

**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-0002345
Centre county:	Dublin 7
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	Maureen Hefferon
Lead inspector:	Caroline Vahey
Support inspector(s):	None
Type of inspection	Announced
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 announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
20 January 2016 09:30	20 January 2016 19:00
21 January 2016 09:00	21 January 2016 13:30

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 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 six residents and as part of that application all documents were submitted to the Authority.

The person in charge facilitated the inspection. A service manager (person participating in management) attended at the beginning of the inspection and at a feedback meeting at the end of the inspection. As part of the inspection, the

inspector met with residents and staff members. The inspector also observed practice and reviewed documentation such as personal plans, residents' financial records, staff rosters and training records, contracts of care and policies and procedures. The inspector also reviewed a number of questionnaires submitted to the Authority by residents and relatives.

The centre comprised of a three storey building located in a suburban area and local amenities such as shops, public transport and banks were all close by. Overall the inspector found the residents received a good standard of care and support with independent skills for residents positively promoted. Staff supported five residents living in the centre on a permanent basis and two residents availed of respite services in the centre approximately five nights a month each.

The centre was in compliance across a number of outcomes. Some improvement was required in relation to communication needs, social care needs, safe and suitable premises and records and documentation. One moderate non compliance was identified in residents' rights, dignity and consultation. One major non compliance was identified in health and safety and risk management and related to inadequate precautions for the containment of fire. These non compliances are discussed in the body of the report and included in an 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:

Overall the inspector found residents participated in decisions about their care and the running of the centre. Residents were also enabled to exercise choice and control over their life in accordance with their wishes and to maximise their independence. 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 retained control over their own possessions and finances and where required support was given to residents to manage their finances. Staff assisted residents with recording financial transactions and daily balances were completed with residents and staff of financial transactions. Monthly audits of residents' finances were also completed. The inspector reviewed financial records for two residents for the preceding year and complete records had been maintained.

The person in charge informed the inspector that three residents had paid for painting of their rooms. This was in conflict with agreement set out in residents' contract of care which stated that maintenance including gardening, painting and general upkeep of the centre was covered by the fees charged. This issue had been identified on previous inspections of St. Michael's House services. In addition the contract of care stated fees charged were regulated by the Health Services Executive however, the inspector found charging residents for painting of bedrooms was not in line with the HSE guidelines on patients' private property guidelines.

Residents were consulted about their care and support and about how the centre was

planned and run. The inspector reviewed records of weekly residents meetings in which topics such as menu plans, activities, complaints, fire safety travel safety and respite services were discussed. Residents had also been actively involved in the decision to use one vacancy in the centre as a respite service and there was ongoing engagement with residents on their satisfaction with this arrangement.

There was information available for residents on accessing an external advocacy agency.

There were policies and procedures on the management of complaints also available in a user friendly document, prominently displayed on a kitchen noticeboard. There was a transparent procedure for the management of complaints and a timely response to the acknowledgement and resolution of complaints. Residents had been made aware of the complaints procedure as evidenced in the minutes of residents' meetings. The person in charge was the designated person to deal with complaints.

The inspector reviewed records of complaints made within the centre. All complaints logged had been dealt with in an efficient and effective manner with the complainant informed of the outcome of the complaint.

Staff members were observed to treat residents with dignity and respect. Intimate care plans had been developed for residents where required. All residents had been offered keys to their bedrooms. Each resident had their own bedroom. Some residents chose to lock their bedrooms and where residents had declined, this decisions was respected and supported by staff.

Residents were facilitated to have private contact with family and friends. There were ample facilities available in the centre to facilitate private contact. Two residents had mobile phones and a portable house phone was available should residents wish to have a conversation in private. All personal information pertaining to residents was stored securely in the staff office.

The inspector found residents were enabled to maximise personal choice in their daily lives. Residents were active members of the local community and independence within the centre and the local community was supported and promoted. For example, most residents travelled independently to their day service, residents independently accessed the local shops and four residents were members of a local financial institution and independently managed personal savings schemes. Residents also chose activities both internal and external to the centre for example, baking, swimming, horse grooming, holidays, dining out and attending a local church group.

