

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by St Michael's House
<b>Centre ID:</b>	OSV-0002380
<b>Centre county:</b>	Dublin 9
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St Michael's House
<b>Provider Nominee:</b>	Maureen Hefferon
<b>Lead inspector:</b>	Nuala Rafferty
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	6
<b>Number of vacancies on the date of inspection:</b>	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:
18 May 2015 13:30	18 May 2015 19:00
19 May 2015 08:00	19 May 2015 18:30

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 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.

No residents' or relatives questionnaires were received by the Authority during or after the inspection.

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

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 consultation processes, 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. A CCTV was not in place, one audio and one camera monitor were in place in bedrooms for occasional use for some resident's although they were not used during the course of this inspection. These were found to be used to maintain safety whilst also respecting resident's privacy and records indicated they were not used excessively. Some improvements in relation to decision making on the use of monitors were found to be required and is detailed under Outcome 8 further in this report.

Staff were observed to try to facilitate residents' capacity to exercise personal autonomy and to help residents 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. It was found that resident's belongings and finances were protected on this inspection by systems of recording, balancing and auditing. Each resident's bank account statements 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. The complaints record was viewed and it was found that no formal complaints had been made. But it was noted that dissatisfaction expressed by the relatives of one resident were documented. The person in charge had informed the relative of the complaint process and the procedure to follow should they wish to do so. The person in charge also undertook to keep the relative informed of updates on the issues raised.

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

**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:**

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 communication needs of all residents was found.

Several of the current residents had a variety of communication needs, some were non verbal and others had sight and hearing difficulties. Residents identified with verbal communication difficulties were supported and helped to communicate using alternative methods such as expressive body language, objects of reference and picture prompts. During this inspection it was noted that regular staff were familiar with the expressive body language prompts used by some residents to indicate a need, these included smiling, crying or clapping to indicate contentment, discomfort or accepting something offered.

A file containing a large number of pictures depicting various activities such as shopping, meals and hair dressing were also available and noted to be used by staff as a way of clarifying meaning with residents.

The centre was located in a congregated setting and not part of a local community but residents were facilitated to visit local shops and leisure facilities on a regular basis.

Those who wished too had access to radio, television, magazines and information on local events. However, 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.

**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. But it was noted that due to the age profile of siblings' parents and other relatives, there were limited visits or contact for some residents. Visits were facilitated by staff at the choice of the resident and their family.

Good communication systems were in place and families were kept informed of residents' well being and were involved in their personal plans.

Residents involvement in activities in the community were supported but this was limited to group activities with other residents or with groups associated with intellectual disabilities and to date there was little involvement with other community based social groupings for individual residents, this was primarily due to the nature of resident's disabilities.

**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. Where additional charges pertained these were also included.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

Evidence that resident's well being and welfare was maintained by a good standard of evidence-based care and support was found. But some improvements were also found to be required particularly with meeting social needs through meaningful activities and maintaining and developing life skills.

Plans that identified the supports to be provided to maximise each resident's abilities to reach potential for personal development in aspects of daily life were in place for some residents. These plans were found to reflect resident's involvement in that they referenced the need for staff and family to advocate on the person's behalf to make choices relating to meals and activities where they did not have the capacity to make choices themselves. But on review of documented meetings with families or representatives and staff to develop these plans, there was no mention of how the decisions on final choices were taken. It was not clear how the activities planned for residents reflected their personalities or interests. It was also noted that for some residents, family or representatives were not included in the planning process.

The personal plans in place outlined the amount of support each resident required to

realise the goal identified for them. For example, the need for two staff to accompany a resident on all outings. They also endeavoured to improve quality of life through variety of enjoyable or relaxing activities. But all plans in place were limited to achieving basic goals such as; going for a walk; meals out or going to the seaside. Evidence of plans which were outcome based to develop, improve or maintain life skills was not found. Although there were some plans which involved goals to visit family or friends or enjoy a massage, there were few community based activities and many of the goals identified as achieved may only have occurred once or twice in a twelve month period.

