

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002405
Centre county:	Dublin 6w
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	Declan Ryan
Lead inspector:	Deirdre Byrne
Support inspector(s):	Grace Lynam
Type of inspection	Unannounced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 14 July 2015 09:30 To: 14 July 2015 19:00

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

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

Summary of findings from this inspection

This registration inspection was announced and took place over one day. Inspectors observed practices and reviewed documentation such as personal plans, medical records, accident logs, policies and procedures and staff files. Inspectors received questionnaires from residents which were complimentary of the service being provided at the centre.

The designated centre may accommodate up to six residents. Inspectors met with all six residents on the inspection day. The centre is a two story six bedroom house in a quiet residential area near the local community and city centres. There are good transport links nearby that the residents avail of. Residents who spoke with

inspectors said they were happy and safe living in the centre, and well supported by the staff. The residents talked about the different activities they were involved in and showed inspectors around their home.

The person in charge was present throughout the inspection and also attended a fit person interview. Inspectors found the person in charge was very familiar with the residents and her role as per the Regulations. The person nominated on behalf of the provider (the provider) did not attend this inspection, although a fit person interview had taken place prior to the inspection and he was found to be knowledgeable of his role and the requirements of the Regulations. The service manager for the was present during the inspection and met both inspectors.

Inspectors found there was a clearly defined management team in place with responsibility for the service. There were suitable governance arrangements in the designated centre to support this management structure and ensure that the needs of residents were met, incidents were appropriately responded to and personal plans implemented.

During the day a number of the residents were out, however, all residents were met by inspectors who spent some time with them. All residents had a mild intellectual disability.

Inspectors found that the residents received a good quality service, and their health social and emotional needs were assessed and met. The centre was homely, nicely decorated and had a warm atmosphere.

The staff team that supported the resident were caring and knowledgeable about their needs, and supported and encouraged individuals to be as independent as possible in relation to their abilities. There was a positive atmosphere on the day of the inspection, with lots of joking and laughter.

Personal support plans encouraged residents to set out their goals for the future, and health care plans covered all assessed needs and ensured that people received the care and support they needed to maintain a healthy lifestyle. Accessible version of personal plans had been developed by residents with the support of the staff.

There were a number of areas of improvement needed. These related to aspects of fire safety; parts of the premises in terms of accessibility to and from the building, some maintenance works were also identified. The policy in place to support staff in relation to responsive behaviours and the policy on safeguarding needed review. Improvement was also needed in the completion of risk assessments.

These matters are discussed in more detail in the report, and the action plan set out at the end.

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:

Inspectors were satisfied that residents were consulted with, and participated in the organisation of the centre. Residents were enabled to exercise choice and control over their life in accordance with their preferences and to maximise their independence. There were suitable procedures for the management of complaints.

The provider ensured there were systems in place to manage and respond to complaints. There was a complaints policy that met the requirements of the Regulations. A complaints log was read by inspectors, and no complaints had been logged. However, procedures in a user friendly format were displayed in the house, that described how to make a complaint.

Residents said they knew who to speak to if they were unhappy about something, and were able to say how they would contact them. Relatives spoken with and those who completed the questionnaires also said they knew who to complain to if they had any concerns. Nearly all would talk to the person in charge, who was the complaints officer, and that they "would talk to the manager if I have any concerns" and "if I have a problem I would speak to the head of the house".

A notice board contained information on an external advocacy service available to residents if they wished to access it. Two residents in the house had completed training on their rights and access to advocacy service.

All residents had their own bank accounts and were supported to manage their own monies. A number of residents had opened savings accounts and were encouraged and

supported to save for events or holidays. Some residents required staff support to make cash transactions and procedures were in place safeguard residents monies. For example, dual signatures were recorded for all transactions; numbered receipts were maintained; and bank statements were reviewed. Separately, audits were completed by the person in charge on a regular basis. Inspectors checked a sample of cash balances, and found to be correct.

