identified in the written complaint. Hence, there were no records available for review.

Judgment:

Non Compliant - Moderate

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:

Residents' communication needs were met.

The inspector saw evidence that residents with communication difficulties had their communication needs met. Staff knew residents well and had the required input from multi-disciplinary team members to assist them with additional communication aids which were made available to those residents with communication needs. For example, one resident had a pictorial activities schedule which staff used to communicate what activity was planned next. Lamh (sign language) was also used to communicate with some residents. Staff were observed communicating with all four residents in a kind, patient and sensitive manner. They appeared to know the mannerisms and means of communication of the non-verbal resident well and had no difficulty in interpreting the residents' needs. Residents had been assisted by staff to develop their individualised pictorial passports which they kept in their bedroom.

Residents' had access to personal and communal televisions in the house, music systems and radios. All information relevant to residents such as the weekly menu and staff on duty were displayed on the residents notice board in the kitchen. Residents did not have the capacity to use the internet independently.

Residents had access to the portable house telephones.

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:

Residents were supported to develop and maintain personal relationships and links with the wider community.

There were no restrictions on visitors. Residents their own visitors' policy. They had access to a quite room where they could receive visitors in private. One resident told the inspector that they had visitors of their choice visit them in their home these included both family and friends. The inspector saw evidence that residents who had chosen for their families to be involved in their assessment and care plans were involved in completing these documents. There was a family contact sheet in each resident's file where staff recorded all verbal contact with the residents' family.

Residents used facilities in the local community. One resident told the inspector how she regularly visited the local coffee shop in the local shopping centre. They used the local pharmacist and doctors surgery.

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:

Contracts of care were available for each resident and there was an admissions policy.

The admissions policy in place outlined the procedure to be followed prior to a resident being admitted to the centre. It included the involvement of the person in charge, the resident to be transferred and his/her next of kin. It stated that residents would be facilitated to visit the centre prior to their admission.

The contracts reviewed were signed by the respective residents next of kin and the person in charge. The contracts included details about the supports, care and welfare the resident would be expected to receive and details of the services to be provided. The fees to be charged were included but it was not clear whether the charge was per week or per month. They also referred to additional costs that may be charged such as charges for personal mobile telephone.

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:

The inspector found that each residents wellbeing and welfare was maintained. Residents had comprehensive assessments and wellbeing assessments completed. Care plans were in place reflecting their healthcare needs, however, personal outcome based plans were not detailed enough.

The inspector reviewed a sample of residents individual personal files and found that the resident, their next of kin and their key workers (one from the day care facility and one from the centre) were involved in the completion of this assessment. It reflected the resident's interests and preferences and outlined how staff could assist the resident to maximise their individual opportunities to participate in meaningful activities. All assessments had been reviewed within the past year.

Residents with health care needs had a corresponding care plan reflecting how staff could meet these needs for residents. These were detailed and specific to the resident. For example, one resident with diabetes had a care plan outlining how this was managed by staff as the resident was unable to manage the condition independently.

Each resident had a corresponding outcome based personal plan which outlined to 1-3

personal outcome based goals set for 2015. However, these were not detailed enough and did not reflect what actions had been taken to date to assist the resident to meet their goals. For example, one resident had a goal which read "to try new things in an individualised day service, bus outings and activities". It did not outline what outings, to where or what activities. There was no outline of how this goal would be reached and no record of any progress to date 8 months into 2015. The personal plans were not in a format accessible to residents.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The centre is located in a residential suburb of Co Dublin. The location, design and layout of the centre was suitable for its stated purpose and met the residents' individual and collective needs in a comfortable and homely way.

The centre, a semi-detached two storey building was currently home for five residents but could facilitate six residents. There was currently one empty bed. The inspector saw that the premises had adequate heating, lighting and ventilation. It was tidy and suitably decorated to meet the five resident needs. However, some areas such as skirting boards, light shades and ceilings were not clean.

Each of the five residents had their own bedroom, some choose to show the inspector their room, each had decorated their room to meet their personal taste. The two upstairs bedrooms had restrictors on windows and all contained sufficient furnishings, fixtures and fittings to meet the individuals needs including storage space. There were two bathrooms upstairs one contained a bath, the other a shower both contained a toilet and wash hand basin.