Current residents were found to require high levels of physiological healthcare related inputs and were a complex group with assessed needs related to physical as well as social, emotional, psychiatric and psychological inputs. In general, healthcare plans in place reflected the care delivered and were person centred. All healthcare related problems or needs were assessed to ensure the care required to manage the need was provided. Care plans which were in place were noted to be specific enough to appropriately manage the residents identified healthcare need.

Healthcare plans were regularly reviewed and updated to reflect changes in residents' condition and recommendations made by allied health professionals and external clinicians.

**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:**

Overall the design and layout of the centre was found to meet the needs of the current resident profile in line with the Statement of purpose. The bungalow was contemporary in design with large bright rooms and included health and safety aspects, security, and decorative but comfortable features. Appropriate equipment for use by residents or staff was available and maintained in good working order.

Efforts to provide furnishings, fixtures and fittings which created a personalised comfortable living space which also promoted residents' safety, dignity, independence and well being were noted.

Adequate private and communal accommodation included; seven single residents bedrooms with wash hand basin. There were no ensuite bathrooms. However, one of these bedrooms was formerly used to provide a sensory environment for residents as part of positive behavioural support plans. The inspector was told that the room was converted to use as a bedroom for a short term period and will now be reverting to use as a sensory room.

There was a large fully fitted kitchen, dining room; sitting room; one large bathroom with assisted jacuzzi bath, shower and toilet; large assisted shower room with toilet; full laundry facilities with adequate washing machine, tumble dryer and sluicing sink; linen room; pantry; staff office, cloakroom and shower. There was also a small patio area to the front of the centre which was accessible via the sitting room with glass veranda doors.

The maintenance both internal and external was found to be of a good overall standard with suitable heating, lighting and ventilation. There was a good standard of hygiene and the centre was found to be visually clean and hygienic. The kitchen was fully operational with sufficient cooking facilities and equipment and was well organised. Service records were found to be up to date and maintenance contracts including domestic and clinical waste were in place. Adequate storage was found and corridors were uncluttered and safe for residents mobilising.

Appropriate assistive equipment was in place and available and included ceiling hoists in bathroom and shower areas shower chairs and large individualised walking frames to aid and maintain level of mobility for some residents.

The centre was found to be appropriately and tastefully decorated and contained pictures and paintings by some residents and reflected their personalities and preferences.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**

Effective Services

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

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

**Findings:**

The inspector found that in general good governance processes and safe practices implemented by the person in charge with staff promoted and protected the health and safety of residents. Safe and appropriate practices in relation to moving and handling, infection prevention and control and reasonable measures to prevent and reduce risk of accidents were found to be in place.

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.

However intumescent strip seals were not in place on any doors within the unit, to ensure the containment of smoke, fumes or flames in the event of a fire.

**Judgment:**

Substantially 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):**

**Findings:**

Measures were in place to protect residents from being harmed or suffering abuse. There was a policy which provided guidance for staff to manage incidents of elder abuse. In conversation with some staff members, the inspector found they were competent in their knowledge regarding reporting mechanisms within the centre and what to do in the event of a disclosure about actual, alleged or suspected abuse. Although all residents spoken with were unable to express feeling safe, the inspector observed they appeared comfortable with staff and did not exhibit behaviours associated with distress or anxiety.

Where some residents exhibited aspects of behaviour that challenges on occasions, staff were familiar with potential triggers and measures were in place to appropriately manage the behaviours.

It was found that there were some restrictive procedures in place on this inspection. These included universal practices such as locking doors to restrict access to the kitchen and laundry areas and final exit doors. Also all in one body suits were in use. These measures had been assessed and were regularly reviewed. However, as mentioned in Outcome 1 audio and visual camera monitors were in place in some resident's bedrooms. These were used to maintain safety by monitoring episodes of seizures or signs of self injurious behaviours. On review of documentation and in conversation with staff it was found that a clear decision making rationale to commence use of the camera monitor was not documented.

