

**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-0003596
Centre county:	Dublin 11
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	Maureen Hefferon
Lead inspector:	Sheila McKeivitt
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 25 August 2015 10:00 To: 25 August 2015 16:30

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

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

Summary of findings from this inspection

This was the first inspection of the centre by the Authority. The inspection was an announced monitoring inspection and formed part of the assessment of the application for registration made by the provider. The inspection took place over one day and as part of the inspection, practices were observed and relevant documentation reviewed such as resident assessments, care plans and medical records. The views of residents, their relatives and staff were also sought. The written feedback received from residents and their families was positive, especially in relation to the manner in which staff provided support to residents.

As part of the application for renewal of registration, the provider was requested to

submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider for the purposes of application to register were found to be satisfactory. The fitness of the person in charge was assessed through interview in April 2015 and throughout this inspection. He was found to have satisfactory understanding of his role and responsibilities under the legislation. He was found to have sufficient experience and knowledge to provide safe and appropriate care to residents. The fitness of the nominated person on behalf of the provider will also be considered as part of this process. She attended the feedback meeting at the end of the inspection.

The centre was established to provide a home to three residents with intellectual disabilities who have minimum care needs and therefore require a minimum amount of assistance from staff. On inspection there were three residents living in the centre one of whom was away on holidays, the remaining two spoke at length with the inspector expressing satisfaction with their home, support they received and life in general.

Evidence of good practice was found across all outcomes, 15 out of 18 outcomes inspected were in compliance with the Regulations. Two outcomes in substantial compliance related to the statement of purpose and failure to provide residents with contact details for the National Advocacy Committee. One outcome was judged to be moderately non complaint, it related to records, specifically policies outlined in schedule 5. One policy not being available and one not reflective of the legislative requirements and medical records not being available to reflect medical care provided to residents.

The action plans at the end of this report identifies those areas where 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 told the inspector they had a weekly meeting where they discussed the week ahead with staff. They planned their evening meals, activities, appointments and visits to and from family homes.

Resident's privacy and dignity was respected. Residents stated that they had access to 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 conduct weekly checks on their expenditure, however, residents on the hold managed their monies independently.

The rights of residents' were respected. They told the inspector that they voted in the elections, one resident stating that he would not vote for the same political party the next time. Residents had choice and retained autonomy of their own life. For example, one resident told the inspector that he playing pool and went to the local pool hall with his friend.

Residents who choose to attend religious services, did so independently or with friends

or family. Residents told the inspector they were facilitated to pursue their personal interests at weekends, one resident stating that he went to stay with his family every weekend.

Residents were aware of the National Advocacy Committee. One resident told the inspector he recently availed of the services of an independent advocate through the National Advocacy Committee. However, their contact details were not accessible to residents in the house.

There was a complaints policy in place which met the legislative requirements. A pictorial copy was on display and accessible to residents in kitchen and a copy was included in the residents guide. There were no complaints on file.

Judgment:

Substantially 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:

The policy on communication with residents was reflected in practice and residents communication needs were being met. Residents could communicate verbally. Each resident had a communication needs assessment completed outlining their communication style and two reviewed in detail reflected the residents communication needs when met by the inspector.

Residents had access to written and some pictorial information which they could read at ease. They had access to personal televisions in their bedrooms and communal in the living room and had music playing devices and radios of choice in their bedroom. Two residents had their own mobile phones, the remaining resident had access to a house phone installed in his bedroom. This facilitated him to contact staff in the neighbouring house if and when he wished. Two residents spoken with stated they did not use the internet, however, they could get it in the house if they wanted. They bought the daily paper of their choice when and if they so wished.

All three residents attended a daycare facility 2-5 days per week. Two of the residents were employed for a number of hours three days per week, one resident told the inspector how much he enjoyed his job. He explained how he travelled independently in and out of town on the bus to work. All three linked in with the local community using

the local General Practitioners, Pharmacist coffee shop, snooker hall and public house occasionally. Residents are facilitated to access assistive technology

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:

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 they visited their family home independently. There was a second living room available where residents could receive visitors in private.

