

**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-0002393
Centre county:	Co. Dublin
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:	5
Number of vacancies on the date of inspection:	1

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:
09 March 2016 09:30	09 March 2016 18:30
10 March 2016 08:30	10 March 2016 14:50

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 second 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 a complete application had been received by the Authority.

The inspector found that all action from the previous inspection had been satisfactorily implemented.

The person participating in management, acting in the absence of the person in charge facilitated the inspection. A service manager (person participating in management) attended a meeting at the beginning of the inspection and attended a feedback meeting with the provider nominee at the end of the inspection.

The centre comprised of a two story property located in a suburban area close to local amenities. There was one vacancy on the day of inspection. The inspector found residents received a good quality of care and support with the focus on the development of independent skills, social participation, experiencing new opportunities and interpersonal skills development.

The centre was in compliance across most outcomes. Outcomes relating to social care needs, medication management, statement of purpose and records and documentation were found to be in substantial compliance. 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 the actions required to address these are set out in the action plan at the end of the report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Overall the inspector found that residents were consulted with, and participated in, decisions about their care and about the management of the centre. Residents were enabled to exercise choice and control over their life in accordance with their wishes and to promote independence.

Residents were consulted about the running of the centre. There was a weekly residents meeting and various items were discussed such as new admissions, activity and meal choices, fire safety and residents' choices in participation with household tasks. The inspector also viewed fire safety records in which one resident was named as an assistant fire representative in the centre and participated with the support of staff in fire safety checks.

There was information available in an accessible format on an external advocacy service and residents had met a representative from this service the previous year.

There were policies and procedures for the management of complaints. The complaints procedure was available in an accessible picture format and displayed in the dining area. The person participating in management (acting in the absence of the person in charge) was the nominated person to deal with complaints. The inspector viewed a record of complaints within the centre and found complaints had been well managed in a timely manner. One complaint in progress had a clear, timely and appropriate response and actions were progressing to resolve the complaint. Complainants had been informed of the outcome of complaints.

Staff members were observed to interact with residents with care and respect. Intimate care guidelines were developed to promote the dignity of residents. Each resident had their own bedroom and some residents had chosen to lock their bedroom door. Picture symbols were also in use to indicate bathrooms were in use and to ensure the privacy and dignity of residents were maintained during personal care practices.

All residents were registered to vote with some residents choosing to exercise this right in recent elections. There was a broad range of information easily accessible to residents to support them making decisions about their care and support. For example, information was available on human rights, healthy eating and the centre's communication policy.

The inspector found that independence skills were promoted through practices in the centre and the care and support offered maximised opportunities for independence in line with residents' wishes. For example, one resident independently travelled within the community and another resident was currently developing personal self help skills. One resident had recently secured a part time job and another resident was progressing on plans to secure a job. Residents had a variety of opportunities similar to their peers and the focus of support was on the ongoing development of social participation in order to develop skills and avail of new experiences. For example, residents attended sports events and music concerts, and had plans in progress for the development of money management skills.

There was a policy in place on the management of residents' finances however, this policy was out of date. There was a centre policy on residents' possessions. Residents maintained control over their own possessions and suitable storage was provided for residents personal possessions. Some residents required support to manage their finances. Residents' finances were securely stored. The person participating in management outlined how residents were encouraged to independently access their own money.

The inspector reviewed financial records for two residents for the preceding year. All monies spent had been accounted for. There was a monthly financial audit completed for each resident's financial transactions and some residents chose to participate in auditing of their finances.

Judgment:
Compliant

Outcome 02: Communication

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

Theme:
Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents' communication needs were met.

There was a policy in place on communication with residents. The policy was developed in a reader friendly format and stored in an accessible location in the dining area.

Residents communication needs had been assessed through the assessment of need process. Communication plans had been developed for residents following assessment with detailed guides on the supports required to maintain and enhance communication skills. Support plans varied from expressive and understanding plans, to use of communication passports and objects of reference. Picture supports were available throughout the centre to assist residents' understanding, for example, menu plans and staff on duty. Where residents had requested, this information was also displayed in a written format.

