### Health Information and Quality Authority
#### Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Michael's House</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002398</td>
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<tr>
<td>Centre county:</td>
<td>Dublin 14</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>St Michael's House</td>
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<tr>
<td>Provider Nominee:</td>
<td>Declan Ryan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sheila McKevitt</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>5</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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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.
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: 21 July 2015 09:30  21 July 2015 17:30
To: 22 July 2015 09:00  22 July 2015 14:00

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tbody>
<tr>
<td>Outcome 02: Communication</td>
</tr>
<tr>
<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 10: General Welfare and Development</td>
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<td>Outcome 11: Healthcare Needs</td>
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<tr>
<td>Outcome 12: Medication Management</td>
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<tr>
<td>Outcome 13: Statement of Purpose</td>
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<tr>
<td>Outcome 14: Governance and Management</td>
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<tr>
<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
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<tr>
<td>Outcome 18: Records and documentation</td>
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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 12 out of 18 outcomes inspected against. Some improvements were required in relation to the layout and design of the centre together with its cleanliness. In addition, directional fire signage required review and the risk associated with the steep stairs. Areas for improvement include the contract of care, a policy on education, training and development and access to the statement of purpose.

The action plans at the end of this report identifies the 6 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 life. They were provided with information about their rights and each resident’s privacy and dignity was respected.

Residents had a weekly meeting where they discussed the week ahead with their staff. They planned their evening meals, activities, appointments and visits to and from family homes.

Resident’s privacy and dignity was respected. Some residents showed the inspector their bedroom, a number stated that they preferred to keep their bedroom door locked others choose not too. However, all five residents had a personal key for their bedroom door. The bathroom/shower room and toilet door had privacy locks in place. All windows had blinds and curtains in place.

Residents had access to an adequate amount of storage facilities in their bedroom. Laundry facilities were available within the house and those who required staff assistance were provided with it. Staff assisted residents to safely manage their monies and the inspector was satisfied that robust systems were in place to ensure full compliance with organisational policies.

The rights of residents’ were respected. The inspector saw evidence that residents had choice and retained autonomy of their own life as much as possible. For example, two male residents liked to spent time watching lots of sport and this facilitated in a second sitting room. Hence, the remaining residents had access to the main sitting room at all times.
Residents who choose to attend religious services were facilitated to do so. One resident told the inspector how he attended religious services with a family member in the families parish church. Residents told the inspector they were facilitated to pursue their personal interests at weekends, one resident stating how he didn’t get up until 10am and then watched football on T.V. with his housemate.

There was a copy of the charter of rights published by the National Advocacy Committee on display in each residents bedroom. An external advocate from the National Advocacy Committee had been invited and attended a residents’ meeting in June, explaining their rights to them which residents spoken with had a clear understanding of. With the assistance of staff they had submitted an application to have an independent advocate assigned to them.

There was a complaints policy in place which met the legislative requirements. A pictorial copy was on display and accessible to residents in the front hallway, in their bedrooms and a copy was included in the residents guide. There were a minimum number of complaints and those on file were dealt with promptly. Records reviewed showed details of the investigation, outcome and level of satisfaction of the complainant were clearly recorded.

**Judgment:**
Compliant

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**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:**
The policy on communication with residents was reflected in practice and residents communication needs were being met. All five residents' had varying degrees of abilities to communicate four verbally and one non verbally. Each resident had a communication needs assessment completed on admission outlining their communication style and two reviewed in detail reflected the residents communication needs when met by the inspector.

Residents’ had access to information outlined in pictorial form such as the staff team, information about rights, managing money, healthy eating and of different meals. These communication aids were accessible to residents and used by staff to aid communication. Residents had access to a television in both living rooms and had music playing devices and radios of choice in their bedroom.

All five residents attended a day care facility Monday to Friday within the general area.
They linked in with the local community using the local General Practitioners, Pharmacist, Roman Catholic Church, shopping centre and all general services in the locality.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th>Outcome 03: Family and personal relationships and links with the community</th>
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<tbody>
<tr>
<td>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.</td>
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</table>

**Theme:**
Individualised Supports and Care

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

**Findings:**
Positive relationships between residents and their family members were supported. There was a visitor's policy in place which stated there were no restrictions. Residents told the inspector that their family members and friends were welcome to visit at anytime. They also explained how staff facilitated them to visit their family home by accompanying them. There was a second sitting room available where residents could receive visitors in private.

Communication between staff and the residents next of kin was good. They were consulted with on issues in relation to their loved one where necessary or when the resident requested and were involved with the residents personal plan of care.

As mentioned under outcome 2, residents were supported to link with the local community on a day to day basis.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th>Outcome 04: Admissions and Contract for the Provision of Services</th>
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<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

**Theme:**
Effective Services

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

**Findings:**
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.

Contracts of care were available for each resident and admission to the centre was in line with the admissions policy. The contracts were signed and dated by the respective resident, the person in charge and the residents keyworker. 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. However, it was not clear whether the fee charged was per week or per month. Additional costs that may be charged were clearly outlined.

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 to a high standard.

