

**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-0002344
Centre county:	Dublin 13
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	John Birthistle
Lead inspector:	Caroline Vahey
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
13 January 2016 09:30	13 January 2016 18:30
14 January 2016 09:30	14 January 2016 15:00

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

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

Summary of findings from this inspection

This was the first inspection of the designated centre. The inspection took place over two days and formed part of the application by the provider to register the centre.

An application was made to the Authority to register the centre for five residents and as part of that application all relevant documents were submitted to the Authority.

The person in charge facilitated the inspection and was supported by a service manager (person participating in management) throughout the inspection and at a feedback meeting at the end of the inspection. As part of the inspection, the

inspector spoke to three staff members and met all residents at intervals during the inspection. The inspector also observed practice and reviewed documentation such as personal plans, residents' financial records, staff rosters, contracts of care, policies and procedures and staff training records. The inspector also reviewed seven questionnaires submitted to the Authority by residents and relatives.

The centre comprised of a two storey building located in a suburban area close to a range of local amenities. Overall the inspector found the residents received a good standard of care and support consistent with their needs and wishes.

The centre was in compliance across most outcomes. Substantial compliances were identified in communication needs and records and documentation. Moderate non compliances were identified in residents' rights, dignity and consultation and social care needs. These non compliances are discussed in the body of the report and the actions required to address these are set out in the action plan at the end of the report.

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:

The inspector found residents were consulted and participated in decisions about their care and the running of the centre however, improvement was required in the management of residents' finances.

There was a policy in place on residents' personal property, personal finances and possessions however, the policy was out of date. Residents' finances were managed by staff and there were safe storage and recording procedures. All financial transactions were audited on a daily basis. The service manager carried out audits on residents' finances on a quarterly basis. The inspector reviewed records of residents' finances maintained in the centre and while complete records were maintained, there were incidences where residents' money was used inappropriately. This related to the payment of residents' money for taxis. However, this practice was in conflict with the residents' contract of care which stated that costs covered access to transport including the use of the centre bus although the centre did not have access to a bus.

Residents were consulted about how the centre was planned and run. There were weekly residents' meetings in which areas such as activities, holidays, meal choices, complaints, fire safety and maintenance of the centre were discussed. Information was available for residents on an external advocacy service and the person in charge had recently commenced advocacy meetings for residents in the centre.

There were policies and procedures for the management of complaints. No complaints had been made in the centre. The person in charge was the nominated person to deal with complaints and an accessible complaints policy was on display in the hallway.

Staff members were observed to treat residents with dignity and respect. Intimate care plans were developed for residents and outlined the procedure for providing personal care while promoting privacy.

There was sufficient facilities within the centre to ensure residents' could have private contact with family or friends. Personal information in respect of residents was securely stored. Three residents had mobile phones and there was also a portable house phone should residents wish to make or take a call in private.

Residents were supported to maintain their independence in areas such as personal care and use of community facilities. One resident told the inspector that he independently walks to the local shopping centre to buy a daily newspaper. Residents had a broad range of opportunities similar to their peers for example, attending football matches, going on holidays, using public transport and using community facilities for shopping and meals out. All residents were registered to vote.

There was no closed circuit television system in use in the centre.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector found residents' communication needs were met however, improvement was required in access to the internet for residents.

Residents' communication needs had been assessed and where required communication plans had been put in place. Plans outlined residents' communication style and the support required to facilitate residents' receptive and expressive language skills. For example, some residents had communication books and used pictures to assist them with expressing choice. Staff members were observed to communicate with residents consistent with the details set out in communication assessments and plans.

The centre was part of the local community and residents had access to radio, newspaper, television and information on local events. However, residents did not have access to the internet and some residents had expressed an interest in using the

internet to source information on personal interests.

Judgment:

Substantially Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

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

Findings:

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

Positive relationships between residents and their families were supported. Residents had frequent contact with relatives through visits home and in the centre. Residents also made and received frequent phone calls from relatives. There was an open visiting policy in the centre and residents could receive visitors in private.

The inspector reviewed family contact records and there was evidence that families were appropriately informed about residents' wellbeing and as changes occurred. Families were also invited to attend review meetings of residents' personal plan

Residents were supported to develop personal relationships for example, one resident had been supported to go on holidays with a friend and to socialise with their friend outside of the centre. The residents had also attended a Christmas party with a local community club.