Residents had opportunities to plan their day and were consulted with in the running of their home through regular house meeting. These took place every two or three weeks. The minutes were read by inspectors, and outlined a range of matters being discussed such as complaints procedures, group holidays, HIQA, maintenance and repairs, and household routines. The minutes were also signed as read and understood by the residents.

The staff were observed to treat the residents with dignity and respect. It was evident the residents routines came first and that staff provided support in a manner to maximise residents' independence and exercise their rights. Residents' spoken with expressed knowledge of these rights, expressly naming their right to speak up about any issues they may have. In the questionnaires relatives had completed, there was overall satisfaction with the service provided and the centre. Relatives stated that "there is always someone to deal with anything that arises" and that their loved one is "encouraged to make their own decisions and choices and often emphasis that it is "my decision" when asked.

Judgment:

Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

Inspectors were satisfied that the person in charge ensured the communication support needs of residents were met.

The residents in the house were able to verbalise and did not require assistive technologies. However, the person in charge had ensured all guidelines and documents were in an accessible format for residents to follow and understand. For example, pictorial technologies were observed to be used by the residents when choosing meals and displaying menus; the residents guide was in an accessible format. There was an

education department that provided support and training to residents in the development of the communication skills. At the time of the inspection no resident required a referral to this department.

Staff were aware of the communication needs of residents and these were clearly described in within individual communication care plans.

The centre was part of the local community, and residents had access to radio, television, and there was internet available on the computer in the staff office if residents wished to avail of it. Inspectors were informed one resident had been supported by staff to book tickets online for a show he was attending .

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:

Inspectors were satisfied that residents were supported to develop and maintain personal relationships and links with the wider community, and families were encouraged to be involved in the lives of residents.

There was a visitors log in place to record all visitors to the centre. A visitors policy was displayed in the centre to guide staff practice. Both residents and staff informed inspectors that visitors were welcome in the home. Visitors could visit residents at any reasonable time, with residents wishes, and restrictions were in place with the agreement of the resident.

Inspectors found that family relationships are supported and encouraged. Families spoken with during the inspection confirmed they were welcome in the home. Residents stated in questionnaires that "when I come visit I always feel very welcome and like I am at home". Members of family were observed to be offered cups of tea while they visited. Additionally, residents told inspectors about visits to see their family and these were supported and facilitated by staff.

Links to the community were strongly evident. Rosters confirmed residents could participate in weekly routines of the home, such as shopping for groceries. The residents participated in local services, sports groups, voluntary organisations and businesses in

the area. There were links with the neighborhood for example, the house was a member of the local residents housing association. Residents enjoyed going to the local public houses, restaurants, and cafes. One resident attended the local badminton club, another enjoyed playing snooker in a local centre. Many of the residents spoke about going to the local concerts and gigs in the local pub that took place each week. One resident was invited to join in on a sing song session when the opportunity arose.

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:

Inspectors found the provider ensured admissions and discharges to the service were planned and timely, and each resident had an agreed, written contract of the service they were provided.

Each resident had a written agreement of the provision of services. A sample of contracts of care reviewed were signed by the residents or their representative and clearly outlined the services to be provided. The contracts included the fees to be charged.

There were policies and procedures in place for admitting and the discharge of residents, which had been reviewed at previous inspections by the Authority. Each of the six residents had lived in the centre for ten or more years. There had been no admissions or discharges from the centre in this time.

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:

Inspectors found the care and support provided to residents reflected their assessed needs and respected their wishes.

The personal care plans showed that residents had been involved in the assessments to identify their needs and to support them make choices, as much as possible. Inspectors spoke to one resident whose care plan had been developed in an accessible version specific to their needs. Inspectors sat with the resident who showed them the care plan which was in a DVD format. It consisted of a photo montage of their goals for the years 2012 up to 2015. It was a very personal video, with music added, chosen by the resident. There were photos updates for goals from 2013 and 2014 that outlined how they had been accomplished. The goals for 2015 were pictured, and the resident discussed why he chose these goals which were meaningful to him. He confirmed he felt supported to achieve these, and that the goals contributed significantly to his quality of life. The resident told inspectors he was supported in the entire process by his key worker.