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

As mentioned under outcome 2, residents were well linked in with the local community on a day to day basis.

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:

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. One resident who had been admitted to the centre within the past year confirmed that he had been facilitated to visit and stay in the house prior to moving in.

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 and the person in charge. The contracts included details about the supports, care and welfare the resident would be expected to receive and details of the services to be provided and the fee charged per week. Additional costs that may be charged were clearly outlined.

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:

The inspector found that each residents wellbeing and welfare was maintained to a high standard.

The inspector reviewed two residents 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 their assessment. It reflected the residents interests and preferences and outlined how staff could assist the resident to maximise opportunities to participate in meaningful activities. All assessments had been reviewed within the past year.

Two residents had chosen not to develop a personal social plan for 2015 and one spoken with confirmed this to the inspector. One resident had developed an outcome based personal plan which outlined three personal goals set for 2015. The resident said

that staff were facilitating him complete these goals and he had achieved one of them already.

Staff promoted residents independence. It was evident that they assisted residents in purposing 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.

Theme:

Effective Services

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

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

Findings:

The location, design and layout of the centre was suitable for its stated purpose and met the residents' individual and collective needs in a comfortable and homely way. The two storey terraced house was home for the three residents since 2012.

The house was well-maintained with suitable heating, lighting and ventilation. It was clean, tidy and suitably decorated. The residents spoken with showed the inspector their cleaning rota which they tried to adhere too.

They each had an upstairs bedroom, one of which was ensuite. The inspector saw they had personalised their individual bedroom to meet their personal tastes. Each had sufficient furnishings, fixtures and fittings to meet the individual needs of the resident.

The communal areas included a well equipped kitchen/dining room, a bright sitting room and a smaller sitting/private room. The laundry contained all required equipment. There one upstairs bathroom which contained a shower, toilet and wash hand basin.

The rear garden was accessible via the back door. The garden contained a garden shed, a paved area and a well maintained garden. The garden backed onto and had an access gate into the garden of another centre. The residents in both centres were friends and managed by the same team of staff. Car parking spaces were available to the front of the house.

Evidence that the building complied with the Planning and Development Act 2000-2013 signed by a suitably qualified competent person as required by Registration Regulation

(5)(3)(c) was provided.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The inspector formed the view that the health and safety of residents, visitors and staff was promoted and protected.

There was a risk management policy in place which reflected the legislative requirements. The person in charge completed individual resident risk assessments on a monthly and annual basis and health and safety checks were completed on a quarterly basis with the service manager. There was a risk register in place which identified the few potential risks in the centre. Individual risk assessments had been completed in relation to self administration of medications and use of public transport, which all three residents used independently.

There was an up-to-date localised health and safety statement in place and it was on display in the kitchen. An emergency plan had been developed and implemented. It was detailed and included the procedures to be followed in the event of all potential emergencies.

Records were available to confirm that fire equipment including fire extinguishers, the fire blanket, emergency lighting and the fire alarm had all been tested by professionals within the required time frame. All staff had completed fire training within the past year and both residents and staff spoken with had a clear understanding of the procedure to be followed in the event of a fire. Residents could vacate the house independently in the event of a fire, explaining with confidence the procedure they followed to the inspector. The records reviewed showed that fire drills were practiced on a regular basis during the day and night by both staff and residents. The fire alarm was connected to the centre backing onto the house which was staffed, the alarm sound for both houses was different. This alerted staff promptly of a potential fire or issue in this unstaffed house,

There was an infection control policy in place and practices throughout the house were safe. All staff had attended hand hygiene training.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Measures were in place to protect and safeguard residents which included a policy and procedure on the prevention, detection and response to abuse. Staff had up to date mandatory safe guarding vulnerable adults training in place and those spoken with had a clear understanding of how to safe guard residents'. Residents also had a good knowledge of how to safeguard themselves.

