

**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-0002371
Centre county:	Dublin 5
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	John Birthistle
Lead inspector:	Jim Kee
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:
03 November 2015 09:40	03 November 2015 18:40
04 November 2015 09:35	04 November 2015 16:00

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 inspection was of a community based residential centre run by St. Michael's House. This was the second inspection of the centre by the Health Information and Quality Authority (the Authority). The inspection was announced and was carried out by one inspector over two days. The purpose of the inspection was to inform a registration decision.

The registered provider (St Michael's House) had applied to register this centre as a designated centre for adults with disabilities to accommodate five adults. The centre consisted of a residential detached single storey house, and on the day of inspection

was providing long term care to five adults.

As part of the inspection, the inspectors met with the person in charge (manager of the centre), staff members, all five residents and a relative of one of the residents. The inspectors reviewed policies and procedures, residents' files, staff files, other records in the centre and observed staff interactions with residents. A number of questionnaires were returned by the residents and their representatives to the Authority as part of the inspection. The opinions expressed through the questionnaires were complimentary of the services and facilities provided, with residents stating that they felt safe living there.

Residents in the centre had their needs met to a very good standard and evidence of good practice was found across all outcomes. The Inspector observed staff caring for and supporting the residents positively and respectfully, and staff and managers knew the residents well. Good practices were observed regarding residents rights and consultation in respect of their routines, choices and daily activities. Staff supported residents on an individual basis to achieve and enjoy best possible health.

The centre was found to be fully compliant with 12 out of the 18 outcomes, while 1 outcome was deemed to be in substantial compliance with the Regulations (Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended)).

The outcomes on communication, family and personal relationships and links with the community, admissions and contract for the provision of services, notifications of incidents, general welfare and development, health care needs, medication management, statement of purpose, governance and management, absence of the person in charge, workforce and use of resources were deemed to be compliant with the Regulations. The outcome on records and documentation was found to be in substantial compliance with the Regulations.

Moderate non-compliances were identified in the outcome on residents' rights, dignity and consultation as the management of the residents' household fund did not comply with the Regulations, and the auditing checklist in place to ensure residents' finances were appropriately managed was not always signed by staff to ensure accountability. The outcome on safe and suitable premises was also found to be moderately non-compliant due to concerns about the on going problem of mould and mildew in the centre. Moderate non-compliances were identified in the outcome on social care needs as the care/support plans available for certain residents required improvement, as did the review process for personal plans and the availability of personal plans in accessible formats to all residents.

Health and safety and risk management merited a major non-compliance because there were no fire doors in place in the centre to ensure containment in the event of a fire. The outcome on safeguarding and safety was also found to be in major non compliance with the Regulations. There were measures in place to protect residents from abuse, but there was a need to ensure residents were safeguarded against the impact of other resident's behaviour.

The Action Plan at the end of the report identifies all areas where improvements are

needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended).

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):

No actions were required from the previous inspection.

Findings:

There were structures in place to ensure that residents were consulted and participated in decisions about their care, and the organisation of the centre. Residents had access to advocacy services, and information about their rights. Residents' privacy and dignity were respected. There were policies and procedures in place for the management of complaints. The management of the residents' household fund did not comply with the Regulations, and the auditing checklist in place to ensure residents' finances were appropriately managed was not always signed by staff to ensure accountability.

House meetings were held on a weekly basis, and minutes of these meeting were reviewed by the inspector. Residents and staff discussed a variety of topics at these meetings including activities, fire safety, residents' rights, and each resident was given the opportunity to discuss/raise issues and these were all documented. Staff had ensured that residents' right to vote were considered and facilitated where possible. Rights audits had been completed for each resident and copies were stored in their personal files.

The complaints process was on display in pictorial format on the kitchen notice board, and was also included in the residents guide. There was a detailed organisational policy in place to ensure complaints were appropriately managed. The inspector reviewed the complaints records, and the person in charge informed the inspector that efforts were made to ensure issues were resolved locally. There was a local complaints book maintained in the centre to record details of complaints that were managed within the centre, and resident satisfaction with the outcome of complaints was documented. The person in charge informed the inspector that there were no active complaints from

residents or family members at the time of the inspection.

Residents had access to advocacy services, information on advocacy was on display, and an advocacy meeting had been held in the centre which was attended by residents, facilitated by an advocate from the National Advocacy Service.