Another residents accessible care plan was reviewed by inspectors. This care plan was also in a pictorial format, with photos of the resident completing their goals for the 2014 and 2015 period. The resident had written their own update for each goal. It was clearly evident that the resident was fully involved and responsible for his choosing each and every goal identified. The staff had also supported the resident to achieve his goals, and where goals could not be fully realised, attempts had been made to address this and to continue to work on them. For example, the resident wished to drive a particular type of car. While it could be not fully achieved, every effort had been made to get around this with most staff and family getting involved.

Each resident had a detailed individual personal plan in addition to their accessible care plan in place. Inspectors read a sample of the plans, and they were seen to identify the needs of the resident, and how they were to be met. They covered areas such as 'my home life', relationships and choice, skills in the community and physical wellbeing. Each residents plan was reviewed regularly, and the records showed that a full review was carried out annually. There was an annual meeting to set out what the residents wanted to achieve in their future and included setting any goals that people wanted to meet, and the progress made in meeting them. One resident told inspectors he was "fully involved in their care plan". Families were also involved in the reviews and an invitation to families inviting them to attend the meeting was seen by inspectors. Family questionnaires read stated there was a "meeting every year to discuss the care plan".

A copy of each residents daily routines was set out for them in pictorial and plain English format. Residents led very interesting and busy lives. Some were seen to be going out in the morning to their agreed activities, and returning later in the afternoon. Others had already left for work and arrived at the house later, and outlined the work they were involved in. One resident was semi-retired and took two days off a week, and was involved in an active retirement group. Those who spoke with inspectors said they enjoyed the social aspects of attending different services in the day, and spoke of the activities they were involved in. For those who did not speak directly with the inspectors, it was noted they appeared relaxed and enjoyed spending time in their chosen part of the centre on their return.

There were health care plans developed for residents identified needs, however, improvements were identified. For example, the specific mental health needs of one resident and the end-of-life preferences for another resident were not documented in a care plan. Furthermore, some plans did not fully guide practice for example, risk of malnutrition. There was evidence of health professionals involvement. For example psychology, psychiatry, podiatry, speech and language therapy, optician, and occupational therapy. Their recommendations were generally incorporated into care plans, although improvements were identified. These matters are discussed further under outcome 11.

It was noted that the plans were person centred and gave a good overview of the residents preferences, including their likes and dislikes about how they chose to spend their time.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

Inspectors found that the centre was clean, warm, and homely. The centre comprised of one house in a quiet residential area. It was close to the local community and city centre with good links to public transport. However, an aspect of the design and layout of the building did not meet the individual needs of the residents, and general upkeep in one

room was required.

The centre is one unit that consists of a six bedroom house. All residents bedrooms were single occupancy. Inspectors visited some of the bedrooms with the permission of the residents. They were of adequate size to meet residents individual needs. Rooms were decorated in accordance with the wishes of the resident and contained personal items such as television, family photographs, medal and trophies from various competitions, posters and other belongings. There was ample storage with wardrobe, locker space and chests of drawers provided for personal belongings.

There were steps into the building to the front of the house and a sloped area to the back entrance of the house. However, the design and layout of an aspect of the centre did not fully meet the assessed needs of residents. For example, the front entrance of the house had steps up to it and restricted access to one resident who required some support using a walking frame. While the back entrance to the house was provided with a sloped approach with no steps, wires across the path could pose a potential risk to residents. The matter was discussed the person in charge, who acknowledged it had been identified as a potential issue. There were plans in place to put a new ramp at the front of the house. Inspectors reviewed the documentation that confirmed a tendering process had recently closed for the planned works.

The house was nicely laid out to meet the collective needs of residents. There was two sitting rooms provided, both had comfortable seating and a television. A large kitchen cum dining area was provided. The kitchen was provided with suitable catering facilities, and a large dining table for residents along with staff to take meals at. A separate laundry room with washing and drying facilities was located off the kitchen.