Residents were supported to maintain links with the wider community through use of community facilities, involvement in clubs and attending sports events.

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.

<p>Theme: Effective Services</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The inspector found the procedure for admissions to the centre was timely and transparent and in line with the centre's statement of purpose.</p> <p>There was a policy on admissions, discharges and transfers to the centre.</p> <p>The inspector reviewed the admissions policy in which the wishes, needs and safety of the individual was considered and the safety of the other residents living in the centre.</p> <p>Each resident had a written agreement which set out the services to be provided and the fees to be charged. Additional fees were also set out in the written agreement.</p>
<p>Judgment: Compliant</p>

<p>Outcome 05: Social Care Needs <i>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.</i></p>
<p>Theme: Effective Services</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The inspector found residents' wellbeing and welfare was maintained by a high standard of evidence-based care and support however, some improvement was required to ensure personal plans were sufficiently detailed to guide practice and to ensure plans were made available in an accessible format for residents.</p> <p>Assessments of need had been completed for all residents in the centre and plans were developed in line with residents' needs and wishes. Plans were fully implemented and outcomes for residents improved due to implementation of these plans. Plans including</p>

healthcare, communication, money management and community participation detailed the care and support required by the resident. However, two mental health care plans were not sufficiently detailed to guide practice. For example, plans did not detail the signs and symptoms of the condition in order to assess the effectiveness of interventions.

Multidisciplinary team members had been involved in the assessment and recommendations formed part of residents' plans of care, for example, nutritional plans, mobility plans and pain management plans.

Individual risk assessments had also been developed for residents where required for example, injury, burn, slips / falls and mobility risk assessments.

Personal plans were regularly reviewed and updated to reflect changing needs. The inspector reviewed family contact records and minutes of review meetings and families had been invited to attend and contribute to the review process. However, personal plans were not available in an accessible format for residents.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The inspector found the location, design and layout of the centre were suitable for its stated purpose and to meet the needs of the residents. Facilities provided were maintained in good working order.

The function of two rooms within the centre had recently been reconfigured and the service manager had updated floor plans to reflect these changes. These changes were also included in the statement of purpose and an updated copy of floor plans and statement of purpose was submitted to the Authority post inspection.

The design and layout of the centre were in line with the details set out in the statement of purpose. Where required facilities and equipment had been provided to ensure accessibility for residents, for example a fully accessible ground floor bathroom was

available for residents' use.

The centre was clean, well maintained and suitably decorated. There was suitable heating, lighting and ventilation in the centre.

Residents had their own bedrooms which were decorated to individual preferences. Four bedrooms were located on the first floor and one bedroom on the ground floor. Suitable storage for residents' personal items was available in all bedrooms and residents displayed personal photographs in their bedrooms. One room on the upper floor, recently used as a bedroom had been converted to a small sitting room for residents' use. The inspector found that while this room was suitable for a sitting room it would not provide adequate space for a bedroom should the need arise in the future.

A staff office / bedroom was available on the first floor. Personal information pertaining to residents and medications were securely stored in the staff office.

There were three bathrooms in the centre for residents use, two on the first floor and one on the ground floor. Equipment was available in bathrooms to aid mobility and prevent accidents for example, a shower chair and non slip mats.

There was a large kitchen dining room. The kitchen was fitted with adequate cooking equipment and the kitchen area was fully accessible to all residents. The dining area had a large dining table and sufficient seating to accommodate residents, staff and visitors.

The centre had a sitting room with ample seating to accommodate residents. A television and DVD player were available for residents' use. There were a number of residents' personal photographs on display in the sitting room.

A large back garden had a patio area and seating available for residents' use.

There were suitable arrangements in place for the disposal of general and clinical waste.

The inspector reviewed service records for equipment in the centre and all equipment had been serviced as required.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The inspector found the health and safety of residents, visitors and staff in the centre was promoted and protected.

There were policies and procedures in place for risk management and emergency planning. The person in charge had developed site specific risk assessments in areas such as back injury, fire, electrical injury, cross contamination (food) and infection control.

These site specific risk assessments included the identification of risk and control measures to be implemented to reduce the risk and prevent reoccurrence. Risk assessments were also in place for the unexplained absence of a resident, aggression and violence, self harm and accidental injury to a resident, visitor or staff.