The inspector reviewed a sample of residents individual personal files and found that the resident 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 residents 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.

Each resident had a corresponding outcome based personal plan which outlined to 3-5 personal outcome based goals set for 2015. For example, one resident had wanted to commence hydrotherapy and records reviewed showed how staff from both her daycare and her home were actively supporting her to achieve her goal.

Staff promoted residents independence. They assisted residents in purusing activities of their chose and of interest to them.

**Judgment:**
Compliant
**Outcome 06: Safe and suitable premises**
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

<table>
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<tr>
<th>Theme:</th>
<th>Effective Services</th>
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</thead>
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**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. Its design and layout is no longer fully meeting the needs of the five residents living there.

The centre, a detached two storey building was initially home for six residents but the occupancy has reduced to five. The providers application requested registration for five. The inspector saw that the premises had adequate heating, lighting and ventilation. However, the premises did not get much natural sunlight and the interior design was dated and it did not contribute to a homely environment. The inspector was informed it had not been re-decorated for a number of years. However, internal doors had just been upgraded to fire doors, this work had not been fully completed and the house had not been cleaned since the builders left. Hence, there was heavy a layer of dust on skirting boards, the stairs, light shades, cobwebs on the ceilings and on the medication fridge.

Each of the five residents had their own bedroom, some chose 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. The upstairs bathroom contained a bath, toilet and wash hand basin. It did not have a shower, however, both residents residing upstairs confirmed they preferred taking a bath. There was a steep step up to the bathroom door and another leading up to one of the resident bedrooms both of which were identified in the risk register as a potential hazards to the two residents residing upstairs. However, the inspector observed that the stairs was steep and required ones full concentration on descend.

The third room upstairs was in the process of being converted to a staff office, the staff bedroom was located downstairs. It had ensuite facilities which included a shower, toilet and wash hand basin.

Two of the three bedrooms downstairs met the needs of residents. However, one resident bedroom was small, with a single bed placed next the bedroom wall, the resident, a wheelchair user did not have much floor space available to manourve her wheelchair.

The downstairs bathroom had a large shower at floor level, assisted toilet and wash hand basin. It could be accessed via two doorways, one leading from the hallway and
second leading from the bathroom to the rear of the house. This external door was not ideal as staff told the inspector it could be used in the event of a fire and was used by residents to access the back garden.

The communal areas included a well equipped kitchen come dining room. The dining space although small in size it could just accommodate the five residents and two staff. There were two living rooms, one large and one small. Residents confirmed these communal rooms met their needs. The laundry and cleaning storage room contained all required equipment. However, the laundry room was accessible via two deep steps leading from the kitchen, therefore it could not be accessed by two residents who had mobility restrictions.

The inspector viewed the rear garden and found it was accessible to all residents via the downstairs bathroom or the main door of the house. 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:
Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:
The 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. The person in charge completed risk assessments on a monthly basis and there was a risk register in place. As mentioned under outcome 6 the risk associated with the steep stairs was not included in this register. 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. However, there was no directional signage in the hallway downstairs to direct persons to the external fire exit leading from the downstairs
bathroom.
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:
Non Compliant - Moderate

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
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 could be secured by locking and the house was alarmed. Residents could lock their bedroom door if they wished.

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 there use.

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
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. Quarterly reports and three day notifiable incidents had been submitted to the chief inspector in a timely manner.

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:
Residents opportunities for new experiences, social participation, education and training were facilitated and supported by staff. All residents attended day care facilities Monday to Friday in the surrounding area. Staff arranged transport for residents to and from their day service.

Staff educated residents about different aspects of their life. For example, with the aid of pictorial and clear information cards they provided them with information on the need to maintain healthy bones and how they could do this. Staff also supported residents to arrange holidays of their choosing.

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:**
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.

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.

Residents told the inspector they had a choice of food. They assisted staff with preparation, cooking and serving of meals. The inspector observed one resident independently preparing potatoes for dinner, while another was being assisted by staff to prepare lunch for the following day. Residents had a choice of meals and were actively involved in choosing the weekly menu. They 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.

Staff were available to assist residents at mealtime however, most did not require assistance.

**Judgment:**
Compliant

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**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:**
The inspector found that practices regarding drug administration and prescribing were in line with best practice. There was an operational policy available in draft format which included the ordering, prescribing, storing, administration and prescribing of medicines. The practices in relation to ordering, storing and disposal of medication were in line with the policy. 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.

Safe Administration Medication (SAM) guidelines were available and followed by staff. All staff had up-to-date SAM training in place.

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 small living room accessible to residents and visitors. It was not secure to the wall.

**Judgment:**
Compliant

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**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. However, a copy was not accessible to resident representatives or given to them.
Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
There was a clearly defined management structure that identified the lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced social care worker with authority, accountability and responsibility for the provision of the service. She was the named person in charge, employed full time to manage the centre, having completed a certificate in applied 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.

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 social care workers. One of whom had been nominated to manage the centre in her absence. A lack of allocated protected management days on the monthly schedule was having an negative impact on the person in charge's ability to complete her job. For example, she had been unable to complete supervisory meetings with staff.