The inspector observed that staff treated residents with dignity and respect in all interactions during the two days of the inspection. Intimate care plans were in place for residents who required assistance with personal care to ensure practices respected residents' privacy and dignity. Residents' had their own bedrooms and staff respected residents' right to privacy within their bedrooms. A number of the residents had made the decision to keep their bedroom doors locked and a bedroom key contract was in place for residents. There was adequate communal space within the centre to ensure that residents could have private contact with friends and family.

Residents accessed the local community, and were known within the local shops. Three of the residents had their own front door keys, and accessed the community independently. The residents were facilitated to exercise personal independence and choice by the staff, and throughout the two days of the inspection residents were constantly offered choices regarding their preferred activities but also encouraged to be independent where possible. One resident had a goal to further increase independence by using the bus service, and also to be able to stay in the centre for periods of time without staff being present. Staff also ensured that residents who liked to attend religious services were facilitated to do so, and the centre was located close to a church with a community centre and coffee shop that residents visited.

Residents had opportunities to participate in a wide variety of activities including trips to the cinema, bowling, shopping, arts and crafts, bingo and holidays. Residents engaged in their own individual activities and these included crocheting ,swimming, going to the driving range, and going out for coffee with friends.

There were systems in place including a policy on residents' finances to ensure residents were safeguarded in this regard. Detailed records and receipts were kept for all transactions, balances were checked regularly and an audit tool was used to ensure residents' incomes and expenditures were reconciled. The inspector noted that the checklist incorporated in the audit tool was not consistently signed by the person completing the audit to ensure accountability.

Residents also contributed a fixed agreed monthly amount to a 'household fund'. This money was transferred from each resident's bank account to another bank account held in the name of one of the residents. This bank account had been in operation for a long number of years, and detailed records for all expenditure from this account were maintained, and the money from this fund was used to purchase meals, birthday gifts and other items of expenditure as agreed by all of the residents. There was a signed household fund agreement in place.

The inspector explained that the practice of transferring residents' money from their own personal bank accounts to an account held in the name of one resident could not continue, and that the system of managing the household fund would require review. A

number of the residents had financial management plans in place to help residents manage fixed amounts of their money independently. Residents' personal possessions were also accounted for in lists maintained within their personal folders.

There were laundry facilities available to residents in the utility room and staff assisted residents with laundry were appropriate.

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):

No actions were required from the previous inspection.

Findings:

Residents' communication needs were being met in this centre.

There was a policy available to staff on communication with residents. Through discussions with staff and observing practice the inspector was assured that staff were very familiar with the communication needs of the individual residents, which were reflected within the personal plans. Each of the residents' personal files contained a section on 'my communication style', which was an overview of the individual resident's verbal expression skills and level of comprehension. Three of the residents who independently accessed the community had personal mobile phones, and staff were observed checking if residents had their mobile phones with them before they left the centre.

Residents had access to radio and television. There was an internet connection available to the person in charge and one staff member within the centre at the time of inspection as none of the residents had requested access or shown any interest in accessing the internet within the centre to date. Residents were known within the local community and regularly visited local shops, coffee shops/restaurants, and attended activities in the community.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were supported to develop and maintain personal relationships and links with the wider community. Family members were involved in the lives of the residents where possible.

Staff were very familiar with the residents' families, and it was clear that there was regular communication between staff and the residents' families where possible. During the inspection the inspector spoke with one family member who confirmed that families were always welcome to visit the centre and that staff kept in regular contact with families. Contact sheets were maintained in residents' personal files to record communication with residents' families, and family involvement in personal planning was also documented. There were plans in place to enable residents to maintain links with family members and this included staff driving residents to meet with family members throughout the year. There were also parties held within the centre and residents were encouraged to invite friends to these events.

Arrangements were in place for residents to receive visitors in private without restrictions, and there was a visitors policy in place to inform practice.

Residents used facilities in the local community, including the local church, shops, coffee shops/restaurants, attended activities in the community, went to shows and three residents used the bus service to travel independently.

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):

No actions were required from the previous inspection.

Findings:

Residents had an agreed written contract, a contract of care, which included details of the service to be provided and the fees payable. The inspector reviewed all of these contracts, which had been signed by the resident and/or their representative outlining the services provided for the weekly fee, and those items/services not included within the fee.