There was an up to date health and safety statement which identified roles and responsibilities of personnel throughout the St. Michael's House service. The safety statement also contained risk management plans in areas such as fire, electricity, manual handling, infection control, machinery and equipment and chemical hazards. In addition, the safety statement outlined safety management systems in place for accidents and incidents, bullying and harassment, first aid and pregnant employees.

There had been no reported adverse incidents occurring in the centre.

Overall the inspector found there were satisfactory arrangements in place for the prevention and control of infection. There was ample supply of personal protective equipment such as gloves and aprons throughout the centre. The centre was fitted with adequate hand washing facilities. Colour coded chopping boards and a food safety manual were available to promote safe food preparation. Refrigerator, freezer and cooked food temperatures checks also formed part of food safety practices.

Measures were in place to prevent accidents for example, a resident had been supplied with a wheelchair to access the community, promote comfort and prevent reoccurrence of a pre-existing mobility issue.

All staff employed in the centre had received training on moving and handling of residents.

There were adequate precautions in place against the risk of fire. There was a fire evacuation plan which was prominently displayed in the hallway. Each resident had a personal emergency evacuation plan which clearly outlined the support required to assist the resident during evacuation. There were three emergency exits and all exits were unobstructed on the day of inspection.

Staff members spoken to were clear on what to do in the event of a fire and the evacuation plan to be followed. The inspector reviewed a record of fire drills for the preceding year. Regular fire drills had taken place including four night time drills. All fire drills included the participation of residents in the centre.

The centre was adequately equipped with fire fighting equipment such as a fire alarm,

emergency lighting, fire extinguishers and a fire blanket. Fire doors were fitted throughout the centre. The inspector reviewed service records for fire equipment and all had been serviced within the last year.

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:

The inspector found measures were in place to protect residents from abuse and a restraint free environment was promoted.

There were policies and procedures in place for the prevention, detection and response to abuse. All staff had received training on safeguarding. The inspector spoke to three staff and who were knowledgeable on what constitutes abuse and the actions to take in the event of an allegation, suspicion or disclosure of abuse. There had been no reported incidents of abuse occurring within the centre.

Staff members were observed to treat residents in a sensitive manner respecting individual sensory and communicative needs. The inspector reviewed three relative questionnaires received by the Authority and family members identified they felt their relative was safe in the centre.

There were policies in place on the use of restrictive practices and the provision of behavioural support. There was no restrictive practice in use in the centre. Assessment by professionals had been sought to identify the underlying cause of residents' behaviour with subsequent prompt follow up with other professionals to manage clinical conditions.

Judgment:

Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

There had been no reported adverse incidents occurring in the designated centre. Arrangements were in place for reporting of incidents and auditing of incidents formed part of the six monthly unannounced visit by the service manager on behalf of the provider nominee.

The person in charge was aware of the requirement to notify the Authority in the event of an incident occurring in the centre.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

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

Findings:

Residents had opportunities for new experiences, social participation and training in line with their needs and wishes.

There was a policy in place on access to education, training and employment.

Residents attended a day service. Where residents had declined the opportunity to attend day services, this choice was respected.

Individual goals had been developed for residents in line with their wishes and interests for example, pursuit of arts and crafts classes in the local community. Staff were seen to support fulfilment of this goal. There was a monthly review of the progress of goals

documented in the personal plan by a keyworker.

There was evidence that residents had opportunities to avail of training, for example, a money management course. Some residents also attended an evening club on a weekly basis and had completed craft projects which were on display in the centre.

Residents partook in a broad range of social activities external to the centre for example, attending sports events, dining out, shopping, cinema and overnight stays in hotels.

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:

The inspector found residents were supported to achieve and maintain the best possible health.

Residents attended a general practitioner in the community and residents knew the general practitioner well. Residents also had access to a general practitioner employed by St. Michael's house service. All residents had an annual medical review completed.

Residents had access to a range of allied health professionals for example, dietician, speech and language therapist, occupational therapist, physiotherapist, psychiatrist and psychologist.

Assessments had been completed by allied health professionals and recommendations formed part of healthcare plans. For example, the advice of a physiotherapist formed part of a mobility plan for one resident and the advice of a dietician and speech and language therapist formed part of nutritional plans for residents.

There was regular review of healthcare plans and where changes in residents' circumstances occurred, prompt actions had been taken by the person in charge and the service manager to reassess residents and develop updated plans to inform practice.