There was direct access to the paved back garden from one of the sitting rooms. The garden had potted plants, a swinging chair and seating areas. There was a secured entrance into the garden. Inspectors noted cleaning equipment was stored in an open part of the garden without suitable cover. This was brought to the attention of the person in charge and discussed under outcome 7.

In the house there were appropriate numbers of bathrooms, showers and toilets in the centre to meet the residents needs. However, a communal bathroom on the ground floor was not maintained to a good standard of good repair. For example, there was rusting radiators and grab rails, worn grouting, and a hole in the ceiling. The person in charge advised inspectors a plan of works was underway to upgrade and redecorate the room. There was a staff office, with bed for sleep over staff, and en-suite toilet on the ground floor.

The centre was maintained to a good standard cleanliness and hygiene. Inspectors were informed both staff and the residents carry out the cleaning procedures.

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:

Inspectors found that there were systems in place to promote the health and safety of residents, staff and visitors to the centre. However, improvements were identified in relation to risk management, and fire safety.

Inspectors reviewed the risk management policy at previous inspection of the organisation. It was found to be compliant with the Regulations. There was a health and safety statement in place which had been reviewed in June 2014 and related to the health and safety of residents, staff and visitors. The person in charge had developed a risk register to identify and manage the risks in the centre. It consisted of environmental risks identified in the centre and outlined the controls and monitoring to be carried out.

There were individual risk assessments completed where required for each resident, and these were completed by staff and reviewed by the person in charge. An internal health and safety audit had been undertaken in January and April 2015. However, risks identified during the inspection had not been identified, for example, the wire crossing the path of the back garden and storage for cleaning equipment.

Inspectors found accidents, incidents and near misses were recorded in electronic format. These reports were submitted to and reviewed by the person in charge, who escalated them to the service manager for the centre. While the service manager advised that all incidents were reviewed and action to be taken was communicated back to the person in charge, there were no documented evidence of the action taken, and learning, for example medication errors and falls.

Inspectors reviewed up-to-date centre specific policies on infection control at a previous inspection of the organisation. These were located in training folders and not fully accessible to staff. See outcome 18. Personal protective equipment, hand gel dispensers and wash hand basins were available throughout the centre.

An emergency plan was seen by inspectors that provided sufficient guidance to staff on a range of scenarios. Alternative accommodation was identified in the plan that staff were knowledgeable of.

There were suitable systems in place for the management of fire safety, with an area of improvement identified. Inspectors viewed the fire training records at a previous inspection and files read confirmed all staff completed mandatory fire safety training. Each resident had a personal emergency evacuation plan on their file that was up-to-date. All staff spoken to knew what to do in the event of a fire. There were regular fire

drills including a night time drill carried out by staff and residents.

Inspectors viewed the fire records which showed that fire equipment had been regularly serviced. The fire alarm had been serviced quarterly. The internal fire exits were unobstructed during the inspection and daily documented checks were carried out. However, there were deficits in the fire containment measures in place. Inspectors were informed fire doors were not provided throughout the centre. There were nine fire doors required. Records shown to inspectors confirmed this was in the process of being addressed by the provider.

Judgment:

Non Compliant - Major

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:

Overall, inspectors found that there were measures in place to safeguard residents and protect them from abuse however, improvements were required.

Residents spoken with during the inspection said they knew who to contact if something happened to them, and resident told inspectors that they felt safe. Inspectors observed staff and residents getting on well. Staff spoken with were knowledgeable about what constituted abuse, and what to do if they witnessed abuse or it was reported to them. Inspectors read training records at a previous inspection of the organisation which confirmed staff had received training on identifying and responding to different types of abuse.

There had been no allegations or suspicions of abuse in the centre. Inspectors discussed this with person in charge who was familiar with the procedures in the event of an allegation being made. There was a designated liaison person nominated to oversee the investigation of allegations of abuse. There was a policy and procedures for the prevention, detection and response to allegations of adult abuse in place that gave direction to staff. However, it was not comprehensive enough. For example, the 2014 Health Service Executive national policy and procedures on the prevention of abuse had

not been incorporated. This is discussed under outcome 18.