There had been no recent admissions to the centre, and a policy was in place for admissions. The person in charge discussed the admissions process with the inspector, outlining the procedure to ensure that all admissions were in line with the statement of purpose and the process of consultation with residents currently living in the centre. The admissions/discharge process considered the wishes, needs and safety of the individual, and involved the development of a transition plan if a resident was being discharged and admitted to another centre.

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):

No actions were required from the previous inspection.

Findings:

Overall residents' wellbeing and welfare was seen to be maintained by a high standard of care and support. The inspector reviewed a number of the residents' personal plans, that included individual plans outlining the residents' goals, and care/support plans that addressed residents' health, personal and social care needs. The care/support plans for certain residents required improvement, as did the review process for personal plans and the availability of personal plans in accessible formats to all residents.

From the sample of resident's personal plans reviewed the inspector found them to be individualised and person centred, for example; the resident's needs, preferences, choices and key information were clearly identified. The file included a summary which provided a brief detailed introduction to the resident which inspectors found to be very

person centred.

Each resident had an assigned key worker who was responsible for preparing the personal plans in consultation with the resident, and their representatives were appropriate. An assessment of each resident's health, personal and social care and support needs was carried out as required to reflect changes in the residents' need and circumstances, and at a minimum on an annual basis.

The assessment/planning process had multi-disciplinary input, including input from physiotherapists, occupational therapists, psychologists, dietitians, and speech and language therapists. Care/support plans were prepared for residents in a number of areas of assessed need including activities, personal/intimate care, financial planning, family interaction, mobility, and for achieving individual goals. There were also care/support plans for assessed health needs including epilepsy, mental health and respiratory conditions.

Goals were identified by the residents, with input from staff. Residents were supported to have as much independence as possible. Plans outlined residents goals in areas such as travel, increasing independence, personal finances and maintaining important relationships.

During this documentation review the inspector noted that recently episodes of mobility and pain management, which had affected the progression of individual goals did not have an overall support /care plans in place to ensure that these needs were sufficiently addressed. Staff spoken to by the inspector were very knowledgeable of residents' needs and the supports required regarding these issues.

Further examples outlined that cognitive abilities had also deteriorated however, there was no overall support plan in place to ensure that the supports required were documented to ensure consistent management of the condition and provision of the necessary supports by all staff. the inspector further noted that there was no pain management plan in place to ensure that distress cues could be identified by all staff and pain managed appropriately. At the time of the inspection there was no overall behaviour support plan in place to address behaviours of concerns (as outlined in Outcome 8).

The person in charge outlined that the organisation was implementing a new system for the assessment and personal planning process. It was not clear from the personal plans reviewed by the inspector that the review process for residents' personal plans was sufficiently comprehensive to assess the effectiveness of the personal plans, and the rationale for proposed changes.

Staff had made certain aspects of residents' personal plans available in more accessible formats, and this included the incorporation of photographs into residents' personal evacuation plans. However, the inspector held the view that the development of residents' personal plans in accessible formats required further development to ensure the personal plans were developed in a format that was accessible to the individual resident.

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):

No actions were required from the previous inspection.

Findings:

The design and layout of the centre were in line with the statement of purpose and was suitable to meet its stated purpose and the needs of the residents, although inspectors had concerns about the recurring problem of mould and mildew within the centre. Residents appeared very much at home in the centre throughout the inspection.

The centre comprised of a bungalow which was set on its own grounds with a large secure garden at the rear of the building. Shops, cafes, public transport and community facilities were located nearby. There was adequate parking facilities to the front of the centre. There was clinical and domestic waste services in place. All external doors were wheelchair accessible.

The centre was homely, clean and well maintained. All five residents had their own individual bedrooms, and all bedrooms had adequate storage facilities for the personal use of the residents and were decorated with the resident's personal possessions.

There was a kitchen/dining room, quiet room, two bathrooms and one toilet, a utility room, an en suite staff bedroom/office and a sitting room. The kitchen and utility room were well equipped, and residents had adequate facilities to launder their own clothes if they so wished. The sitting room and bedrooms were well furnished and decorated with personal possessions. There was sufficient communal and private space for the residents. Inspectors observed the residents accessing all parts of the centre.

There was a large garden to the rear of the property which was secure and accessible.