Two 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 assessed and supported through practices within the centre however, improvement was required in access to the internet for residents.

There was a policy in place on communication with residents.

Each residents communication needs had been assessed through an assessment of need process and where required plans had been developed to support residents' communication needs. One resident had a communication plan in place to support him with understanding and expressing choice for example, choice of activities or meals. One other resident was in the process of being assessed by a psychologist to support emotional literacy. Staff had also developed picture food menus and a picture guide to staff on duty.

Residents had access to radio television and newspapers however, residents did not have access to the internet.

The centre was located in the community and residents accessed a broad range of local facilities both for leisure and support purposes.

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:

The inspector found residents were supported to develop and maintain personal relationships and links with the wider community.

Positive relationships between residents and their families were supported. Residents maintained frequent contact with relatives through phone calls and visits to the centre. Residents were also supported by staff to visit relatives at home. Staff had supported residents to arrange events in the centre and all families were invited to attend. There was an open visiting policy in the centre and residents could receive visitors in private.

Families were informed on residents' wellbeing and as changes occurred through phone calls or direct contact on visits. Families were also invited to attend annual review meetings of residents' personal plan

Residents were supported to develop personal relationships for example, arrangements had been put in place for one resident to visit his friend from a previous day service. Two residents were also involved in a local community group assisting with maintenance of a local church.

Residents were actively engaged in a broad range of activities and use of facilities in the community for example, use of a range of local shops, banks, library, public transport and pharmacy.

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 inspector found the admissions procedure to the centre was timely and in line with the centre's statement of purpose.

The centre had a policy in place on admissions including discharges, transfers and the temporary absence of residents.

The centre had five residents who lived on a permanent basis in the centre. Respite services were offered to two residents for approximately five nights per month each.

The admissions process for the residents availing of respite had included an assessment of health and safety for these residents. The admissions process had also considered the wishes and needs of the other residents currently residing in the centre. There was ongoing engagement with the residents in the centre on the arrangements in place for respite services in the centre. The inspector found residents' admissions were in line with the statement of purpose.

Each resident had a written agreement in place which set out the services and facilities to be provided in the centre. The agreement also set out the fees to be charged with details of additional fees included.

Residents availing of respite services also had a written agreement in place. There were no fees for residents availing of respite services.

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 residents' wellbeing and welfare was maintained by a high standard of care and support, with arrangements in place to meet each resident's assessed needs. However, improvement was required to ensure personal plans were available in accessible format for residents.

While some aspects of residents' personal plans were available in accessible format for example, personal goals and money management plans further development was required to ensure residents were fully informed and aware of their care and support plans.

Each resident's health, personal and social needs had been assessed, with assessment haven taken place annually or sooner to reflect changes in residents' circumstances. There was evidence that multidisciplinary team members had been involved in the

assessment and review process for example, psychiatrist, occupational therapist and physiotherapist.

Plans of care and support had been developed for residents' identified needs with details on interventions to guide practice. Examples of plans of care and support included epilepsy plans, respiratory disorders, cardiovascular plans, money management plans and road safety. Recommendations from allied health professionals had also formed part of plans of care and support. Plans were fully implemented and had improved outcomes for residents for example, a plan of care to reduce incidences of seizures had resulted in improved access to the community and a reduction in falls for one resident.

Individual goals had been developed for residents to further develop independent skills, access to the community and new opportunities. Individual goals were in line with residents' wishes and aspirations. Where residents had chosen not to participate in goal development this was respected and supported by staff.

Personal plans were also developed for residents availing of respite services. An assessment of need had been completed by day services staff for these residents. Plans of care were developed for these residents to guide practice while residents availed of respite services in the centre.

Contact was maintained between the residential centre and the day services and records of contact were maintained in residents' personal plans.

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:

Overall the location, design and layout of the centre were suitable for its stated purpose and to meet the individual and collective needs of residents. However, the inspector found improvements were required in the maintenance of furniture and regulation of heating in the centre.

The centre comprised of a three storey property located in the centre of a suburban

community. The design and layout of the centre were in line with the details set out in the centre's statement of purpose.