The inspector learned that the camera monitor was to be used only when proactive strategies outlined in the resident's behavioural support plan did not work. The monitor was to be used for the shortest duration possible and use and duration of use to be recorded. The decision to use the monitor could only be taken following discussion by two staff members if there was a risk of self inflicted injury and all other strategies including; use of protective wear and/or de escalation of behaviour through relaxation strategies in sensory room had failed. But on review of records it was found that; the use and duration of use of the camera monitor was not always recorded and the discussion by two staff on the rationale for commencing use of the camera was not recorded. Identified risks indicating potential for injury was also not recorded. It was further noted that the behaviour support plan could not been fully implemented in recent months as the sensory room was not available for use having been temporarily converted to use as a bedroom.

Although there was no evidence that use of the monitor was excessive, auditing of the frequency of use was not in place in order to appropriately determine that the resident's rights were considered in relation to privacy and dignity at all times. An action regarding these findings is included under Outcome 1.

**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):**

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

**Findings:**

A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. Quarterly notifications had been submitted to the Authority as required and 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, and a personal well being assessment had been carried out. This is detailed under Outcome 5 of this report. It was found that due to their assessed capacities that the current profile of residents was not involved in education or employment programmes. Residents were facilitated to participate in social experiences through visits to cinema, shopping trips and other outings. Although systems were not established for residents to develop new skills or maintain life skills through continuous development or training programmes the current profile of residents were not assessed as having capacity to engage in this level of development.

Staff ensured that residents were facilitated to engage in activities normally associated with basic life rights such as going for a walk or drive, visits to the park and shopping for groceries or personal shopping.

All of the residents had access to a day care service.

**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:**

A system to make sure healthcare plans reflected the care delivered and were amended in response to changes in residents' health was commenced. These plans were being checked regularly to make sure they were detailed enough to maintain or improve a resident's health. The daily progress notes referred to the health care plan so that a clear picture of residents' overall health could be formed.

It was noted that staff endeavoured to encourage and enable residents to make healthy living choices. Evidence that residents' health care needs were being monitored through timely access to GP services and other allied health care services and were provided with appropriate treatment and therapies was found.

The current resident group were noted to have a variety of complex health and social needs and required a high level of intervention and support with all of the activities of daily living in terms of physical, personal, emotional and social needs. Staff endeavoured to meet these needs and it was noted that the person in charge ensured that residents with underlying medical issues were regularly reviewed and following clinical re assessments were referred to the multi disciplinary team for additional supports. Examples included residents' referrals for speech and language psychology and psychiatric inputs.

Residents were provided with food and drink at times and in quantities adequate for their needs. All meals were prepared in the centre and although their participation was limited for safety reasons 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:**

Evidence that the processes in place for the handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation were found and there were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

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

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 although these were stored in the same cupboard as all other medication stock and should be stored separately.

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 it was noted that some medications dispensed out of their original containers did not have an expiry date which did not support the nursing team to administer in accordance with their professional guidance.

**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:**

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

Although the document did include a discrepancy on the number of residents to whom it provides a service which required to be amended.

A revised document was received subsequent to the inspection which clarified the maximum number of residents to be accommodated as 6 persons.

**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:**

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 leadership to staff, support to families and was resident focused.

An annual review of the quality and safety of care in the designated centre had not yet

been conducted although a template is currently 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. However, the review did not include clinical reviews such as medication management care planning or level of access in terms of client need to link to allied health professional inputs. Neither did it identify the need for a staff training plan linked to the resident profile which is further referenced under Outcome 17.

The service manager and person in charge met regularly to discuss the service provision budgets and resources for the centre. There was evidence of positive responses to recent requests made for additional staffing resources.

However a revised application form to reflect the change in bed numbers in line with the current statement of purpose received by the Authority subsequent to the inspection is required to reflect maximum numbers of residents to be accommodated as 6 and not 7.

**Judgment:**

Non Compliant - Moderate

**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 qualified nurse with eight years experience 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.

The nurse identified a development need in relation to a management qualification. She was appointed to the position of clinical nurse manager I in an acting capacity in March 2015 and would benefit from ongoing mentoring in the role.

**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.

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

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

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

**Findings:**

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. The person in charge worked alongside staff on a regular basis and regular team meetings to discuss improvements and ongoing developments were held.

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.

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.