The communal areas included a well equipped kitchen come dining room. There were two living rooms, one large and one small. The inspector saw these communal rooms met their needs. The laundry and cleaning storage room contained all required equipment and was accessible via to all residents. The bathroom downstairs had a large shower at floor level, assisted toilet and wash hand basin.

The inspector viewed the rear garden and found it was accessible to all residents via the small living room and via the living room in the self contained unit. The garden was

secured by closing both side gate entrances leading from it. It contained a paved area where residents could enjoy dining outside. However, the garden was unkempt, with over grown scrubs, weeds in the lawn and a heavy growth of moss on the cement area surrounding the house. Car parking spaces were available in the front driveway and to the side of the house.

Assistive equipment required by one resident was available to meet her needs.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

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

The risk management policy in place met the legislative requirements as it included measures in place to identify and manage risk and outlined procedures to follow in the event that specific risks did occur. For example, one resident had recently fallen on the stairs, it had been reviewed and the covering on it replaced.

The person in charge completed risk assessments on a monthly basis and there was a risk register in place. The risk associated with some residents mobilizing on the stairs was included in this register and the person in charge informed the inspector that the stairs was been fitted with a chair lift to control this risk to residents. There was an up-to-date local health and safety statement in place. The emergency plan was detailed and included the procedures to be followed in the event of an emergency. Staff had an emergency pack in place.

Records were available to confirm that fire equipment including fire extinguishers, the fire blanket, emergency lighting and the fire alarm had all been tested by professionals within the required time frame.

All staff had completed fire training within the past year and those spoken with had a clear understanding of the procedure to be followed in the event of a fire. The inspector saw that each resident had an individual fire evacuation plan in place and records reviewed showed that fire drills were practiced on a regular basis during the day and night by both staff and residents.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Measures were in place to protect and safeguard residents which included a policy on, and procedure in place for, the prevention, detection and response to abuse.

Residents spoken with stated they felt safe and secure in their home. They had an enclosed rear garden, all the exit/entry doors were secured by locking and the house was alarmed.

All residents' required staff support with their personal needs and all had intimate care plans on file. There was a minimum use of restraint in the house and those with restraint in use had appropriate risk assessments completed to reflect their use. Residents who displayed behaviours that challenged at times had a personalised behavioural support plan in place outlining actions to take when the resident displayed any such behaviours. Staff were observed communicating in an appropriate manner with residents. They took time to sit and listen to one resident to ensure they could determine the needs of one resident who communicated non verbally.

There was a policy and procedure for the management of residents' monies and a procedure on personal possessions and it was adhered to. Residents were not capable of managing their finances independently and were facilitated by staff. There was a robust system in place and residents could access their money when they wished. The records reflected monies held and receipts were available to reflect all monies spent, each resident had an individual bank account in their name.

The staff and management team carried out regular audits on the management of resident accounts.

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.

<p>Theme: Safe Services</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p>
<p>Findings: A record of all incidents occurring in the designated centre was maintained. Quarterly reports had been submitted to the chief inspector in a timely manner. No incidents notifiable within three working days had occurred in the centre to date.</p>
<p>Judgment: Compliant</p>

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.

<p>Theme: Health and Development</p>

<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p>
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Findings:
 Resident's opportunities for new experiences, social participation, education and training were facilitated and supported by staff. However, only three of the five residents were currently attending day care facilities. The inspector was informed that one resident was awaiting reassessment by daycare facility staff to determine if she was safe climbing their stairs. She had been waiting on this assessment for over a week. In the meantime she remained in the house during the day. Another residents personalised daycare facility had been closed in an abrupt manner in February 2015. No plans had been put in place for an alternative day service for the resident prior to the service being closed. This had resulted in the resident having no access to a day service since February 2015.

The inspector was informed that the plan had been to provide an individualised day service for the resident from her home. However, appropriate staffing had not been put in place to enable the day service to be provided to the resident. Therefore, the inspector saw evidence that the only time the resident left the house was when she was taken for a walk each day in the local park, weather permitting and when the resident was taken swimming. The resident was scheduled to go swimming once per week, however, the inspector observed that this occurred on an ad hoc basis usually due to staff shortages.

Three of the five residents in the house could not mobilise without a mobility aid, as the house did not have a bus of their own this restricted their activities to the immediate local area in the evenings. Access to a bus was arranged by staff for planned group activities at weekends usually.