Equipment in the centre was appropriate to the needs of the residents and was maintained in good working order. Some residents required assistive equipment such as a wheelchairs, hi low beds and a return and records of maintenance were maintained. Equipment was observed to be clean and appropriately stored.

The unannounced six monthly review of health and safety, quality of care and support

had identified that there was a mould/mildew issue within the centre. There was a completed risk assessment for mould and mildew that had identified the risk as medium overall. A dehumidifier had been placed in one bedroom as part of the control measures. There were guidelines in place on general housekeeping and maintenance to ensure mould and mildew was appropriately managed and staff were following these guidelines to reduce the risk as much as possible. However, more substantive measures were required to reduce the occurrence of mould and mildew within the centre to ensure there was no risk to residents' health.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There were measures in place within the centre to promote and protect the health and safety of residents, visitors and staff. However, there were no fire doors in place in the centre to ensure containment in the event of a fire. The management of risk relating to choking required review to ensure all staff had easy access to the appropriate guidance.

There were policies and procedures in place for risk management, emergency planning, and health and safety within the centre. The inspector reviewed the most recent health and safety statement, which was displayed in the hall. There was a local risk register in place with risks identified specific to the centre itself. Risk assessment forms had been completed in a number of areas including: aggression and violence, self harm, unexpected absence of resident, manual handling, fire, administration and storage of medicines, household chemicals, changing needs of residents, and lone working. Health and safety check lists were conducted by the person in charge, with the last one having been completed in August 2015.

A comprehensive health and safety audit was conducted in the centre every two years. All accidents and incidents, and incidents of challenging behaviour were recorded on eforms on the incident management software system. Details of all such accidents and incidents were also documented within residents' personal files. Accidents and incidents were reviewed as part of the unannounced six monthly visits conducted by the service manager, and this analysis included identification of themes and any necessary changes to systems.

The inspector found that the following risk within the centre required review to ensure

appropriate management:

- risk of choking required further control measures to ensure the risk was appropriately managed and that systems were put in place to ensure all staff, particularly relief/agency staff were made aware of the recommended dietary requirements. All regular staff were well aware of the dietary requirements, but the inspector had concern that this information was not readily accessible to relief/agency staff.

The fire evacuation plan was displayed in pictorial form within the centre, and staff spoken to by the inspector were knowledgeable of the evacuation procedure, and the residents who required verbal prompting and support to evacuate. The fire evacuation plan detailed the actions to be taken to evacuate the centre including the plan to evacuate the centre at night. There was a fire safety daily checklist record sheet in place that included daily checks of escape routes, the alarm panel, the emergency lighting and fire extinguishers. Staff had regular fire safety training. Personal evacuation plans were in place for residents, and regular fire drills were conducted.

Records were available to confirm that all fire equipment including fire extinguishers, and the fire alarm system were serviced on a regular basis. The emergency lighting system had been serviced by a service engineer in October 2015. There were four exit doors that could be used as emergency exits and all were unobstructed during the inspection. Keys were required to open these doors and the keys were available beside each door. There were no fire doors in place within the centre to ensure containment in the event of a fire and this had been identified in internal audits.

Satisfactory procedures were in place for the prevention and control of infection, including the display of hand hygiene posters, and staff had completed hand hygiene training.

The centre had an emergency plan which outlined procedures to be followed in the event of loss of electricity, water, heating and also in the event of flooding or a gas leak. This plan included evacuation to another nearby centre if necessary.

There were missing persons guidelines in place including protocols to be followed when one or two staff members were on duty. The centre had its own transport which was adequately insured, taxed and underwent the required checks for roadworthiness.

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):

No actions were required from the previous inspection.

Findings:

There were measures in place to protect residents from abuse, but there was a need to ensure residents were safeguarded against the impact of other resident's behaviour.

Measures were in place to protect residents from being harmed or suffering any form of abuse, including a policy outlining measures to prevent, detect and respond to any allegation of abuse. Staff with whom inspectors spoke were knowledgeable with regard to their responsibilities in this area, and had attended training on safeguarding residents.

Intimate/personal care plans were in place for residents who required support with personal care. All observed interactions between staff and residents were respectful, and demonstrated a consent based approach by offering choices in relation to daily living tasks and activities. Residents appeared very much comfortable and at home within the centre.