There was ample supply of fresh and nutritious food available in the centre. Residents developed a meal planner on a weekly basis and a picture meal planner was displayed in

the dining area. Residents were also supported by staff to prepare evening meals.

Mealtimes were observed to be a sociable event with residents and staff enjoying a meal together. Staff were observed to assist residents at mealtimes in a sensitive manner.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

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

Findings:

The inspector found residents were protected by safe medication practices in the centre.

There was a written operational policy in place which outlined the procedures for ordering, prescribing, storing and administration of medication. The inspector found the procedures within the centre for ordering, prescribing and administration of medication were safe and in line with national guidelines. All staff had received training in medication management.

Prescription and administration records contained all of the information required including residents' personal details, general practitioner's name and name, dose, route and administration time of medications.

Medications were securely stored in a locked press in the staff room. Out of date or unused medications were stored separate from regular medications in a secure medication disposal bin. Adequate arrangements were in place with a clinical waste disposal company to dispose of unused medications.

Residents availed of the services of a local community pharmacy and the person in charge informed the inspector that residents knew the pharmacist well. Product information was also available on prescribed medications.

There were no controlled medications in use in the centre on the day of inspection.

Medication stocks were audited on a weekly basis. The person in charge was due to commence medication management audits following training in the near future.

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:

There was a written statement of purpose that outlined the aims and objectives and ethos of care in the centre and described the service and facilities provided.

The inspector reviewed the statement of purpose with the person in charge and the service manager. Amendments were required to accurately reflect the services and facilities in the centre namely, the specific care and support needs that the designated centre intended to meet, the total staffing complement in full time equivalent, a description of the rooms in the designated centre and respite services.

The service manager amended the statement of purpose and the updated version reviewed by the inspector contained all of the information required by Schedule 1 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013.

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:

The inspector found there were effective management systems in place to support and promote the delivery of safe and quality services.

There was a clearly defined management system that defined the lines of authority and accountability. The person in charge reported to a service manager (person participating in management) and meetings took place every six to eight weeks. The service manager was also available to the person in charge for support on a daily basis and frequently visited the centre. Where issues were identified, the service manager had taken prompt and responsive action for example, the service manager had promptly arranged multidisciplinary team meetings to respond to residents' changing needs.

An out of hours nurse management system was also available.

The service manager met with the provider nominee on a six weekly basis and outstanding issues pertaining to the centre were discussed at these meetings.

A six monthly report on the quality and safety of care had recently been completed by the service manager on behalf of the provider nominee. Action plans had been developed to respond to identified issues.

An annual review of the quality and safety of care had recently been completed by the service manager on behalf of the provider nominee. The findings of the annual review were due to be discussed with the provider nominee in the near future. The annual review took into account the views of residents, families and staff. An action plan identified areas of concern which would require ongoing review for example, the aging profile of residents and resources to meet these changing needs. The action plan also identified a need to develop a plan to remodel the premises and to continually review the impact on residents of recent changes in room functions.

Arrangements were in place for staff supervision and the person in charge met individual staff twice a year. The service had recently developed a performance management system which was proposed to commence in the near future. Staff members told the inspector they felt supported by the person in charge.

The person in charge was interviewed by the inspector and demonstrated sufficient knowledge of the legislation and her statutory responsibilities. The person in charge was employed on a full time basis and had the experience and knowledge to fulfil her role.

The person in charge had been in post as a social care leader for thirteen years and was well known to the residents. The person in charge could avail of protected time one day per week to fulfill administrative duties. The person in charge was engaging in continuous professional development and was currently completing a course in Applied Management.

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:

Arrangements were in place in the absence of the person in charge. The service had appointed a person participating in management in the centre, who deputised in the absence of the person in charge. An additional person participating in management, employed as a service manager, was also available to staff for support if required.

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:

Overall the centre was resourced to ensure the effective delivery of care and support in accordance with the centre's statement of purpose.

There were enough staffing resources in the centre to support residents in achieving their individual personal plans. Residents accessed public transport to attend social activities.

The facilities and services in the centre were reflective of the statement of purpose.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspector found there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services.

There were sufficient staff employed in the centre with the right skills, qualifications and experience to meet the assessed needs of residents at all times. The centre was staffed by social care workers and additional staff resources had recently been allocated to the centre to support the changing needs of residents.

There was an actual and planned roster maintained in the centre. Staff rotas were effectively planned and took into account the needs of the residents and the resources required to meet those needs.