Residents had access to information on local events, radio and television. A laptop with internet access was also available in the centre.

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:

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 in the centre. Residents regularly visited family members and also maintained contact through phone calls. There was an open visiting policy in the centre and a second sitting room in the centre could facilitate private contact between residents and their relatives or friends.

The inspector reviewed records of family contact and families were kept up to date on residents' well being and as changes occurred. The inspector also reviewed minutes of residents' annual review meetings in which family members had attended and

contributed to the review process.

Residents were involved in a range of activities in the community, for example, attending social clubs, going out for meals, going to the cinema, going to discos and meeting friends in the community.

The development and maintenance of friendships formed part of residents' personal plans. For example, one resident maintained contact with a friend through written correspondence and another resident had a plan in place to increase social opportunities with a friend from another residential centre.

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:

The inspector found the admissions process to the centre was timely and in line with the statement of purpose.

There was a policy on, and procedures in place in place, for admissions including transfers. There had been one admission to the centre and a recent referral to the centre. The inspector reviewed the record of a transition plan for one resident. The process had considered the needs, wishes and safety of the resident. The transition process had also considered the views of other residents living in the centre.

The inspector also reviewed minutes of residents' meetings in which a recent referral to the centre had been discussed with residents. Families had also been informed of this referral.

Each resident had a contract of care which set out the services to be provided to residents. The contract of care also included the fees to be charged and any additional fees.

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):

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

Findings:

The inspector found that residents' wellbeing and welfare was maintained by a high standard of evidence-based care and support however, improvement was required to develop some personal plans into an accessible format for residents.

The inspector found that personal plans were fully available in an accessible format for two residents. Some aspects of three remaining personal plans i.e. personal goals had been developed in an accessible format for these residents however, further improvement was required to reflect all aspects of the personal plan.

All actions from the previous inspection had been satisfactorily implemented. Personal goals clearly set out the support required to achieve goals and the steps to be followed in the implementation of goals. Personal goals were reviewed on a monthly basis by the keyworker with a report produced on a quarterly basis outlining the achievements to date and further actions to progress the goal. Personal plans were subject to review a minimum of annually or sooner as needs changed and residents and families were involved in this review process.

The inspector reviewed a sample of four personal plans. Each resident had an assessment of need completed which outlined the personal, social and healthcare needs. The assessment of needs process was completed a minimum of annually.

Multidisciplinary team members had been involved in the assessment of residents' needs where required and plans had been developed in conjunction with multidisciplinary team support. For example, a speech and language therapist had assessed and developed a feeding support plan for a resident and the advice of a physiotherapist formed part of a mobility plans for residents where required. The inspector found comprehensive health, social and personal plans were in place for all identified needs. Plans clearly guided practice and the inspector found that plans had been fully implemented. Outcomes for residents had resulted in the continual improvement of quality of life for residents, for example, meaningful social relationships, increased independence and opportunities to experience a broad range of musical / cultural events.

The inspector found that personal goals were developed in line with residents' interests, wishes and values. Personal goals included securing jobs, the development and maintenance of friendships and relationships, the development of independent self management skills and experiencing new social events such as concerts and musicals.

The inspector found that residents were supported to move between services. A detailed transition plan had been developed and implemented for a resident prior to and post admission to the centre. The resident had been supported throughout this transition process and had frequently visited the centre prior to admission. The process also included the development of a personal plan within 28 days after admission. There was evidence on inspection that training had been implemented to develop self help skills for the resident following transition.

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):

No actions were required from the previous inspection.

Findings:

Overall the inspector found the design and layout of the centre were suitable for its intended purpose and to meet the needs of residents. The inspector found the centre was clean and well maintained.

The centre comprised of a two storey property located in the community and easily accessible to local amenities.

There was adequate communal and private accommodation for residents in the centre. Each resident had their own bedroom, of suitable size and decorated to individual residents' preference and requirement. One resident's bedroom was on the first floor and had a large ensuite bathroom. Four residents' bedrooms were on the ground floor. There was one vacancy in the centre. Suitable storage was available in all bedrooms for residents' personal possessions. Residents had chosen to display personal interest items and personal family photographs in their bedrooms. Some residents also displayed photographs of achievements and participation in social events which formed part of their personal goals.