Residents stated that they had no concerns regarding their safety in this centre on all questionnaires submitted to the Authority, and feedback from relatives confirmed satisfaction with the safety of residents. There was a policy and procedure on the management of residents finances as outlined in Outcome 1.

Incidents of concerning behaviour were occurring in the centre, and it was clear from reviewing documentation and from talking to staff that these behaviours were impacting on residents. Documentation reviewed by the inspector indicated that these behaviours had increased in frequency and were occurring every week, and included verbal abuse and invasion of residents' personal space.

Review of these documents also revealed that residents reported being frightened at times in the centre due to these behaviours. Residents had complained about these behaviours, and staff were doing their utmost to manage the behaviours by using a low arousal approach in all interactions. However, at times only one staff member was on duty in the centre, and this one staff member had to manage the behaviour of concern, ensuring that any risk due to behaviour was appropriately managed, and that all residents in the centre were safeguarded and provided with re assurance.

Multi disciplinary team meetings had been held including input from the psychiatrist and social worker, and an action plan had been developed which included arranging the involvement of an advocate. At the time of the inspection there was no overall behaviour support plan in place to address the behaviours of concerns (as outlined in Outcome 5), and all incidents of these behaviours were not being recorded in the centre unless the behaviours escalated to a certain level.

There was minimal use of restrictive practices within the centre, with only one restrictive practice in place that included the locking of the utility room door at certain times. This measure was in place due to the behaviour that may challenge, and had been approved by the positive approaches monitoring group in St Michael's House.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the designated centre was maintained, and where required notified to the Chief Inspector within the specified time frames.

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):

No actions were required from the previous inspection.

Findings:

Residents' opportunities for new experiences, social participation, education, and training were facilitated and supported. There was no organisational policy available on access to education, training and development as detailed in Outcome 18.

Residents engaged in social activities internal and external to the centre, with residents attending classes in the community such as crocheting classes for one resident,

socialising in the local community by going out for coffee and meals and using facilities in the community, including the cinema, golf driving range and attending events such as musicals and going shopping.

Staff encouraged residents to maintain their independence, and this was evident from reviewing care/support plans that referenced encouraging residents to do so. Some of the residents were able to access the local community independently, and the inspector noted that personal goals included further increasing independence by developing further skills to enable residents to stay in the centre for defined periods of time without staff being present, and to begin using the public bus service.

The residents also participated in organised holidays and trips, and one resident had been supported by staff to go on a short break away , and other residents going on trips to the sea side.

Three residents attended day services, and there was evidence of good communication between the centre and the day service. The residents were facilitated to take days off from their day service, and at the time of the inspection the residents had regular scheduled days off from their day service and could spend the day as they wished supported by staff.

Two of the residents no longer availed of day services, although one of these residents did occasionally decide to visit their former day service. During the inspection the inspector observed staff accompanying a resident to the driving range, and accompanying another resident to go out for coffee and visit the local shops.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that the residents were supported to access health care services, and that staff supported residents on an individual basis to achieve and enjoy best possible health.

The inspector reviewed a number of the residents' files and found that care plans were in place for assessed health care needs such as constipation, osteoporosis, epilepsy,

respiratory conditions and mental health supports. The centre was using a recognised assessment tool to monitor skin integrity. Care/support plans were not in place for certain identified needs such as pain management and cognitive decline for residents as outlined in Outcome 5.

Review of clinical contact sheets evidenced access to general practitioner (GP) services, specialist clinical services such as neurology, cardiology, and allied health care services including physiotherapy, speech and language (SALT), occupational therapy, psychology and chiropody. Residents had access to their own GP, but could also avail of the services of the organisation's medical officer, and the nurse on call service which was available within the centre.

Keyworking staff spoken to by the inspector were very knowledgeable of residents' individual healthcare needs, and ensured all necessary referrals and follow ups were scheduled. Staff attended outpatient appointments with residents where necessary.

Residents were involved in planning the weekly evening meal menu within the centre, and the residents were seen to be offered a variety of snacks and meals throughout the two days of the inspection. Information and support in relation to healthy eating was provided to residents. Staff prepared meals within the centre, and residents were encouraged to be involved in the preparation of evening meals as appropriate to their ability and preference.