The inspector observed staff providing support to residents in a caring and sensitive manner.

The inspector reviewed training records for staff employed in the centre. Staff had completed mandatory training in safeguarding, fire safety, manual handling and medication management. Additional staff training had also been provided in positive behaviour support, food safety and first aid. The training provided enabled staff to deliver care and support that reflected evidence based practice.

The inspector spoke to staff members who were knowledgeable on policies and procedures relating to the protection and general welfare of residents for example, safeguarding procedures and fire evacuation procedures. Staff spoken to were also aware of the regulations and standards.

The person in charge had arrangements in place for staff supervision and planned meetings took place every six months. The inspector reviewed records of staff supervision meetings in which areas such as keyworker role, personal plan development, training and development needs were discussed and actions developed to address identified issues.

There were effective recruitment procedures in place in the centre including the checking and recording of all required information.

Staff records had been previously been checked at the main service headquarters and all the requirements of Schedule 2 had been met.

There were no volunteers employed 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:

The inspector found that most of the documentation required by the regulations was maintained in the centre however, some improvement was required to ensure all the policies and procedures as per Schedule 5 of the Regulations were in place and subject to review.

There were no policies in place for, the provision of information to residents and staff training and development. The policy on residents' personal property, personal finances and possessions was out of date. The policy on admissions did not include details on the temporary absence of residents.

Records maintained within the centre were stored securely in the staff office and were easily retrievable.

There was a residents' guide available in an accessible format for residents. Individual resident's guides had been developed specific to each residents' needs and communicative style.

A directory of residents was maintained in respect of each resident in the centre.

Most of the required records as per Schedule 3 of the Regulations were maintained in the centre however, as outlined in Outcome 5 some improvement was required in the details of mental health care plans.

All general records as per Schedule 4 of the Regulations were available and complete on the day of inspection.

An up to date certificate of insurance had been submitted to the Authority as part of the centre's application to register.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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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-0002344
Date of Inspection:	13 January 2016 and 14 January 2016
Date of response:	04 March 2016

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:

Residents paid for use of taxis which was in conflict with the details set out in the residents' contract of care.

1. Action Required:

Under Regulation 12 (4) (c) you are required to: Ensure that the registered provider or

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

any member of staff, does not pay money belonging to any resident into an account held in a financial institution, unless the account is not used by the registered provider in connection with the carrying on or management of the designated centre.

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

St. Michael's House has reviewed the provision of taxis for residents. Where residents cannot avail of public transport to attend medical or clinical appointments and the organisation is unable to provide transport the cost of Taxis will be covered by the designated centre

Proposed Timescale: 01/03/2016

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Residents did not have access to the internet.

2. Action Required:

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.

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

The PIC is in the process of having the internet installed in the house.

Proposed Timescale: 01/06/2016

Outcome 05: Social Care Needs

Theme: Effective Services

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

Mental health care plans were not sufficiently detailed to guide practice.

3. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

The two Mental Health Plans have been reviewed and updated

Proposed Timescale: 29/02/2016

Theme: Effective Services

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

Personal plans were not available in accessible format for residents.

4. Action Required:

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

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

SMH is in the process of updating its Personal Centred Planning Policy. The new policy provides guidelines for staff on how to make Personal Plans accessible to residents. It is planned for this Policy to be available to staff by the end of April 2016. The PIC will in conjunction with key workers and residents identify where accessible plans are required and will ensure that they are put in place

Proposed Timescale: 30/07/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

There were no policies in place for the provision of information to residents and staff training and development.

The policy on admissions did not include details on the temporary absence of residents.

5. 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:

Staff training and Development: St. Michael's House is in the process of developing a Policy on Staff Training and Development.

Information to Residents; St. Michael's House is in the process of developing a Policy on the provision Information

Policy on Admissions. St. Michael's House is in the process of updating its Policy on Admission and will include a section on temporary absence of residents. When residents are temporarily absent from the designated centre their room is not used for any other

purpose.

Proposed Timescale: Policy on Staff Training and Development 27th May 2016
Information to Residents; 28th September 2016
Policy on Admissions; 30th April 2016

Proposed Timescale: 28/09/2016

Theme: Use of Information

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

The policy on residents' personal property, personal finances and possessions was out of date.

6. 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:

St. Michael's House is in the process of updating its Policy on residents' personal property, personal finances and possessions

Proposed Timescale: 27/05/2016