<p>Judgment: Non Compliant - Moderate</p>

<p>Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: There was evidence that the health care needs of residents were being met. All residents had assessments completed and these were updated within the past year. The resident and multi-disciplinary team members had been involved in these assessments.</p> <p>The inspector reviewed two resident files and saw evidence that they were facilitated to access their General Practitioner (GP), seek appropriate treatment and therapies from health care professionals when required. There was evidence that the allied health services were availed of promptly to meet residents needs. Completed referral forms were available for review in files and written evidence of relevant reviews were also available. Residents had a full medical review each year and had their medications reviewed on a regular basis.</p> <p>The inspector saw residents had a choice of food and had access to adequate quantities and a good variety of nutritious food to meet their dietary needs. The inspector saw that residents preferred foods recorded in their individual assessment was available to them. Healthy snacks were also available.</p> <p>Staff were available to assist residents at mealtime however, most of the residents did not require assistance.</p>
<p>Judgment: Compliant</p>

<p>Outcome 12. Medication Management <i>Each resident is protected by the designated centres policies and procedures for medication management.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p>

Findings:

The inspector found that practices regarding drug administration and prescribing were in line with best practice. There was an operational policy available which included the ordering, prescribing, storing, administration and prescribing of medicines. The practices in relation to ordering, prescribing, administration and prescribing of medicines were in line with the policy. However, the placement of the medication storage cupboard required review. There was a policy on self administration of medicines, however, none of the residents self administered their medications.

The inspector saw records which showed that all medications brought into and out of the centre were checked. An audit of each resident's medications was completed on a weekly basis by staff; any discrepancies were identified and reported to the service manager by completion of an error form. This was reviewed and recommendations made were fed back to the person in charge who was given a set period of time to implement the recommendations made. There was a staff nurse on duty at all times in the house, hence they always administered medications to residents. There were a minimum number of medication errors recorded.

The inspector saw that each of the residents had their prescribed medications reviewed by their GP on a regular basis.

The location of the locked medication cupboard required review, as it was located in the unsecure hallway leading from the main house to the self contained unit accessible to residents and visitors. It was not secure to the wall.

Judgment:

Substantially Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

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

Findings:

The statement of purpose had been revised within the past year, a copy was submitted to the Authority and reviewed prior to this inspection. It included details of the services and facilities provided. It also contained the information as required in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013.

A copy of the statement of purpose was available to residents in the house and the person in charge confirmed a copy had been issued to each residents representative.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

There was a clearly defined management structure that identified the lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced clinical nurse manager with authority, accountability and responsibility for the provision of the service. She was the named person in charge, employed full time to manage the centre, having completed a certificate in management. The inspector observed that the person in charge was involved in the governance, operational management and administration of the centre on a consistent basis. However, she was not adequately supported by the senior management team. Therefore, the governance system was weak.

During the inspection, the person in charge demonstrated sufficient knowledge of the legislation and of her statutory responsibilities. She was supported in her role by a team of staff nurses and health care assistants. One of whom had been nominated to manage the centre in her absence.

The person in charge reported directly to a Service Manager who reported to a Regional Director (also nominated person on behalf of the provider). The person in charge met with the service manager every 4 weeks and the service manager met with the nominated person on behalf of the provider every week. It was evident that issues relating to a lack of resources within the house to meet the social care needs of residents had been brought to the providers attention. However, there was no evidence that these had been addressed.

Evidence was not available to show that the centre had an unannounced inspection every six months. However, the service manager had visited the centre unannounced in June 2015 and conducted a review of the health and safety and quality of care and support provided to residents. Nine issues were identified for improvement and the inspector noted that all issues had been addressed by the person in charge. An annual review of the service had been completed earlier in July, this included the residents and their representatives views of the service, it identified areas of good practices and areas

which required improvement including the environment. However, the report was not sufficiently comprehensive and was not an accurately reflection of the service. For example, it did not mention the fact that one resident was not receiving a day service due to the lack of resources. Also, it stated that the one complaint received was being managed, however, as mentioned under outcome 1 the inspector found no evidence of this.

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. However, one document in relation to planning compliance remains outstanding and it is required to be submitted to the Authority before a recommendation for registration can be made by the inspector.

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:

The Chief Inspector had been notified of the absence of the person in charge from the centre for a period of > 28days. The inspector was satisfied that arrangements were in place for the management of the centre during his absence.