There were two main bathrooms available in the centre with adequate facilities to meet the needs of residents. Adaptive equipment such as hand rails and shower chairs were available to support residents with mobility issues. Storage was available in bathrooms for personal care items.

There was a sitting room adjoining onto an open plan kitchen cum dining room. The sitting room had suitable seating available for residents and a television and DVD player. Residents frequently chose to engage in craft interests and tables were available for residents use in the sitting room. A second sitting room was available for residents and residents could meet visitors in private.

The kitchen area had suitable cooking and food storage facilities and was fully accessible to residents. The dining area had a large kitchen table with sufficient seating to accommodate all residents.

There was a utility room and residents were supported to launder their own clothes if they wished.

There was a front and back garden. The back garden was paved and had suitable seating available for residents' use. Off street parking was also available in the back garden.

Suitable lighting, heating and ventilation were available throughout the centre. The heating boiler had been serviced within the last year. The centre also had an intruder alarm which had been serviced in the last year.

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

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found the health and safety of residents, visitors and staff was promoted however, improvement was required in the arrangements for the containment of fire.

There were no fire doors in the centre. There was a fire alarm, emergency lighting, fire extinguishers and a fire blanket available in the centre. There were three emergency exits in the centre, all clearly marked with exits signs, and all unobstructed on the day of inspection. All fire equipment had been serviced within the last year. There was a prominently displayed fire evacuation procedure for the safe evacuation of residents and staff in the event of a fire, both during the day and at night. The inspector spoke to three staff members who were knowledgeable on the fire evacuation procedure. Each resident had a personal emergency evacuation plan in place. The inspector reviewed all staff training records and all staff had received training on fire safety.

The inspector reviewed records of fire drills. Drills were completed approximately every two months and had included two night time drills in the preceding year. Where issues had been identified during fire drills corrective action had been implemented to prevent reoccurrence. Fire safety checklists were completed on a daily, monthly and quarterly basis and included the involvement of one resident, named as a deputy local fire officer.

There were policies and procedures in place for risk management and emergency planning. Emergency planning included the temporary relocation to a nearby centre and the arrangements for overnight accommodation for residents should it be required.

Site specific risk assessments were developed for all identified risks within the centre, for example, manual handling, infection control, administration of medication, lone workers and use of chemicals. Individual risk assessments were also developed in the use of a restrictive practice and epilepsy. The risk management procedures identified the level of risk and the control measures in place to minimise the impact of the identified risk. Risk assessments were subject to review a minimum of annually. The risk management procedures also included the measures and actions to control the risks of the unexpected absence of a resident, accidental injury to a resident, visitor or staff, aggression and violence and self harm.

There were procedures in place in the event that a resident goes missing.

Arrangements were in place for the investigation of incidents involving residents. The inspector reviewed a record of incidents in the centre. Incidents of challenging behaviour were reported to the relevant multidisciplinary team members and formed part of the process for behaviour support and mental health care reviews. The inspector found that accidents involving residents had appropriate immediate care and follow up included medical reviews to reduce the likelihood of reoccurrence. Reasonable measures were in place to prevent accidents, for example, wet floor signs in use to prevent falls and assistive equipment available to support residents' mobility needs and also prevent falls.

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

There were policies and procedures in place relating to health and safety including waste management, infection control and food safety. Food safety procedures included the checking and recording of cooked foods, refrigerator and freezer temperatures. Colour coded chopping boards were available in the kitchen. There was a cleaning schedule in place and all cleaning tasks had been signed on completion.

Suitable arrangements were in place for infection control. There were suitable hand washing facilities throughout the centre and personal protective equipment such as disposable gloves were available. Colour coded mops and buckets were also available in the centre.

The vehicle used within the centre was insured and had an up to date certificate of roadworthiness. Staff who drove the centre vehicle were suitably qualified to do so.

All staff had received training in manual handling.