While there had been no incidents of challenging behaviours in the centre, inspectors found one resident had guidelines drawn up for identified behaviours which were related to sexually inappropriate behaviours. The person in charge informed inspectors there had been no known incidents involving the resident since she had commenced in her role in the centre. There were annual reviews of the guidelines by the multi-disciplinary team that is chaired by the designated officer. However, the guidelines did not guide care planning and staff practice. For example, there was no background information and description of the behaviours, no information on the underlying causes of behaviour and the triggers that may cause them. The resident had not been seen or referred to the psychology team for a review of their behaviours. This presented a risk that needed to be managed by the person in charge. For example, the management of behaviours around sexual behaviours and in relation to staffing issues. These matters were brought to the attention of the person in charge and the service manager who undertook to address them. There was a policy on behaviours supports, however, in this instance it did not provide sufficient guidance to support staff on the procedures to follow.

Furthermore, the guidelines for the behaviours outlined above included a requirement for staff supervision of the resident at all times however, there was no documented rationale, review or assessment of the practice which could be viewed as a rights restriction. This was not in line with the policy on restrictive practices and the National Policy "Towards a Restraint Free Environment". There were no other assessed restrictive practices in the centre.

Residents personal finances were review and suitable safeguarding measures were in place where resident required support from staff around handling their own monies.

Judgment:

Non Compliant - Moderate

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:

Inspectors found that the person in charge and staff had maintained records of all accidents and incidents that had occurred in the centre. These were reviewed by the person in charge and the services manager.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date and to the knowledge of inspectors, all relevant incidents had been notified to the Chief Inspector by the person in charge

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:

Inspectors were satisfied that each resident had opportunities for new experiences, social participation, education, training and that employment was facilitated and supported.

Records reviewed, and discussions held with residents, family members and staff, confirmed residents had a variety of opportunities to engage in education, training and development in meaningful ways. These were guided by resident's own interests and preferences and set out in their personal goals. These included daily tasks like developing personal hobbies, attendance at courses and seeking employment. Inspectors spoke to one resident who described how he was being supported to complete a flower arranging course. Other residents had completed courses in their rights, computer skills and healthy eating.

The residents were supported and facilitated to seek employment. Two residents told inspectors about their work. One resident went to work independently on public transport everyday. In addition, residents were supported to retire from work in a planned process. One resident told inspectors about his semi-retirement and that he now took a few days off a week. The resident was involved in a local active retirement group but also retained interests and connections with hobbies and interests that he enjoyed such a badminton.

There were policies in place to facilitate of the education, employment and training of staff.

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:

Inspectors were satisfied that each resident was supported to achieve and enjoy the best possible health.

Inspectors reviewed resident files and found that residents had access to medical and allied health care professionals. These included, but were not limited to, a general practitioner (GP) of their choice, including a medical officer within the organisation. There was very good access to a range of allied health professionals that included, dentist, occupational therapist, dietitian, dentist, psychiatrist and physiotherapist. The files indicated that access to these services was timely, and residents were facilitated by staff to receive any recommended treatments.

There were good practices in the identification and assessment of the residents health care needs. There were specific health care plans developed to guide the care to be provided. Although some residents identified needs did not have care plans developed, for example, mental health and mobility in the community. It was noted that care plans generally incorporated the recommendations of allied health professional. However, there were some gaps where the recommendations were not included, for example, dietician and psychiatric recommendations. See outcome 5 (social care needs). Overall, staff were very familiar with the recommendations and the care to be carried out.

Where residents were currently undergoing medical treatments/tests these were noted in the residents files for follow up and staff were aware of any particular current needs. Residents were seen to be actively encouraged to make healthy living choices during the inspection and to take responsibility for their own health and medical needs.