As mentioned under outcome 14, a staff nurse with the required experience and qualifications had been nominated to manage the centre in the absence of the person in charge. He was met on inspection and deemed fit to take over in the absence of the person in charge.

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:

The centre was not sufficiently resourced to ensure the effective delivery of care and support to residents in accordance with the Statement of Purpose.

The person in charge managed the resources she had allocated to her. For example, the person in charge ensured that there was enough staff allocated to the centre to ensure the basic care needs of residents were met at all times. However, she did not have adequate resources to meet the comprehensive needs of resident. As mentioned under outcome 5, the centre was not resourced with enough staff nurses or carers to provide one resident with an individualised day service.

Residents did not have access to their own transport, although 3 of the 5 residents were not independently mobile and could only mobilise a short distance when outside their home. Although, they had access to a bus when required this had to be pre-arranged and limited their trips and access to activities in the evenings and at weekends.

Judgment:

Non Compliant - Major

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The numbers and skill mix of staff were adequate to meet the health care needs of the five residents. Staffing levels included the person in charge, 6 staff nurses and 6 health care assistants. However, there was no staff nurse allocated specifically to enable one resident's day care needs to be met. In addition, there was no social care workers employed in the house and the lack of their expertise was evident as evidenced under outcome 5.

The inspector reviewed staff training records and saw evidence that all staff had up-to-date mandatory training in place and those spoken with had a good knowledge of procedures to follow. In addition, all staff had positive behavioural support training in place which enabled them to meet the care needs of residents displaying such behaviours. Food safety training was planned for all staff for a date in 2015. However, staff nurses spoken with confirmed they had not received training on developing or implementing resident social/personal plans. The person in charge was conducting

supervisory meetings with staff biannually.

There were no volunteers working in the centre.

The recruitment process was found to be safe and robust four staff files were reviewed on this inspection and all documents outlined in schedule 2 were available in each of the files reviewed.

Judgment:

Non Compliant - Major

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:

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Residents and Adults) with Disabilities) Regulations 2013 were maintained in a manner so as to ensure ease of retrieval.

An insurance certificate was submitted as part of the registration pack and it showed that the centre was adequately insured against accidents or injury to residents, staff and visitors.

There was a directory of residents which contained all the required information.

The centre had some of the written operational policies as outlined in schedule five available for review. However, they did not have a policy on access to education, training and development

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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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-0002354
Date of Inspection:	05 August 2015
Date of response:	09 August 2015

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

A written complaint made in May 2015 had not been responded to.

Action Required:

Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

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

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

The person in charge and the service manager have scheduled a meeting with the complainant on the 15/09/2015. The details of the complaint will be discussed and the complainant will be updated on the progress to date of the issues raised. The record of this meeting will be available to review. In future when complaints are received the complaints officer will keep records of all contacts and follow up actions in relation to complaints. This will include contacts with the complainant and other parties and will include records of telephone discussions, formal and informal meetings.

Proposed Timescale: 15/09/2015

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 contracts of care did not clearly outline if the fee to be charged was per week or per month.

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 charged.

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

The contract of care was amended to reflect the weekly rent charged. Residents and their representatives were given the revised contracts of care which are signed and available for review.

Proposed Timescale: 06/08/2015

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:

Personal plans were not available in a format accessible to residents.

Action Required:

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

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

Personal plans will be made available to residents and, where appropriate, their representatives in an accessible format. These will be available for review.

Proposed Timescale: 08/10/2015

Theme: Effective Services

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

The personal plans were not specific enough to ensure that a resident's goals would be met.

Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

On 26/08/2015 the person in charge advised all key workers to review each resident's goals with them. Each goal will be specific and have a realistic time frame. Each key worker and resident will discuss this plan with the person in charge. Records of this discussion with each resident will be available to review.

Proposed Timescale: 08/10/2015

Theme: Effective Services

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

Records of progress in achieving residents' personal goals were not available.

Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

On 26/08/2015 the person in charge discussed with all key workers how the progress of the personal goals and individual plans will be recorded. An individual goal tracker system has been introduced, this records the steps taken and progress made for each goal set. This record is stored in the resident's personal file.

Proposed Timescale: 26/08/2015

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 skirting boards, lamp shades and ceiling were not clean.

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:

The person in charge has amended the household cleaning rota to include the weekly cleaning of the skirting boards, lamp shades and ceiling. This will be discussed with the staff at the next staff meeting on 09/09/2015, the minutes of this meeting will be available for review.