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:

The inspector found that measures were in place to protect resident being harmed or suffering abuse. Residents were provided with emotional and behavioural support promoting a positive approach to behaviour that challenges. A restraint free environment was promoted.

There was a policy on, and procedures in place for the prevention, detection and response to abuse. All staff had received training on safeguarding. Staff members spoken to were knowledgeable on what constitutes abuse and the procedures to follow in the event of an allegation, suspicion or detection of abuse. There was a designated liaison person to whom all incidents of abuse were reported. The inspector reviewed three relative and resident questionnaires submitted to the Authority and all outlined they or their relative felt safe in the centre. A review of safeguarding formed part of the

six monthly unannounced visit by the registered provider.

Staff members were observed to treat resident in a kind a caring manner.

There was a policy in place for the provision of personal intimate care.

The inspector reviewed two behaviour support plans for residents. A psychologist had been involved in the development of these plans. Behaviour support plans defined the behaviour and outlined the preventative and reactive strategies to support residents with behaviours that challenge. The plans also outlined contributory factors and triggers to behaviour that challenges. Behaviour support plans were subject to regular review. The inspector found the use of medication to manage challenging behaviour was carefully monitored by the psychiatrist, psychologist and staff team and there were clear protocols set out on the specific indications for use of this medication.

Potentially restrictive practices were referred to the organisations committee on restrictive practices. One resident used a wheelchair for mobilising outside of the centre and required a lapstrap. This practice had recently been reviewed and approved by a service committee on restrictive practice.

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):

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the centre was maintained and where required these have been notified to the Authority.

Where required notifications have been provided to the Authority within 3 days of the occurrence of incidents. Quarterly notifications have also been submitted to the Authority.

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:

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

There was a policy on access to education, training and development. Residents' aspirations in terms of employment, training and social participation were assessed through the individual goal planning process. Plans were developed to realise goals and there was evidence the actions to achieve these goals were implemented in practice. For example, residents displayed photos of their participation in goal achievements such as attending a show, sports event or a family event. One resident told the inspector about a part time job he had recently secured. The inspector also reviewed goals for a resident who wished to live independently. The resident and their keyworker had developed a training plan in order to progress the resident towards independent living. Quarterly progress notes were maintained on all personal goals.

Residents had opportunities for new experiences and these were also developed through the individual goal planning process. Residents were engaged in social activities both internal and external to the centre, for example, meals out, meeting friends for coffee and attending clubs.

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):

No actions were required from the previous inspection.

Findings:

The inspector found residents were supported to achieve and maintain good health.

Residents health care needs were assessed and met as outlined in personal plans. Residents had timely access to the appropriate health care professionals such as psychiatrist, speech and language therapist, dietician, physiotherapist, nurse and psychologist. Residents accessed their general practitioners in the community and residents knew their general practitioners well. Residents also accessed the services of a dentist and chiroprapist in the community.

The inspector found residents were provided with information to enable them to make healthy living choices, for example, information of healthy food choices through a community group. Residents were actively encouraged to take responsibility for their health and medical needs, for example, preparing healthy lunches and the self administration of medication.

Meals plans were available in both a picture and written format according to residents' communication preferences. The food offered was varied and nutritious. Staff members were observed to offer residents support in a sensitive manner while assisting residents in the development of self help skills. Mealtimes were a positive and social event.

Arrangements were in place for a dietician to attend the centre in the near future to provide information and support on the dietary requirements of residents.

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:

The inspector found overall residents were protected by the centres policies and procedures for medication management however, some improvement was required in the follow up to medication errors.

The inspector reviewed records of medication errors however, on one occasion, where a resident may have received too much medication, no advice had been given on the immediate follow up observations required.

All of the actions from the previous inspection had been satisfactorily implemented. There was a comprehensive medication management audit completed on a quarterly basis covering areas such as policies, storage of medications, administration and prescription records and medications errors. Actions were developed following audits to address identified issues. The inspector also reviewed PRN (as required) prescriptions and the details on the medication containers matched the details on the prescription records. The details set out in the guidelines for the administration of emergency epilepsy medication also matched the details set out in the prescription record. PRN medications had all been recently reviewed.