There were good practices in place for residents to make healthy living choices around food. There was evidence of a range of choice at meal times, and the menu was planned at house meetings held every few weeks with the residents. A pictorial menu was displayed in each unit. The meals were prepared by residents with staff support each day. Residents and family members told inspectors about the meals they prepared. Inspectors observed residents and staff eating together on the evening of the inspection. While inspectors did not get to sample the meal, it looked and smelled very wholesome.

Snacks and drinks were available to residents throughout the day and residents were

seen availing of this. Residents were observed to be supported to independently prepare snacks and cups of tea during the day.

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:

There was evidence of good medication management practices and procedure in the centre, and staff who were administering medication had received training. Overall, the outcome was compliant with an area of improvement actioned under outcome 7.

The medication policy met the requirements of the Regulations; it had been reviewed at the previous inspection and included procedures relating to the ordering, prescribing, storing and administration of medicines. The policy also included a procedure for self-administration of medication. At the time of inspection one resident was self medicating. A risk assessment was seen by inspectors that included a capacity review by the psychiatry team, and the the level of supports and controls to support the residents and prevent risks occurring.

Training records reviewed showed that staff had received updates in the safe administration of medication. Inspectors found staff were knowledgeable in medication management, and were able to explain the arrangements in place for each resident. Due to the times medication were administered in the centre, medication rounds were not observed happening in practice.

Inspectors reviewed the prescription sheets for a number of residents and found each medication was accompanied by a signature from the prescribing general practitioner (GP). The medication charts were reviewed by the GP six monthly or more frequently if required.

Prescription sheets reviewed were clear and distinguished between "as required" (PRN) and regular medication. The maximum amount for PRN medication was consistently recorded on prescription sheets and the purpose of the required medication.

There was no resident requiring medications that required special controls during the inspection. The facilities were available to store these type of medications safely should

they be required. There was appropriate and secure storage for medications, including a designated fridge for temperature controlled medications. Temperature checks were carried out daily.

Medication management was the subject of a regular audit by the person in charge. There was evidence of learning from the outcomes of the audits, for example in relation to appropriate storage of medication.

A small number of medication errors had occurred, and were usually picked up by the medication audit. There was an incident form completed and the person in charge outlined the action taken, investigation carried out along with a discussion held with staff. However, there was no record of the action taken would enhance standard practice if details of the action taken was documented. See outcome 7.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

Inspectors found that the Statement of Purpose met the requirements of the Regulations.

The Statement of Purpose accurately described the type of service and the facilities provided to the residents. It reflected the centre's aims, ethos and facilities. It also described the care needs that the centre is designed to meet, as well as how those needs would be met.

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:

Inspectors found there were effective management systems in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. There was a clearly defined management structure which identified the lines of authority and accountability in the centre.

Arrangements were in place to ensure staff could exercise their personal and professional responsibility for the quality and safety of the services provided. The provider had established a management structure, and the role of the person in charge and staff were clearly set out and understood. There was a cohesive team in place and staff were very clear about their role, the support and the reporting structures in place. For example, the person in charge was supported in her role by the service manager, the senior social care worker who provided cover in the absence of the person in charge and the staff team, including the multidisciplinary team.

The person in charge was available throughout the inspection. Inspectors met with the person in charge and were found her to be clear on her responsibilities and provided all information that was requested. She was knowledgeable of the regulations, and knew about the different incidents that required notification to the Authority. The post of the person in charge was full time. Residents were very familiar with the person in charge and were observed to be very comfortable. A senior care worker supported the person in charge and would deputise for her in her absence. She was on leave during the inspection.

The provider nominee had been interviewed prior to this inspection by the Authority. It was reported that he was satisfied that the structure and held regular meetings with the management team to ensure he was kept up to date on the designated centre. Staff told inspectors that he had visited the centre periodically and that he was approachable and supportive.

There was an on all system provided out of hours including weekends and staff were aware that they could seek advice at any time. The provider nominee had completed a comprehensive annual review of the quality and safety of care in the designated centre and the person in charge and the service manager had completed a review of all residents' assessments and care plans. An annual review of the safety and quality of the service was completed and seen by inspectors. Although there was no accessible version available to residents, the service manager informed inspections a picture and word format summary would be developed and made available to the residents on

completion.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

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

Findings:

Inspectors were satisfied that the person in charge had not been absent from the designated centre for more than 28 days. There were satisfactory arrangements in place through the availability of the team leader to cover any absences of the person in charge. These arrangements were formalised and staff were aware of them.