There was a large sittingroom available with sufficient seating available to cater for all residents however, the coverings of two couches were damaged and in need of repair or replacement. There was a television and DVD player fitted in the sittingroom. Residents had chosen to avail of additional television satellite packages, the details of which had been included in the written agreement.

There was adequate lighting and ventilation throughout the centre. While the inspector found the centre was well heated the position of one resident's bed against a radiator put this resident at risk of accidental burn. The temperature of the radiator measured at 47.2 degrees Celsius. The person in charge contacted the maintenance department before the end of the inspection and arranged for a radiator cover to be fitted.

Alterations had been made to the centre to improve accessibility for one resident. A ramp with handrails had been fitted between the hall and the kitchen to ensure the resident could access the bathroom and the kitchen area and to minimise the risk of falls.

Each resident had their own bedroom with adequate storage space for personal belongings. One bedroom was located on the ground floor, one bedroom on the second floor and four additional bedrooms on the third floor. Some residents had chosen to lock their bedrooms. Residents displayed personal photographs on bedroom walls and all bedrooms were tastefully decorated according to residents' preferences.

There were two main bathrooms for residents' use in the centre, one on the ground floor and one on the third floor fitted with suitable facilities to meet the needs of the residents in the centre. Two ensuite bathrooms were available for two residents who's bedrooms were located on the ground floor and the second floor. These ensuite bathrooms also had suitable facilities available to meet these residents' needs. Thumb locks were fitted to all bathrooms to promote privacy and dignity for residents.

A staff office / bedroom was available on the second floor.

There was a kitchen dining room with suitable cooking and food storage facilities. The dining area had a large table with seating to accommodate residents and staff dining together. Additional seating was available in a small conservatory room to the rear of the dining area and residents were facilitated to eat meals in this quieter environment if they so wished.

There was a small paved garden to the rear with seating available. Laundry facilities were located in a large shed to the rear of the property. Residents were supported by staff to take care of their own laundry.

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

Judgment:

Substantially 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 however, improvement was required to ensure there were adequate precautions in place for the containment of fire.

There were no fire doors fitted within the centre. There was a plan of works in place to upgrade the centre including the installation of fire doors throughout the centre. 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 two night time drills. Where issues had occurred during a fire drill corrective action had been taken by the person in charge to prevent reoccurrence. The centre was adequately equipped with fire fighting equipment such as a fire alarm, emergency lighting, fire extinguishers and a fire blanket. The inspector reviewed service records for fire equipment and all had been serviced within the last year.

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 home alone, fire, safeguarding, food safety and falls on ramp. These site specific risk assessments included the identification of risk and control measures to be implemented to reduce the risk. 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.

A record of all incidents occurring in the centre was maintained. The inspector reviewed the record of these incidents and immediate action to treat residents involved in the incident had taken place. There was evidence of learning from adverse incidents and additional control measures were discussed and implemented to reduce the risk of further injury. Measures were in place to prevent accidents for example, a ramp with handrails had been fitted between the hall and kitchen area to reduce the incidents of falls and to promote mobility and accessibility for one resident and all chemicals in use in the centre were securely stored.

Overall the inspector found there were satisfactory arrangements in place for the prevention and control of infection. Personal protective equipment such as gloves were available throughout the centre. 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. The centre was fitted with adequate hand washing facilities with antibacterial soap and disposable hand towels in ample supply. Colour coded mops were in use in the centre and information was available on the safe use of chemicals.

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

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:

The inspector found measures were in place to protect residents from incidents of abuse.

There was a policy in place for the prevention, detection and response to abuse and all staff had received training on safeguarding. The inspector spoke to two staff members who were knowledgeable on what constitutes abuse and what to do in the event of an

allegation, suspicion or disclosure of abuse. There was a designated person to which incidences of abuse were reported to within the service. Safeguarding was regularly discussed at staff meetings and at meetings between the person in charge and the service manager. There had been no reported incidences of abuse occurring in the centre.

Staff members were observed to treat residents with warmth and respect and residents appeared comfortable and confident in the centre.

There was a policy in place for the provision of personal intimate care. Policies were also in place for the provision of behavioural support and the use of restrictive procedures.