Staff were knowledgeable of residents who required coeliac or modified texture diets, although the system of ensuring all staff were aware of these individual requirements, needed review as outlined in Outcome 7.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There were systems in place to ensure that residents' medicines were managed appropriately.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents, including a local protocol for medication

management. Medicines were supplied by a retail pharmacy business in blister packs were appropriate, and all medicines were stored securely within the centre. A fridge was available in the staff office to store medicines that required refrigeration.

All medicines received from the pharmacy were checked by staff, and drug audit records were maintained for all medicines. Staff followed appropriate medication administration practices. There were appropriate procedures in place for the handling and disposal of unused and out of date medicines.

The inspector reviewed a number of prescription and administration sheets which were the standard format used within St Michaels house, and recent medication reviews had been completed.

The person in charge had recently completed the newly adopted medication management audit tool which was used to review and monitor medication management practices within the centre. This audit tool reviewed a wide range of aspects of medication management including policies and guidance documents, storage, prescribing, administration records and practices, and medication related errors. The audit tool also included a section for recommendations following completion of the audit.

A new system for reviewing medication errors had also been introduced to the centre, and this included a drug error questionnaire to be completed monthly by the person in charge to facilitate the identification of any trends, review systems in place to prevent such errors, and contained an action plan to address identified deficiencies.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

An updated statement of purpose was provided to the inspector. The statement of purpose set out the mission statement of the organisation and of the centre itself. The statement of purpose was a detailed document that described the services and facilities provided for residents, and included all the information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The statement of purpose was accessible to residents and their representatives and was stored in a document holder in the hallway of the centre.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Management systems were in place to ensure that the service provided within the centre was safe, appropriate to residents' needs, consistent, and effectively monitored. The inspector did have concerns regarding the management of behaviours of concern within the centre and the impact these behaviours were having on the other residents in the centre and this is outlined under Outcome 8.

There was a clearly defined management structure in place, which identified the lines of authority and accountability in the centre. Staff were supervised on an appropriate basis, with the person in charge conducting one to one supervision meetings with staff on a regular basis. Regular staff meetings were also held within the centre.

The inspector reviewed the most recent report on the unannounced six monthly review of health and safety, and the quality of care and support provided in the centre. This unannounced visit had been conducted in May 2015 by the services manager, on behalf of the registered provider. The review was structured and comprehensive, and contained an action plan to address identified areas of concern.

The services manager provided the inspector with the annual review of the quality and safety of care in the centre. This annual review had involved consultation with residents, their families, and staff, and included a review of audit documentation. Policies and procedures, incidents, complaints and resources for the centre were also reviewed as part of this process. Action plans were also incorporated into this review with completion dates and named staff responsible for completing the actions. The annual review was available to residents and their representatives and had been discussed with the

residents. The service manager had developed the annual review into a more user friendly document using photographs, symbols and pictures.

The person in charge had been managing this centre since 2008. The inspector found that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis, providing good leadership to staff, was well known to residents, and was clearly resident focused. T

he person in charge worked full time, managing three centres in total. The other two centres were located less than 10km away. The person in charge had been involved in managing centres for a number of years, having over 20 years experience in working with people with intellectual disabilities. The person in charge had qualifications in social care and management. The person in charge demonstrated good knowledge of the legislation and associated statutory responsibilities throughout the inspection.

One of the social care workers was also named as a person participating in the management of the centre (PPIM) and there was a system in place to ensure that in the absence of the person in charge one of the social care workers was nominated to manage the centre.

Management meetings involving the person in charge and the services manager (who reported to the provider nominee) were planned to be held bi-monthly. The service manager had attended the centre on the two days of the inspection, was well known to the residents, and attended the feedback meeting held at the end of the inspection.

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):

No actions were required from the previous inspection.

Findings:

The Chief Inspector had not been notified of any proposed absence of the person in charge of the centre at the time of the inspection. There were arrangements in place for the management of the centre during any such absence. There was one social care worker named as a person participating in the management of the centre (PPIM).

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):

No actions were required from the previous inspection.

Findings:

The centre was sufficiently resourced to ensure the effective delivery of care and support to residents in accordance with the statement of purpose, although the inspector did have concerns regarding the long term plan to address the mould and mildew in the centre as outlined in Outcome 6, and the lack of fire doors in the centre as outlined in Outcome 7.

The inspector found that the facilities and services in the centre reflected the statement of purpose, and that adequate resources were available to support residents achieving their individual goals and to ensure their needs were met.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that the levels and skills mix of staff were sufficient to meet the needs of residents during the two days of this inspection.