There were policies in place for the ordering, prescribing, storing and administration of medication. Medications were stored in a locked press and medication keys were secure. The inspector reviewed all medication administration and prescription records. Prescription records contained all the required information and administration records identified medication had been administered as prescribed and to whom they were prescribed.

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.

Individual medication management plans were developed for residents as part of their personal plans.

Plans were in progress for the assessment of a resident in order to commence self administration of medication.

There were no controlled medications in use in the centre.

Residents availed of the services of a community pharmacy. Information had been provided by the pharmacist an all prescribed medications in the centre.

Judgment:
Substantially 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:

There was a written statement of purpose that describes the service that was provided in the centre. Improvements were required to ensure the statement of purpose was made available in an accessible format for residents where required.

All of the actions from the previous inspection had been implemented. The statement of purpose set out the criteria for admission to the centre and included emergency admissions and respite admissions. A description of the rooms in the centre including their size and the arrangements for residents to access education, training and employment were contained in the statement of purpose. The statement of purpose had recently reviewed and was subject to review a minimum of annually.

The statement of purpose contained all the remaining information as 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.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Overall there were effective management systems in place to ensure the safe and effective delivery of services. The quality of residents care and experience was monitored on an ongoing basis.

There was a clearly defined management structure which identified the lines of accountability and authority. The person in charge was currently on secondment to another residential centre and a person participating in management had been appointed in her absence. The person participation in management reported to a service manager and meetings were held on a monthly basis. The service manager was also available on a daily basis for support if required. The service manager reported to the provider nominee and meetings were scheduled on a fortnightly basis. Outstanding issues pertaining to the centre were discussed at these meetings.

The inspector reviewed minutes of a recent meeting between the person participating in management and the service manager. Areas discussed included residents' goals, safeguarding, changing needs, budget and complaints. Actions were developed to address issues identified within a specified timeframe.

An out of hours nurse manager on call was also available.

An annual review of the quality and safety of care and support had recently been completed by the service manager on behalf of the provider nominee. Actions have been developed identifying the person responsible to complete the action within a specified timeframe.

Unannounced visits were completed by the service manager on behalf of the provider nominee on a six monthly basis. Actions were developed following the six monthly visits. All actions from unannounced visits in 2014 and 2015 were completed. The actions from the most recent unannounced visit in February 2016 had actions developed with a plan in place to complete all actions.

Arrangements were in place for staff supervision and supervision was completed on a six to twelve monthly basis. Plans were in place to roll out a performance management development system in the service in the coming year.

The person in charge was currently on secondment to another centre and had previously been interviewed on a monitoring inspection in May 2015. A person participating in management was appointed in her absence. The inspector found the person participating in management was knowledgeable on the residents' care and support needs, his roles and responsibilities and on the Regulations. Staff members spoken to said they felt supported by the person participating in management.

Judgment:
Compliant

Outcome 15: Absence of the person in charge

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

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

The Authority had been notified in September 2015 of the absence of the person in charge for a period of six months and suitable arrangements were in place in her absence.

The service had appointed a social care worker as a person participating in management. The person participating in management had responsibility for the management of the centre in the absence of the person in charge. A service manager also appointed as a person participating in management was also available for support as required.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

The inspector found the centre was resourced to effectively meet the care and support needs of residents.

There were sufficient staff resources to support residents in achieving goals and to ensure care was delivered in line with the details set out in residents' personal plans. The centre had a vehicle to support resident with social outings. A wheelchair bus was also available in a nearby centre to transport residents with mobility needs where required.

The centre had a laptop with internet access.

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):

No actions were required from the previous inspection.

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.

The centre was staffed by social care worker and a part time nurse. One staff was on duty during the day and with an additional staff in the morning and afternoon. One staff provided cover at night time on a sleepover shift. Where vacancies arose due to staff absences or leave regular relief or agency staff were deployed.

There was an actual and planned staff rota which was reflective of the details set out in the statement of purpose. The inspector found staff were effectively deployed to ensure residents' needs and goals were met.