The centre appeared safe and secure. Residents had access to an enclosed garden which opened into the garden of the centre backing onto it. All the exit/entry doors could be secured by locking and the house was alarmed. Residents explained how they set the house alarm independently at night. Each resident had their own front door key and had access to a key to for their bedroom. The inspector saw bathroom doors had secure locks and there were blinds and curtains on bedroom windows.

Communication between residents and staff was respectful. There were no forms of restraint in use in the house. None of the residents displayed behaviours that was challenging and all were independent with meeting their hygiene needs therefore they did not require an intimate care plan.

Judgment:

Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

<p>Outstanding requirement(s) from previous inspection(s):</p>
<p>Findings: There was a policy in place to record all incidents occurring in the designated centre and where required, notify these to the chief inspector. However, there had been none in the centre recently. Quarterly reports had been submitted to the chief inspector in a timely manner. Incidents' notifiable within three working days such as the unplanned sounding of the fire alarm had been notified to the Authority within three working days.</p>
<p>Judgment: Compliant</p>

<p>Outcome 10. General Welfare and Development <i>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.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Resident's opportunities for new experiences, social participation, education and training were facilitated and supported by staff. All residents' attended day care services two to five days per week and two were in part-time employment three days per week. A number had completed education courses through their day service.</p> <p>Each of the residents had their own weekly schedule which they had control of. All three could travel to and from work, day care services and their chosen activity independently.</p>
<p>Judgment: Compliant</p>

<p>Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i></p>
<p>Theme: Health and Development</p>

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

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

Findings:

The health care needs of residents were being met and records reflecting this were available for review in each residents file.

The inspector reviewed two residents' files and saw evidence that they were facilitated to access and to seek appropriate treatment and therapies promptly from allied health care professionals and the local acute hospital when required. Written evidence of relevant reviews were available in some resident files. Residents with specific medical problems had a care plan in place to reflect the care required to manage this health problem. These were reviewed within the past year.

All residents' visited their General Practitioner (GP) on a regular basis and had a their health status well monitored. They had a full medical review completed annually.

The inspector saw that residents' had access to adequate quantities and a good variety of nutritious food to meet their dietary needs. Those on special diets were facilitated by staff to maintain this diet. The inspector was told and saw during the inspection that residents were actively involved in planning, preparing, cooking, serving and cleaning up after evening meals with little support but sometimes lots of encouragement from staff.

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:

The inspector found that practices regarding drug administration and prescribing were in line with best practice. There was a medication management policy available which included the ordering, prescribing, storing, administration and prescribing of medicines. All three residents' self administered their own oral medications after been risk assessed.

There was a safe system in place for the ordering and disposal of medications. Residents had a locked storage facility in their bedroom where they stored their own

medications. Each resident had individual guidelines to follow. Residents' were involved in auditing their medications with staff on a weekly basis, any discrepancies were identified and reported to the nurse manager on call 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.

The inspector saw that the residents used the local pharmacist for supply of their medications. One resident, who self administered his medication, explained the procedure he followed to the inspector. He had control over his own medications, storing his weekly supply in his bedroom. He also told the inspector what each medication he was taking was for and explained how the staff supported him to self administer. Safe Administration Medication (SAM) guidelines were available. All permanent staff had up-to-date SAM training in place.

The inspector saw that each of the residents had their prescribed medications reviewed by the Medical Officer on a frequent basis.

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:

The statement of purpose submitted with the application to register was reviewed prior to this inspection. It included details of the services and facilities provided. It also contained most of 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. However, no room measurements were included and the size of each room was not clear from the floor plan submitted. In addition, it did not include the local organisational structure.

One of the residents told the inspector that they were aware of the statement of purpose and a copy was available to them. The person in charge stated that a copy of it had been sent to all residents families via email.

Judgment:

Substantially 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):

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 (SCW) with authority, accountability and responsibility for the provision of the service. He was the named person in charge (PIC), employed fulltime to manage the centre and a second centre located behind this centre. The inspector observed that the person in charge was involved in the governance, operational management and administration of the centre on a consistent basis. He had a good knowledge and understanding of the residents', having worked with some of them for a number of years and was committed to develop professionally. Residents appeared to know him well.