The inspector observed that staff on duty during the inspection were familiar with the needs of the residents, and provided care in a considerate and respectful manner. Staff members were flexible with their rostered hours to ensure residents' needs were accommodated. All of the staff employed in the centre were social care workers. Staff had access to the nurse manager on call.

The person in charge managed three centres, and on average was present in the centre for two to two and a half days per week, but was available by phone when working in the other centres. The person in charge was normally rostered to complete management duties, but at times covered sick leave and facilitated cover to enable residents to attend appointments.

There was formal supervision in place which made staff accountable and supported them in their roles. Inspectors reviewed a sample of staff support/supervision files and found that supervision sessions took place on average every two months and were detailed. Support/supervision sessions addressed areas such as keyworking, training needs and delegated duties and working with residents and their families.

Staff meetings were also held within the centre on a monthly basis, and the minutes of these meetings were reviewed by the inspector. A number of topics were discussed at these meetings including fire drills, medication related incidents, training ,and it was clear that the focus of these meetings was on the individual residents.

Inspectors reviewed the staff rosters in place and these reflected the planned roster, any changes to reflect the actual hours worked and also indicated the staff member in charge of the shift. A new part time member of staff had recently been recruited to the centre, and was receiving on going training at the time of the inspection. The inspectors were informed that the use of relief and agency staff would be reduced due to this recruitment. There was an essential guide available to relief/agency staff.

A training plan was in place for 2015 and records were maintained of all staff training. Staff had received training in fire safety, safeguarding service users, manual handling, safe administration of medicines, food safety, and hand hygiene. A number of staff had also received training in first aid and report writing.

Recruitment procedures in the centre were effective and robust, and there were good systems in place to support safe recruitment practices. The recruitment of staff was managed centrally, by the human resources department of the organisation. Three staff files were reviewed by inspectors and they contained all of the information required under Schedule 2 of the Regulations - two written references were sought for each staff member and of the files viewed were all verified and satisfactory.

Files reviewed held evidence of qualifications, contracts of employment and employment histories. An Garda Síochána vetting had been completed on all staff files sampled.

The centre manager told inspectors that there were no volunteers currently working in the centre. There was an organisational volunteers policy in place if needed.

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):

No actions were required from the previous inspection.

Findings:

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 were maintained to ensure completeness and accuracy. Two of the policies specified in Schedule 5 of the Regulations were not available at the time of the inspection.

All records were stored securely in the staff office, and a filing system was in place to ensure older records were easily retrievable.

The residents guide was accessible to residents within the centre and contained all the information specified in the Regulations. The directory of residents was reviewed by the inspector and contained all the necessary information.

Insurance documentation was made available to confirm the centre was adequately insured against accidents or injury to residents, staff and visitors.

The centre had the majority of the written operational policies as listed in Schedule 5 of the Regulations. The policies that were not available, some of which were under development at the time of inspection included:

- provision of information to residents (brief guidelines were available)
- access to education, training and development

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Jim Kee
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-0002371
Date of Inspection:	03 November 2015 and 04 November 2015
Date of response:	14 December 2015

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The audit tool checklist implemented within the centre to ensure residents' finances were appropriately managed and all money was accounted for was not consistently signed by staff to ensure accountability.

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 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

The PIC will ensure that financial audits will be completed by staff and signed monthly. Financial audits will be an agenda topic at each monthly staff meeting and will be discussed at individual staff support meeting to ensure that these audit tools are consistently signed by staff to ensure accountability. This commenced at the staff meeting 17/11/2015 and will continue monthly.

Proposed Timescale: 17/11/2015

Theme: Individualised Supports and Care

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

The system in place to manage the household fund required review as all residents were contributing a fixed monthly amount to a bank account that was held in the name of one of the residents.

2. Action Required:

Under Regulation 12 (4) (a) and (b) 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 consent of the resident has been obtained and the account is in the name of the resident to which the money belongs.

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

The PIC will ensure that the communal house fund account that all residents contribute to will be closed and all direct debits will be cancelled by the 30/11/2015. This has been discussed and agreed by all residents at a house meeting on the 24/11/2015. Minutes of House meeting available to view

Proposed Timescale: 30/11/2015

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 support/care plans were not in place for all of residents' needs including behaviour support plans.

