

**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-0002388
Centre county:	Co. Dublin
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	John Birthistle
Lead inspector:	Caroline Vahey
Support inspector(s):	Conan O'Hara;Helen Thompson
Type of inspection	Unannounced
Number of residents on the date of inspection:	12
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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 18 May 2016 09:50 To: 18 May 2016 20:20

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection

This was the third inspection of the designated centre. The purpose of the inspection was to inform a registration decision and to follow up on the non compliances identified on inspection in September 2015.

How the inspectors gathered evidence

The inspection took place over one day and as part of that inspection, the inspectors spoke to three staff members, the person in charge and also met with the service manager (person participating in management). The inspectors observed staff members interacting with a resident during the morning period and with a number of residents during the evening period. The inspectors also reviewed documentation such as personal plans, complaints records, staff rosters, behaviour support plans

and records pertaining to fire safety.

Description of the service

The statement of purpose outlined the overall aim of the service was to provide a respite setting where residents were cared for, supported and valued within a caring, friendly and professional environment promoting their health and wellbeing. The statement of purpose also outlined the ethos and some objectives of the service including, delivering best practice at all times, ensuring residents had an enjoyable respite break, had opportunities to experience ordinary places and make individualised choices and to positively encourage and the development of relationships. Overall, the inspectors found the aims ethos and objectives of the centre were not met by the services provided.

The centre could accommodate six children in one unit and six adults in another unit. Both males and females were accommodated in the centre. The person in charge outlined to inspectors that respite services were provided in the centre to over one hundred children and approximately one hundred and ninety adults. The centre comprised of two units on the outskirts of a suburban village with a range of local amenities within walking distance. The centre also had a bus.

Overall judgements and findings

Overall the inspectors found the centre was not in compliance with the regulations. Major non compliances were identified in safeguarding and governance and management. The inspectors found residents were not protected by the centre's policies and practices in relation to safeguarding, the provision of appropriate responses to behaviours that challenge, the management of restrictive practices, as well as the provision of training to support staff to deliver safe and evidence based care in relation to these areas. In addition, the inspectors found the provider had not addressed a number of agreed actions from the previous inspection within the stated timeframe.

Improvements were also required in a number of areas in order to bring the centre into compliance including the provision of activities for residents, the development of communication plans, the deployment of suitably qualified staff and in documentation such as assessments of need, personal plans and written agreements for the provision of services. Improvements had been made in some areas since the last inspection, for example, the planned provision of residential placements for residents currently living in the centre, suitable equipment to aid residents in the event of an evacuation of the centre, plans to reintroduce a visitors room in the children's unit and documentation in relation to healthcare needs.

The reasons for these findings are discussed under each Outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Overall the inspectors found that residents participated in decisions about their care however, improvement was required in the documentation maintained in relation to complaints and in the provision of activities for residents in accordance with their interests and wishes.

One action from the previous inspection had been satisfactorily implemented and plans were progressing on the provision of residential placements for some residents currently residing in the respite centre on a full time basis.

Two of the actions from the previous inspection were not satisfactorily implemented in relation to complaints and activities for residents. The inspectors reviewed records of complaints however, some complaints did not record if the complainant was satisfied with the outcome of the complaint. Activities were discussed at residents' meeting. Meetings took place for residents on the evening of admission however, the inspectors found that while residents chose the activity they wished to engage in, documentary evidence was not consistently available to confirm if this activity had taken place. In addition, the inspectors found that there was no plan in place to provide a variety of meaningful activities to one child who was availing of an extended respite stay.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspectors found that the communication needs of some residents were not being met in this centre and improvement was required in assessment and development of communication plans.

The communication needs of some residents were not identified and assessed. Communication plans were not present to inform staff practice in supporting this aspect of a resident's care. The inspectors noted that a number of residents in this centre were non-verbal. No communication plan was present to support a resident who was observed to have a history of communicating through their behaviour. The centre's respite admission checklist was amended since the previous inspection to ensure that a resident's communication plan was requested from their lead service on admission. However, the inspectors observed that this information was still not available in some residents' files. The person in charge outlined that provision of residents' communication plans was still not routine practice for some service areas.