There were no restrictive procedures in use in the centre.

Positive behaviour support plans were in place support residents as required and these detailed efforts made to identify and alleviate the underlying cause of any difficult behaviour.

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:

The centre maintained a record of all incidents occurring in the centre and where required incidents had been notified to the Authority.

Quarterly notifications had been submitted to the Authority in respect of incidences 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:

The inspector found residents opportunities for new experiences, social participation, education and training were facilitated and supported.

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

Individual training goals were established for residents and there were plans in place to support residents in achieving their goals. For example, one resident had a goal to learn gardening tasks such as creating and maintaining plant pot displays. Another resident had a goal to find paid employment and staff had supported the resident in the implementation of this goal.

Residents also participated in on going training both within the centre and through their day service. All residents had money management plans in place to support independence in this area. One resident spoke of a computer course he was engaged in through his day service. Another resident told the inspector he was considering returning to music lessons.

Residents also had opportunities for new experiences for example, one resident had recently set up a stall and had sold food products he had made himself. Another resident had recently purchased a bike for use in the community.

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 healthcare needs were met in line with their personal plans through timely access to health care services and appropriate treatment and therapies.

Residents attended a general practitioner in the community and residents knew the general practitioner well. Residents also attended a dentist and chiropodist in the community. Access to allied health professionals was available within the St. Michael's House service for example, physiotherapist, occupational therapist, psychiatrist and psychologist.

Where required, residents had been assessed by allied health professionals and recommendations arising from assessment formed part of health care plans. For example, physiotherapy recommendations formed part of a mobility plan for one resident. Recent referrals had also been sent to allied health professionals following identification of residents' changing needs.

Healthcare plans were developed and implemented for all residents' assessed needs.

There ample supply of fresh food available in the centre. Meals offered to residents were varied and nutritious. Mealtimes were observed by the inspector to be positive and social.

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 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 times of medications.

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

An assessment had been completed for a resident to commence self administration of medication.

Residents availed of the services of a local pharmacy in the community and the person in charge informed the inspector that residents knew the pharmacist well.

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 completed medication management audits on a monthly basis including checks on prescription and administration records, storage of medications and medication errors.

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 centre had a statement of purpose which outlined the aims, objectives and ethos of the centre and the services and facilities to be provided to residents.

The statement of purpose had recently been reviewed and arrangements were in place for it's review a minimum of annually. The statement of purpose contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Support 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 month. The inspector reviewed minutes of these meetings and where issues had been identified action plans had been developed to address these issues. The service manager was also available to the person in charge for support on a daily basis.

An out of hours nurse management system was also available.

The service manager met with the provider nominee on a fortnightly basis and outstanding issues pertaining 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 with three of four actions completed on the day of inspection.

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 annual review took into account the views of residents, families and staff and included review of health and safety, accidents in the centre, risks, safeguarding and resources.

Arrangements were in place for staff supervision and the person in charge met individual staff on a monthly basis. The service had recently developed a performance management system which was proposed to commence in the near future. The person in charge also met with staff collectively on a monthly basis.

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 completed courses in Applied Social Studies and Applied Management.

The person in charge was engaged in the governance and management of the centre on an ongoing basis and had responsibility for managing resources such as staffing, household budget and a maintenance budget.

The person in charge had been in post as a social care leader for two 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 through in service training.

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 inspector found suitable arrangements were in place for the absence of the person in charge.

The Authority had been notified on the occasion the person in charge was absent for greater than 28 days and suitable arrangements were in place in their absence.

The service had appointed a social care worker as a person participating in management to deputise in the absence of the person in charge. In addition a service manager had been appointed as a person participating in management and was also available 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 inspector found the centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

There were enough staffing resources in the centre to support residents achieving their individual personal plans. Most residents accessed public transport to attend day services and social activities. Transport was also provided where required by St. Michael's House service for residents attending day services. In addition a bus was available at weekends if required for 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 two social care workers during the daytime and one social care worker on sleepover duty at night time. Where vacancies arose due to staff absences these were filled by regular relief staff.

There was an actual and planned roster maintained in the centre.