3. Action Required:

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

the resident's assessed needs.

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

The P.I.C will review all support plans including behaviour support plans to ensure they are all in place and up to date. This review will be carried out with the keyworker and relevant Allied Health Care Professional as necessary.

Proposed Timescale: 31/12/2015

Theme: Effective Services

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

The development of residents' personal plans in accessible formats required further development to ensure the personal plans were developed in a format that was accessible to the individual resident.

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:

Personal Plan will be reviewed in consultation with the resident to ensure the plan is assessable and in a format that best suits the residents requirements. Where appropriate this will be discussed with service users representatives

Proposed Timescale: 31/12/2015

Theme: Effective Services

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

It was not clear from the personal plans reviewed by the inspector that the review process for residents' personal plans was sufficiently comprehensive to assess the effectiveness of the personal plans, record proposed changes and the rationale for proposed changes.

5. Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

The PIC will introduce a system for monthly review of Personal Plan Goals. This will be recorded on Goal Tracker Forms. The effectiveness of the plans, any changes and the

reason for changes will be discussed with the resident at the residents monthly meeting with their keyworker, then discussed at the keyworkers support meeting with the P.I.C.

All meetings will have commenced by the 30/11/2015 and continue monthly there on in.

Proposed Timescale: 30/11/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

There was an on going problem with mould and mildew in the centre.

6. Action Required:

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

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

The PIC and Technical Services Manager will review the current control measures in place to consider what additional measures are required to address the mould and mildew in the centre. This review will take place the 07/12/2015. Advice will be taken on restorative work required.

- Main Bathroom – TSD to organise for ceiling to be cleaned and painted with 2no. coats of "Warm coat" paint (with anti-mould additive) – target completion end of Jan 2016
- Main Bathroom – TSD to check type of mechanical extract fan installed, and explore options of upgrading to a more powerful fan – target completion end of Jan 2016
- TSD to check position of ceiling insulation at eaves/wall junction – target completion end of Jan 2016
- Recommend that use of the dehumidifier in the Service Users Bedroom continues over the winter months, and review it's use/need in Spring 2016
- Continue to follow the guidance in SMH Environmental Hygiene & Cleaning Policy
- The situation will be revaluated in the spring 2016 with the PIC and Technical Services Manager.

Proposed Timescale: 31/01/2016

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:

The control measures in place to manage the following risk were inadequate:

- risk of choking required further control measures to ensure the risk was appropriately managed and that systems were put in place to ensure all staff, particularly relief/agency staff were made aware of the recommended dietary requirements.

7. Action Required:

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

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

The PIC will ensure that all relevant information pertaining to the risks for each resident will be placed in the units Essential Guide which is available to all staff (permanent/ agency/ relief staff).

Proposed Timescale: 15/12/2015

Theme: Effective Services

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

There were no fire doors in place within the centre to ensure containment in the event of a fire .

8. 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:

The PIC has arranged with Technical Services that fire doors will be installed throughout the centre.

Proposed Timescale: 29/02/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Incidents of concerning behaviour were occurring in the centre, and it was clear from reviewing documentation and from talking to staff that these behaviours were impacting on residents. These behaviours had escalated more recently, and included verbal abuse and invasion of other residents' personal space.

9. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

- The PIC has organised a full review of the service user's placement in the designated centre.
- The purpose of the review is to consider if the designated centre is an appropriate service for one individual.
- The PIC will ensure that the review takes account of the impact and frequency of the behaviour on other service users.
- The review will include referral (if necessary) to another designated centre.
- As part of the review the P.I.C. will link with the Designated Officer in regard to safe guarding concerns, for advice and guidance on the management of these issues.
- Safe Guarding Care Plans will be put in place for all residents following this consultation with the designated officer.
- Each resident will receive individual support from an Allied Health Care professional in relation to safeguarding concerns.
- The review will take place for a three month period beginning 17/11/2015.

Proposed Timescale: 17/02/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

The following policies were not available.

- Provision of information to residents.
- Access to education, training and development.

10. 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:

The registered provider is currently developing the two policies not available for inspection:

The Provision of information to residents is available in guidelines until full consultation with residents within the organisation has been completed and then it will be available in Policy from 30th March 2016. .

Access to education, training and development policy will be completed by 31st December 2015

Proposed Timescale: 30/03/2016