The provider was aware of the requirements to notify the Authority in the event of the person in charge being absent.

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:

Inspectors found that sufficient resources had been provided to meet the needs of residents. There were sufficient staff on duty, and the person in charge used staffing resources flexibly to meet the support needs of residents.

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 inspector observed that there were sufficient staff with the skills and experience to meet the assessed needs of the residents at the time of the inspection.

Residents were seen to have a good relationship with staff and received any support they needed in a respectful, timely and safe manner. Where residents had specific communication styles, staff were aware of this and responded appropriately. Residents were seen to be having fun, and enjoying the atmosphere in the house.

The staff knew the residents well, and were seen to have the skills and experience to meet their needs. Three out of the five families who responded to the HIQA questionnaire said they thought that staffing was satisfactory with some improvement at night as only one staff was rostered. Staff did not report any concerns about staffing levels in the evening time. There was an on call arrangement at night time, and a clinical nurse specialist was available to take any calls from staff. On the day of inspection there were enough staff to meet the resident's needs, and the roster showed there were consistent staffing levels.

There had been a review of staff training files by the Authority prior to the inspection. It was found that mandatory training (fire, manual handling, adult protections) had been provided, with courses booked for those who needed to complete vulnerable adults training. Other training that was relevant to the needs of the residents, for example medication management, food safety, and positive behaviour support was also provided.

Staff files reviewed prior to the inspection also contained the required documents as required by the Regulations under schedule 2. There was process of staff supervision was being rolled out in the organisation. The person in charge had held meetings with individuals with would take place on a regular basis. Staff and records of the meetings read confirmed this.

There were minutes were seen of staff meetings, covering issues such as training, the regulations and standards and individual resident's needs. Staff said they felt supported by the person in charge and could arrange to meet them if they needed to discuss anything with them. They worked full time based in the centre.

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:

Inspectors found that records were accurate, up-to-date, maintained securely and easily retrievable. An area of improvement in the implementation of policies was identified.

The provider had ensured the designated centre had the written operational policies as required by Schedule 5 of the Regulations. However, some policies did not fully guide practice for example, behaviour supports policy and the the prevention of abuse (see outcome 8). The infection control policies were not accessible to staff, and not easily located. The risk management policy was not fully implemented in practice as outlined in outcome 7.

Inspectors reviewed the records listed in Schedules 2, 3 and 4 of the Regulations which were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

Inspector read the residents' guide and found it described the terms and conditions in respect of the accommodation provided and provided a summary of the complaints procedure. An accessible version of the guide in work shop form was also available, and completed by each resident who signed off on each also.

A directory of residents was in place for resident that contained the information to be maintained as required by Regulations. While some information was not stored on the

directory, it was noted be recorded in residents personal plans.

An up-to-date insurance policy was in place for the centre which included cover for resident's personal property and accident and injury to residents in compliance with all the requirements of the Regulations.

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:

Deirdre Byrne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002405
Date of Inspection:	14 July 2015
Date of response:	11 August 2015

Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

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

Health care plans were not developed for all residents' identified needs.

Health care plans did not consistently guide practice.

Allied health professional recommendations were not consistently incorporated into

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

health care plans.

1. Action Required:

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

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

PIC has consulted with the consultant Psychiatrist on 04/08/15 and has developed mental health care plans for the relevant residents.

PIC has developed 'End of life' care plan on 04/05/15 for resident as identified in the report. Documentation is available for the HIQA inspector to review

Proposed Timescale: 04/08/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The design and layout of the entrance to the building did not meet promote accessibility to meet individual residents' needs.

2. 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:

St Michael's House Technical Services Department Manager advised the PIC that contractor will commence work on ramp to front and back door of the designated centre on 24th August 2015 and proposed date of completion is 10th September 2015.