Staff members in this centre have not received training in augmentative communication systems residents used, for example, picture exchange communications systems. One resident was observed using assistive technology, staff members appeared knowledgeable about the resident's communication needs and were noted to be supportive of the device usage.

One action from the previous inspection was satisfactorily implemented and internet access was available in both units in the centre.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The inspectors found that the action from the previous inspection was in progress. There was a plan in place to provide a private area in the childrens house to facilitate private visits. The room available was currently being used for a sensory room for a resident temporarily residing in the centre. Plans were progressing for this resident to move to another residential centre within a specified period.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspectors found there had been improvement in the admission process however, further improvements were required in the admission procedures and to ensure written agreements were in place.

One action from the previous inspections had been satisfactorily implemented and the statement of purpose contained details on the provision of day care services in the centre.

One action had not been satisfactorily implemented and written agreements were not in place for some residents availing of a respite service. Written agreements were in place for residents availing of a full time placement.

Admissions to the centre were planned on a two monthly basis and there was some evidence that the needs of residents were considered in planning respite admissions. For example, residents with specific high support needs availed of services with a smaller group. Respite planning meetings were scheduled on a two monthly basis however, minutes were not maintained for these meetings and documentary evidence was not available to confirm the decision making mechanism to ensure the needs, safety and wishes of the individual and the safety of other residents were considered as part of the

admission process.

Judgment:

Non Compliant - Moderate

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspectors found that while some progress had been made in relation to personal plans, further improvement was required to ensure assessments of need were in place for some residents and subject to an annual review. In addition, improvement was required to ensure personal plans were comprehensive in order to guide practice.

Two of the actions from the previous inspection had been implemented. Plans to ensure permanent residential placements were provided to some residents availing of respite on a full time basis were progressing as planned. The person in charge had implemented a process since the last inspection in which day services and family members were contacted prior to the admission of a resident to centre and a respite checklist was subsequently completed. This process was to establish if changes in residents' personal plans had occurred since the last admission.

The inspectors reviewed six personal plans. Two of the actions from the previous inspection had not been satisfactorily implemented. Assessments of need were in place for some residents however, a number of assessments remained outstanding. The inspector also found some assessments of need were not subject to an annual review.

Plans had been developed for most assessed needs, for example, healthcare plans, behaviour support plans and nutritional plans. However, the inspector found the detail contained in some plans, for example, intimate care plans was basic and did not comprehensively outline the support required to meet assessed needs. For example, a resident who was identified as having specific dental care and hygiene needs did not have a robust plan available to guide practice.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

In the previous inspection, inspectors identified that parts of the designated centre required repainting. However, this was not complete. The centre manager informed inspectors that costings had taken place to redecorate the centre and that the centre was in contact with the HSE seeking assistance.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspectors found that some actions from the previous inspection had been completed while two others under this outcome were still in progress.

The risk management policy had been amended to include self harm as specified in Regulation 26. Individual risk assessments were in place for identified hazards i.e. trampoline, swing and ligature points. However, these risk assessments required further improvement as the control measures were insufficient to guide staff. Health and Safety

checklists were conducted and inspectors reviewed the most recent checklist carried out in March 2016 which listed no actions as required. Inspectors found that the issues of the door wedge and the inappropriate storage of fire equipment identified at the previous inspection were addressed.

The centre had purchased ski sheets to assist in the quick evacuation of non ambulant residents and staff had received training on the use of the equipment. The centre also had plans to roll out practice transfers with the ski sheet at staff meetings.

Inspectors reviewed fire drill records for both the adult and children's houses, and it was evident that drills were conducted on a regular basis. Inspectors found that night time drills had taken place, identified the staff and residents taken part in the drill and that the drills included both ambulant and non ambulant residents.