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 4-6 weeks, minutes of all management meetings were available for review. These showed a clear open channel of communication.

The service manager had visited the centre unannounced and conducted a review of the health and safety and quality of care and support provided to residents'. Here areas and issues were identified for improvement. 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. The areas for improvement had not been addressed as the review had just been completed.
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 not been notified of the proposed absence of the person in charge of the centre to date and the inspector was satisfied that arrangements were in place for the management of the centre during his absence.

As mentioned under outcome 14, a social care worker with the required experience and qualifications had been nominated to manage the centre in the absence of the person in charge. She was on leave during this inspection and therefore was not met by the inspector.

**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 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 resources effectively to ensure the needs of residents were met. For example,
the person in charge ensured that there was enough staff allocated to the centre to ensure the care needs of residents were met at all times.

**Judgment:**
Compliant

### Outcome 17: Workforce

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

**Theme:**
Responsive Workforce

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

**Findings:**
The numbers and skill mix of staff were adequate to meet the needs of the five residents. Staffing levels included the person in charge and seven social care workers. 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, positive behavioural support and food safety training were planned for all staff for dates in 2015.

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:**
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:
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:

Sheila McKevitt
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Michael's House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002398</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>21 July 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>01 September 2015</td>
</tr>
</tbody>
</table>

Requirements

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

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

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Contracts were not not clear whether the fee 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

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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 Person in charge has amended the contracts of care, to reflect that the stated rent amount is deducted on a weekly basis.

**Proposed Timescale:** 22/07/2015

### Outcome 06: Safe and suitable premises

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
All residents did not have access to the laundry.

**Action Required:**
Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

**Please state the actions you have taken or are planning to take:**
The registered provider has retained the services of consultants, who will draft a plan to address the lack of full access to the laundry.

An initial meeting was held with the consultants on August 21st 2015. The minutes of this meeting will be available for inspection in the designated centre.

The consultants plans and costings for the work will be forwarded to the provider nominee who will consider the full implementation. A copy of the consultants plans will be submitted to The Authority and will be available for review in the designated centre.

**Proposed Timescale:** 02/10/2015

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The premises did not adequately meet the needs of residents due to the following reasons:
Access to two upstairs rooms via steps and steep stairs.
One bedroom used by a wheelchair user was too small.
The outer door leading into downstairs bathroom the dining area was too small.

**Action Required:**
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.
Please state the actions you have taken or are planning to take:
The registered provider has retained the services of consultants, who will draft a plan to address the four issues identified.

An initial meeting was held with the consultants on August 21st 2015. The minutes of this meeting will be available for inspection in the designated centre.

The consultants plans and costings for the work will be forwarded to the provider nominee who will consider the full implementation. A copy of the consultants plans will be submitted to The Authority and will be available for review in the designated centre.

Proposed Timescale: 02/10/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk associated with the steep stairs in the house had not been entered in the risk register and plans to address this risk were not in place.

Action Required:
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:
Action 1. A risk assessment has been completed on the stairs, and the steps to the upstairs rooms. These have been added to the Centre’s risk-register.

Action 2. Additional lighting will be provided for the stairs.

Action 3. The registered provider has retained the services of consultants, who will draft a plan to address the identified issue.

An initial meeting was held with the consultant on August 21st 2015. The minutes of this meeting will be available for inspection in the designated centre.

The consultants plans and costings for the work will be forwarded to the provider nominee who will consider the full implementation. A copy of the consultants plans will be submitted to The Authority and will be available for review in the designated centre.

Proposed Timescale:

Action 1. was completed on 11 \ 08 \ 2015

Action 2 will be completed on 28 \ 08 \ 2015.
Action 3 will be completed on 02/10/2015.

**Proposed Timescale:** Action 1 11/08/2015; Action 2 28/08/2015; Action 3 02/10/2015.

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no directional signage to fire exit leading from downstairs bathroom.

**Action Required:**
Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

**Please state the actions you have taken or are planning to take:**
The PIC will consult with Technical Services to identify appropriate directional signage to the fire exit leading from the downstairs bathroom. Additional signage will be provided.

**Proposed Timescale:** 28/08/2015

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**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A copy of the statement of purpose had not been made available to residents and/or their representatives.

**Action Required:**
Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

**Please state the actions you have taken or are planning to take:**
The Person in Charge has provided a copy of the Statement of Purpose to Residents and Family members. An outline of how this was completed is available in each service user's individual folder.

**Proposed Timescale:** 10/08/2015

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**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:**
The provider had not submitted the signed planning compliance form which is required in order to register 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 Provider Nominee will forward the signed Planning Compliance form for the Centre, to the Authority. A copy will be retained by the Provider Nominee.

**Proposed Timescale:** 03/09/2015

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**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 (2) you are required to: Make the written policies and procedures as 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 available to staff.

**Please state the actions you have taken or are planning to take:**
The Registered Provider is preparing a policy in relation to education, training and development. This policy will be available for inspection in the Centre.

**Proposed Timescale:** 31/12/2015