Proposed Timescale: 10/09/2015

Theme: Effective Services

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

The ground floor bathroom was not in a good state of repair.

3. Action Required:

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

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

St Michael's House Technical Services Department Manager advised the PIC that contractor will commence work on the ground floor bathroom on the 17th August 2015 and proposed date of completion is 10th September 2015.

Proposed Timescale: 10/09/2015

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:

Potential hazards were not identified in the centre for example, wires and storage of cleaning equipment

4. Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

1. PIC has reviewed the designated centre for all potential hazards. PIC has completed risk assessment on wire crossing the path of the back garden and control measures are now in place.
 2. The removal of the wiring on the pavement has been scheduled at the same time as the building work on the ramps at the front and rear of the house and the up grading of the bathroom.
 3. The storage of cleaning equipment is now stored in a covered area within the back garden.
- The risk assessments are available for the HIQA inspector to review

Proposed Timescale: 10/09/2015

Theme: Effective Services

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

The documentation of action and changes to be carried out following incidents required improvement.

5. Action Required:

Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

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

PIC has implemented a recording system to capture outcomes and actions taken following accidents, incidents and near misses. PIC and service manager will review and monitored on a quarterly basis or more frequently if required. The first review meeting will take place on 19/08/15. Minutes of these reviews will be available for the HIQA inspector to review.

Proposed Timescale: 19/08/2015

Theme: Effective Services

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

There were deficits in the provision of fire doors in the centre.

6. 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:

St Michael's House Technical Services Department Manager advised the PIC that the designated centre would be fitted with fire doors. The upgrading of doors to fire doors will be scheduled at the same as the building work on the ramps at the front and rear of the house and the upgrading of the bathroom downstairs.

Proposed Timescale: 10/09/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The behaviour support guidelines for one resident did not fully inform staff practice.

There was no comprehensive review and rationale for the continuation of behaviour support guidelines for one resident.

Multi-disciplinary input had not been sought when reviewing the interventions in place for the residents.

7. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

1. PIC and Multi-disciplinary team met on 21/07/15 to review and up date guidelines as identified in the report. The PIC has ensured that all necessary information is included in the guidelines to inform best practice for staff. The PIC will ensure all staff and the resident are familiar with the guidelines and that it is fully implemented. The PIC and Multi-disciplinary team will continue to review the guideline on a yearly basis. Updated guidelines is available for the HIQA inspector to review

2. The rationale for the guidelines is documented on the guideline plan. The PIC and Multi-disciplinary team will review the rationale and apply for approval from the internal restrictive practices committee know as Positive Approaches Monitoring Committee if deemed necessary. A risk assessment will support this application.

Proposed Timescale: 18/08/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

The risk management policy was not fully implemented in practice.

8. Action Required:

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

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

1. The PIC has reviewed the risk management policy as outlined under outcome 7. Additional risk assessments have been completed and control measure implemented.

2. The PIC has briefed all staff on the Infection Control policy and it is now filed in the policy folder in the designated centre and accessible too all staff.

The risk assessments and infection control policy is available for inspection in the designated centre.

Proposed Timescale: 06/08/2015

Theme: Use of Information

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

The prevention of abuse policy did not incorporate the National HSE guidelines and procedures.

The postivie behaviours support policy did not provide sufficient guidance to staff.

9. Action Required:

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

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

1. The registered provider is currently updating the Safeguarding policy to bring it in line with the National Policy on Safeguarding. The Policy will be fully implemented when the review is complete. The review will be completed by 31/10/2015.

2. The PIC has reviewed the Positive Behaviour Support Policy and the Safeguarding Policy to identify the different elements of each policy and how they can be applied to support one individual service user. The PIC with the support of the multi-disciplinary team has updated a service users support guidelines on 21/07/15 to bring them in line with the Positive Behaviour Support Policy and Safeguarding Policy. These guidelines have been fully implemented and now inform frontline staff practice.

Proposed Timescale: 31/10/2015