Inspectors reviewed a sample of Personal Emergency Evacuation Plans (PEEPs) and found that further development of individual evacuation plans was required. There were inconsistencies identified with the sample of PEEPs reviewed. For example, all PEEPs detailed the mobility of the residents while there were few which detailed the individual needs of the resident in the case of an evacuation. Inspectors also found that not all residents had a PEEP in place, one recent admission to the centre had stayed on two occasions had no PEEP in place.

Judgment:

Non Compliant - Moderate

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspectors observed that some required measures were not in place to protect residents from being harmed or suffering abuse. The responses used to manage behaviours that challenge were not up to date to reflect residents' current needs and there was inadequate management of restrictive practices in the centre in line with best practice.

One action had been partially implemented and a behaviour support plan was in place to respond to incidences of inappropriate behaviour. However, staff members had not been provided with or trained on the provider's updated policies and procedures for the protection of children and adults as per the provider action plan response following the last inspection.

Three of the actions from the previous inspection were not implemented, these included training on physical restraint and the identification, usage and monitoring of restrictive practices. In addition, since the last inspection Children's First training had not been provided to a number of staff in this centre, three of whom specifically work in the children's respite service.

Staff in the centre had been provided with a copy of the organisation's policy on the use of restrictive practices and a representative of the provider's positive approaches monitoring committee had attended staff meetings to discuss restrictive practices. The inspectors were informed that at present there are no safeguarding concerns for residents and review of incidents confirmed this.

The inspectors were informed during inspection and found that the use of physical restraint was prescribed for some residents in this centre. However staff training in the management of residents' behaviour that is challenging including how to hold a child safely remained outstanding. The inspectors found that restrictive practices used as a response to residents' behaviour were inadequately identified, assessed, tracked and reported. One resident was noted to have a physical restrictive hold recommended as a response to an identified risk of absconsion but this restriction had not been identified or approved through the provider's positive approaches monitoring committee, as per the policy.

Restrictive practices implemented with some residents were not in keeping with national policy and best practice. The inspectors observed that an environmental restriction had recently been implemented on a number of occasions in response to a resident's behaviour. However, there was no individualised protocol to guide the implementation of this restriction, no evidence in the service user's documentation that less restrictive options had been incrementally tried and no evidence of a plan to reduce the restrictive practice usage for this resident.

In addition the inspectors observed poor integration and review of the resident's positive behaviour support needs as part of their overall care planning process. For example, it was noted that one resident's challenging behaviour risk assessments were not comprehensively reviewed post an updated multidisciplinary assessment with accompanying behavioural support recommendations. In addition, the behaviour support plan in place for one resident had last been updated in 2014 and did not identify a specific recurring behaviour and as such an appropriate support plan.

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:

The inspectors found that a record of incidents was maintained in the centre however, some incidents of restraint had not been reported to HIQA as required.

The inspectors reviewed the records of incidents occurring in the centre and behaviour support plans including restrictive practices. Adverse incidents and the use of some restraint had been reported to HIQA on a quarterly basis. However, the inspectors found that some restrictive practices had not been notified as required.

Judgment:

Non Compliant - Moderate

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 inspectors found the action from the previous inspection had been completed and up to date details were available for residents' general practitioner.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspectors found that while some progress had been made since the previous inspection, further improvement was required to ensure outstanding prescription sheets had a photograph of the resident attached.

The inspectors discussed this with the person in charge who outlined that in future new admissions to the respite service will be required to submit a photograph of the resident as part of the pre admission procedures. The inspectors found that the issue of photographs on prescriptions related to the children's service only and permanent regular staff were on duty to administer medications to residents.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

There was a written statement of purpose in the centre which was subject to review a minimum of annually. An updated statement of purpose was made available to the inspectors post inspection.

The action from the previous inspection had been implemented in part. Improvements had been made in the statement of purpose since the last inspection and details were now outlined accurately on the organisational structure of the centre, the current

staffing including persons participating in management, the capacity of the centre to admit resident in need of a residential placement and details on day care services being provided in the centre. The language used in the statement of purpose had also been updated to reflect range of residents including children and adults.