Proposed Timescale: 09/09/2015

Theme: Effective Services

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

The garden was unkempt, with over grown scrubs, weeds in the lawn and a heavy growth of moss on the cement area surrounding the house.

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:

The technical service department have been requested to attend to the upkeep of the garden area and to remove the moss on the concrete area surrounding the house.

Proposed Timescale: 23/09/2015

Outcome 10. General Welfare and Development

Theme: Health and Development

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

One resident did not have access to an appropriate day service.

Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

The person in charge and the service manager will review the staffing requirements to provide the appropriate day service based on the individual resident's needs. This will include a review of the required skills and experience. On completion of this review the recruitment of relevant staff will progress and any outstanding training needs will be identified and provided.

The person in charge will meet with and discuss the setting up of an individualised day service for the resident with a person in charge of a similar setting. Based on the resident's assessed need support and advise in the selection and timetabling of daily activities will be provided.

Proposed Timescale: 31/10/2015

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:

Medications were stored in a cupboard in an area accessible to residents, visitors and all staff.

Action Required:

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

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

The person in charge has relocated the medication storage to an alternative location which is not accessible to visitors and residents.

Proposed Timescale: 08/08/2015

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:

A planning compliance certificate had not been submitted to the centre.

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:

The Registered Provider has submitted the planning compliance certificate to the regulator on 19/08/2015.

Proposed Timescale: 19/08/2015

Theme: Leadership, Governance and Management

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

Records were not available to reflect that unannounced inspections were being conducted on a six monthly basis.

Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

The person in charge has been advised to arrange a designated storage file to store the reports relating to all unannounced visits. Documents relating to future unannounced visits will be stored in this file and available to review.

Proposed Timescale: 07/09/2015

Theme: Leadership, Governance and Management

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

The annual review completed prior to this inspection was not comprehensive and omitted information on aspects of the service being delivered in the centre.

Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

The annual review will be revised and will include relevant information in relation to all aspects of the service being delivered in the centre.

Proposed Timescale: 23/10/2015

Outcome 16: Use of Resources

Theme: Use of Resources

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

There are insufficient resources in the centre and the needs of residents are not met.

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:

An organisational recruitment campaign is currently underway. Staff vacancies in the designated centre are included in this campaign and allocations to the positions will be made. The organisational and local induction for the newly recruited staff will commence on 13/10/2015.

A fundraising campaign is underway to collect resources for a unit based vehicle, while

awaiting the availability of this finance the residents will continue to access pre-arranged transport when available or taxis for other times.

Proposed Timescale: 13/10/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Residents social care needs could not be met as staff members lacked the required skills and/or experience to support them meet their social care needs..

Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

The person in charge and the service manager have reviewed the skill mix of the staff required based on the assessed need of the residents. Following this meeting a social care worker position was allocated to the staff team. The appointment of this person will be made through the recruitment campaign currently underway. The organisational and local induction of this staff member will commence on the 13/10/2015.

Proposed Timescale: 13/10/2015

Theme: Responsive Workforce

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

There was not enough staff nurses to ensure one resident daily day care/social care needs were met.

Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

The social care and medical needs of the resident will be reviewed based on the assessed needs. Advice will be sought from the medical practitioner and resident's representatives on 15/09/2015. Following this review the required nursing supports will be provided to meet the assessed needs.

Proposed Timescale: 30/09/2015

Theme: Responsive Workforce

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

Staff had not received training on developing or implementing resident social/personal plans

Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

The organisation is in the process of reviewing Personal Planning Systems. This has involved a comprehensive review of current structures which includes Care Plans, IP's, Cosan and Wellbeing Reviews. A new system has been designed to cover what is important to the person and for the person. This new system has been piloted in 10 units across the organisation. The pilot phase is expected to be completed by October 2015.

Following this a review of skills gap and training needs will be undertaken and training for all staff will be rolled out from January 2016. In the interim all staff have completed the mandatory training in 'Positive Behaviour Supports Fetac Level 5 Programme' , one of the modules in this programme is Person Centred Focus.

Proposed Timescale: 01/01/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

The centre did not have a policy in relation to access to education, training and development.

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 registered provider is currently developing the policy in relation to education, training and development. When completed this will be available to review in the centre.

Proposed Timescale: 31/12/2015