The inspector reviewed the record of staff training. All staff had completed mandatory training in safeguarding, manual handling, medication management and fire safety. In addition staff had completed training in positive behavioural support, food safety and first aid.

Staff were observed to provide support in a respectful and safe manner. All care and support interventions had been delivered in a timely manner as outlined in residents' personal plans.

The inspector reviewed records of staff supervision. The supervision provided was of good quality, discussing areas of accountability and identifying training needs and areas for development in order to improve practice.

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 was one volunteer employed in the centre. The inspector reviewed the volunteer records and appropriate vetting had been completed.

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 was a residents' guide available in accessible format for residents.

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

There were policies and procedures in place as per Schedule 5 of the Regulations however, some improvement was required. 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.

All of the required records as per Schedule 3 of the Regulations were maintained in the centre.

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.

Records pertaining to residents were stored securely in the staff office and were easily retrievable.

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:

Caroline Vahey
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-0002345
Date of Inspection:	20 January 2016 and 21 January 2016
Date of response:	07 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:

Some residents had paid for painting of their bedrooms which was not in line with the agreement set out in the residents' contract of care or in line with the HSE guidelines on patients' private property.

1. Action Required:

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

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

- All residents have been fully reimbursed on 24/02/2016.
- In 2018 the house will be repainted again and costs will come from the unit budget.

Proposed Timescale: 24/02/2016

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:

- Handheld tablet and internet dongle/package purchased on 20/02/2016

Proposed Timescale: 20/02/2016

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:

Personal plans were not available in accessible format for all aspects of residents' care and support plans.

3. 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:

- The Registered Provider is introducing a new policy for Person-Centred Planning in the designated centre. The Policy describes Person Centred Planning in terms of identifying what is important to individual service users and what is important for the service user.

- The policy also defines 'accessible' and guides staff on how to make information accessible for the individual service users they support.
- The elements of care and support that are important to service users will be made accessible to them in line with their insight and understanding.
- The PIC will attend a briefing on the new policy on Monday 7th March and staff will be briefed by end of April 2016.
- Support plans that are important to the service user will be made accessible to them by end May 2016. Speech and language therapist is meeting PIC on 29/02/2016 to discuss care plans relevant to the residents in the unit also.

Proposed Timescale: 31/05/2016

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 coverings to two couches were damaged and in need of repair or replacement.

4. Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

- All residents chose two new couches on 19/02/2016 from a furniture shop.
- Couches ordered on 24/02/2016 and to be delivered on 08/03/2016

Proposed Timescale: 08/03/2016

Theme: Effective Services

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

The position of one resident's bed against a radiator put the residential at risk of accidental burn.

5. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

- Heating was turned down to the correct temperature.
- PIC discussed with resident about getting radiator cover which they agreed to. Maintenance measured for cover and it will be fitted it by 29/02/2016

Proposed Timescale: 29/02/2016

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:

Adequate precautions were not in place for the containment of fire. There were no fire doors fitted 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:

- Tender for fire doors and associated fire safety works is due in on the 29th February 2016.
- Returns will be assessed and report sent to Director of Operations, by Wednesday 9th. March.
- Following approval works would commence on site Monday 21st March subject to this date being acceptable to the residents and Person in Charge.

Proposed Timescale: 21/04/2016

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 also staff training and development.

7. 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:

- (A) Provision of information policy being developed and is due to be published by 30/06/2016, the PIC will discuss the policy at the staff meeting on 06/07/2016 all staff will read and sign the policy.
- (B) Staff training and development policy due to be developed by end of April 2016, the PIC will discuss the policy at the staff meeting on 11/05/2016 all staff will read and

sign the policy.

Proposed Timescale: (A) completed by 06/07/2016 (B) completed by 11/05/2016

Proposed Timescale: 06/07/2016

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.

8. 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:

- Policy and procedure for the management of service users money by staff due to be reviewed by 30/04/2016. The PIC will discuss at staff meeting on 11/05/2016. all staff will read and sign the policy.
- The Policy on residents' personal property and possessions is now available in the centre, all staff have sign as read.

Proposed Timescale: 30/05/2016