During the inspection the person in charge demonstrated sufficient knowledge of the legislation and of his statutory responsibilities. Records confirmed that he was committed to his own professional development. He was supported in his role by a team of social care workers who worked between the two centres. One of whom whom had been nominated to manage both centres in his absence. He reported directly to a service manager who reported to a regional director (also nominated person on behalf of the provider). The inspector was informed by the person in charge and saw evidence that regular scheduled minuted meetings took place with the service manager. The nominated person on behalf of the provider attended the centre on occasions, she attended for the feedback meeting at the end of this registration inspection.

Management systems had been developed to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. The service manager had conducted unannounced visits to the centre and together with the person in charge conducted a review of the health and safety and quality of care and support provided to residents' within the centre. They identified areas for improvement and issues which required follow-up, by whom and within what time line. There was evidence that all issues identified had been followed up on. An annual review had been completed by the service manager using a newly developed deatiled audit tool reflected

that the service provided was of a high standard and most importantly the residents and their families were satisfied that it was meeting their needs.

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.

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:

The Chief Inspector had not been notified of any proposed absence of the person in charge of the centre to date and inspectors were satisfied that arrangements were in place for the management of the centre during his absence.

A social care worker met on inspection had the required experience and qualifications to manage the centre in the absence of the person in charge.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

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

Findings:

The centre was sufficiently resourced to ensure the effective delivery of care and support to residents' in accordance with the Statement of Purpose. The resources available within the centre were appropriately managed by the person in charge to meet the needs of residents'. For example, the person in charge ensured that there was enough staff allocated to each centre he managed 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 number and skill mix of staff available were adequate to meet the needs of the three residents. The staff provided up to eight support care hours the one of the three residents' living in the centre situated. As mentioned under outcome 16, the person in charge managed this well.

The inspector reviewed staff training records and saw evidence that all staff had up-to-day mandatory training in place and those spoken with had a good knowledge of procedures to follow. In addition, staff had refresher Safe Administration of Medication training in place and refresher food safety now up-to-date.

The recruitment process was found to be safe and robust and all documents outlined in schedule 2 were available in each of the files reviewed during the inspection of the adjoining centre in April 2015. They were not reviewed on this inspection.

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 completeness, accuracy and ease of retrieval.

An insurance certificate was submitted as part of the registration pack for another of the organisational centres and it showed that this centre was also adequately insured against accidents or injury to residents, staff and visitors. There was a directory of residents available which included all the required information.

The centre had some of the written operational policies as outlined in Schedule 5 available for review. The policy on access to education, training and development was not yet developed. Residents medical records were not available in their files to reflect the treatment they received.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Sheila McKeivitt
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-0003596
Date of Inspection:	25 August 2015
Date of response:	09 September 2015

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Contact details for the National Advocacy Committee were not accessible to residents in the house.

Action Required:

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access

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

to advocacy services and information about his or her rights.

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

Details of the NAS have being provided to the residents.

Proposed Timescale: 07/09/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not include all the room measurements or details of the local organisational structure.

Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

An updated statement of purpose will be sent to HIQA including room measurements and local organisational structure.

Proposed Timescale: 30/09/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

The policy in relation to access to education, training and development was not developed to date.

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:

Organisational policy will be developed and launched in December 2015. An interim local policy is in use until then.

Proposed Timescale: 31/12/2015

Theme: Use of Information

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

Records of medical assessment, treatment and care provided by the resident's medical practitioner in relation to each resident were not available for review as specified in Schedule 3: 3 (j).

Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

The Registered Provider advised Heads of Clinical Departments on 07/09/2015 to ensure that clinicians supporting residents sign and date all clinical contact sheets. Staff will be informed of this at the next staff meeting on the 09/09/2015. A bi-monthly review of residents files will be carried out by the PIC to ensure this practice is in place.

Proposed Timescale: 09/09/2015