Evidence that all staff received up-to-date mandatory fire training safeguarding vulnerable persons and moving and handling was viewed and also additional training provided such as; basic food hygiene, emergency first aid and medication management. It was noted that staff would also benefit from additional training in areas such as advocacy, positive behavioural support plans and outcome based personal planning.

**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.

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

All of the policies required to be maintained under Regulation 4 and listed in Schedule 5 were available although some clinical policies were in need of review.

**Judgment:**  
Compliant

### **Closing the Visit**

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

### **Acknowledgements**

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

### ***Report Compiled by:***

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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by St Michael's House
<b>Centre ID:</b>	OSV-0002380
<b>Date of Inspection:</b>	18 May 2015
<b>Date of response:</b>	08 July 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 transparent formal consultation process to seek or action the views of residents or relatives on service delivery or development was not in place

**Action Required:**

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted

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

and participates in the organisation of the designated centre.

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

The PIC will continue the process of establishing the preferences of residents on service delivery through alternative means of communications (e.g. use of visual aids, objects of reference).

The PIC will continue the consultation with each family in a manner which will suit them. The PIC will write to families to advise them of this process. The consultation process will include use of written questionnaire, phone contact and/or face to face meetings. This will involve discussions on

Standards of care, safety and wellbeing, individuals support needs.

Discussion will also include the decor of the centre, meal choices, activities, staffing. Improvements and Future wishes.

This work will be included as part of the annual report for the designated centre. The PIC will ensure this consultation process is reflected in the Statement of Purpose. The annual report will be available for inspection.

**Proposed Timescale:** 25/09/2015

**Theme:** Individualised Supports and Care

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

Evidence that each resident's rights to privacy and dignity were considered and upheld before decisions to use camera monitors were taken was not available.

**Action Required:**

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

The PIC will complete a full review of the use of the camera with family members, clinic team members and staff team. The PIC with the relevant allied professionals develop more detailed guidelines for the use of the camera.

**Proposed Timescale:** 25/07/2015

**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:**

Evidence that all residents, their families or representatives were involved in the

development of personal plans was not available.

**Action Required:**

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

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

The PIC will arrange for a review of the personal plans with the resident and their family members.

All documentation will be available for review.

**Proposed Timescale:** 25/08/2015

**Theme:** Effective Services

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

Personal plans in place plans were not detailed enough to adequately support resident's continued personal independence and life skills development.

**Action Required:**

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

The PIC will arrange for a review of the personal plans of each of the residents to address issues of continued personal independence and life skills development.

The PIC will ensure that the plans incorporate phased programmes suitable to the individual's needs and capacities with clear steps and timelines.

The updated personal plans will be available for inspection.

**Proposed Timescale:** 25/08/2015

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

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

Containment measures such as intumescent strip seals were not in place.

**Action Required:**

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for

detecting, containing and extinguishing fires.

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

Four self closing compartmentation doors to be installed at main hall, both sittingroom doors one into main hall and one at the hallway leading towards bedrooms. The fourth door at bedroom area in the house. This will ensure that compartmentation will be maintained to prevent smoke spread and provide time needed to staff in order to complete the evacuation

**Proposed Timescale:** 01/08/2015

**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:**

Practices in place did not ensure that all medications would be safely administered to the resident for whom it was prescribed in that expiry dates were not available for every medication dispensed out of original packaging.

**Action Required:**

Under Regulation 29 (4) (d) 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 storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

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

The PIC has discussed with pharmacy and all labels will have expiry dates. the PIC will ensure that the expiry dates are checked as part of audits.

**Proposed Timescale:** 08/07/2015

**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 revised application form in line with the most recent version of the statement of purpose to reflect the maximum capacity of the centre as 6 is required

**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 PIC has completed an application form in line with the statement of purpose which reflects the maximum capacity of the centre as 6. The PIC has sent this with the most recent statement of purpose to the Hiqa registration.

**Proposed Timescale:** 24/06/2015

**Theme:** Leadership, Governance and Management

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

An annual review of the quality and safety of care in the designated centre had not yet been conducted.

**Action Required:**

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

The PIC and PPIM will complete the annual review of the quality and safety of care in the designated centre.

The annual review will be available for inspection.

**Proposed Timescale:** 25/09/2015