The inspector observed interactions between residents and staff and found staff provided support in a caring and respectful manner and communication with residents was consistent with communication needs and plans.

The inspector reviewed records of staff training. Mandatory training had been provided in fire safety, manual handling, safeguarding and medication management. Additional training was also provided in areas such as first aid, positive behaviour support, food hygiene and risk assessment, enabling staff to provide care that reflects evidence-based practice.

Staff members spoken to were aware of policies and procedures relating to the general welfare and protection of residents. The inspector found staff were also knowledgeable on the care and support needs of residents, the details in personal plans and the progress of goals in order to achieve defined outcomes.

Staff supervision was facilitated by the person in charge and in her absence the person participating in management provided ongoing support on a day to day basis. Staff members spoken to said they felt supported by the person participating in management. The inspector reviewed records of staff supervision for the preceding year. Supervision took place on a six to twelve monthly basis and was of good quality. Actions were developed during supervision meeting to improve practice where required.

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

Staffing records were previously checked at the main service headquarters and all the requirements of Schedule 2 in relation to staffing records had been met. Where required, staff members had up to date registration with the relevant professional body.

There were no volunteers employed in the centre.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

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

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

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

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

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

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.

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-0002393
Date of Inspection:	09 March 2016
Date of response:	11 April 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 05: Social Care Needs

Theme: Effective Services

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

Some aspects of personal plans were not available in an accessible format for three residents.

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

1. 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:

Staff members are currently engaging in training designed to inform the new Individual Planning System that the organisation recently introduced. This system focuses on accessibility throughout plans for all residents. When training is complete and the 2016 Wellbeing meetings have taken place, the PIC will meet with staff members in the designated centre and together will devise plans which are in an accessible format for all residents.

Proposed Timescale: 31/10/2016

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 arrangements were not in place for the containment of fire. There were no fire doors in the centre.

2. 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:

A fire alarm is in place in the designated centre which is serviced and checked annually. All staff members have completed fire safety training and fire drills are carried out on a bi-monthly basis with all residents, including two night time drill per annum. In addition there is an emergency evacuation plan and individualised evacuation plans in place.

The Registered Provider has submitted an estimate for the replacement of internal doors to the HSE. Pending approval and funding from the HSE the designated centre is expected to have the recommended fire doors in place.

Proposed Timescale: 30/07/2016

Outcome 12. Medication Management

Theme: Health and Development

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

Evidence of learning in relation to responding to a medication error was not documented to guide staff practice.

3. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

A new system has been introduced in the designated centre whereby Drug Errors are read out and discussed at staff meetings, ensuring that the relevant learning has been taken from each drug error. Advice given by the Nurse Manager on Call is discussed and any errors or misunderstandings are documented and then discussed between the PIC and Nurse Manager in order to guide future staff practise.

Proposed Timescale: 26/04/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose was not available in an accessible format for some residents.

4. Action Required:

Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

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

On behalf of the registered provider the PIC will develop an accessible format for the Statement of Purpose

Proposed Timescale: 30/09/2016

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 on staff training and development.

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

5. Action Required:

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

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

The Policy on Provision of Information to Residents is being developed in close consultation with a group of service users to establish their preferred way of receiving information. St. Michael's House is committed to developing this Policy in partnership with service users. As this process takes time to complete the Speech and Language Therapy Department have provided guidelines for staff members on the Provision of Information for Residents in the interim.

The Policy on Staff Training and Development is in the final stages of completion and will be available within three months.

The Registered Provider has updated the Policy on Admissions and by end April 2016 it will include details on Discharges and the Temporary absence of Residents.

Proposed Timescale: 30/10/2016

Theme: Use of Information

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

The policy on residents' personal finances and the policy on the provision of behavioural support were out of date.

6. Action Required:

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

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

The Policy on Service Users Money is currently being reviewed and the work is scheduled to be completed by the end of May 2016.

The Policy on the Provision of Behavioural Support will be reviewed at the Positive Behavioural Support steering group meeting on the 10th of May 2016.

Proposed Timescale: 31/05/2016