However, the inspectors found a number of areas which required improvement in the statement of purpose including:

- the age range of the residents was not specified
- the description of rooms in the centre did not include their sizes
- the arrangement for residents to engage in social activities, hobbies and leisure interests did not include the process in which residents are met on admission and activities planned for their stay
- the arrangements for dealing with reviews and development of residents' personal plan was not included
- the criteria for admission to the centre was not included
- the arrangements for dealing with complaints was not reflective of the practice in the centre
- the arrangements for residents to access education, training and employment was not included.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Overall the inspectors found the governance and management arrangements in place did not ensure the service provided was safe, appropriate to meet residents' needs and effectively monitored and a number of non compliances were identified throughout the inspection. Improvements were also required to ensure an unannounced visit by the registered provider was completed in a timely manner and to ensure the person in charge was adequately supported to fulfil her role.

One of the actions from the previous inspection had been satisfactorily implemented and planning compliance had been submitted to HIQA as part of the application to register the centre. Three actions remained in progress and related to the annual review of the quality and safety of care and support which was due to be completed by August 2016. One action had partially been addressed in relation to the provision of long term residential placements for some residents in the centre and improvements in health and safety and risk management. However, safeguarding and the provision of suitably skilled staff remained a concern and the actions the provider had agreed following the last inspection in the main had not been implemented.

A six monthly visit by the registered provider had not been completed since the last inspection in September 2015.

The person in charge was employed on a full time basis and availed of eighty four hours protected time per four week cycle. The person in charge was a qualified nurse and part of her role included the delivery of direct care, mainly in the adult respite unit. However, the inspectors found that while this arrangement aimed to ensure a degree of continuity of care, the management and administrative functions for which the person in charge was responsible could not be adequately discharged.

The provider had acknowledged concerns in relation to the quality of care and support and had commissioned a review of respite services in the preceding months. A copy of this report was forwarded post inspection and identified deficits in a number of areas of service provision including records maintained for complaints, staffing, staff training, the provision of activities for residents and actions from both the annual review of care and support and inspections by HIQA were not completed. Recommendations for improving the service formed part of this review.

Judgment:
Non Compliant - Major

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):

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

Findings:

The inspectors found that there were sufficient resources allocated to the centre.

There were adequate staff and facilities allocated to the centre. The provider nominee had commissioned a review of the respite service including resources since the last

inspection. A copy of this review was forwarded to the inspectors post inspection. The review made recommendations for improvement in resources in order to ensure the effective and safe delivery of services. Staff vacancies within the centre are addressed in Outcome 17.

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 inspectors found sufficient skilled staff were not available on a consistent basis to ensure continuity of care. In addition, improvement was required in the documentation maintained in relation to rosters. A provider led investigation had been issued by the Authority in relation to workforce following a receipt of information in December 2015. A review of respite services had subsequently been commissioned by the provider and a copy of this review was forwarded to the Authority post inspection.

The inspectors reviewed rosters maintained in the centre and spoke to staff members. On the day of inspection there were four point five nurse vacancies in the centre and these vacancies mainly related to the adult respite house. Vacancies in the centre were in the main filled by agency staff and the person in charge told inspectors that a substantial amount of her work time was taken up with filling these vacancies. Staff members spoken to outlined inconsistency with staffing was an issue. In addition, the rosters did not consistently outline times staff were rostered to work.

Training had not been provided to staff in augmentative communication systems in line with residents' communication needs.

Judgment:
Non Compliant - Moderate

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspectors found that since the last inspection a policy on education, development and training for residents had been developed. A policy on the provision of information to residents was not in place.

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-0002388
Date of Inspection:	18 May 2016
Date of response:	24 June

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Documentary evidence was not available to confirm if residents had engaged in activities in accordance with their wishes.

Meaningful activities had not been provided for a resident availing of an extended respite stay.

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 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

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

Daily reports will include a record to confirm that residents have engaged in meaningful activities according to their wishes. Staff will be informed at the staff meeting on 30/06/16. Minutes will be available for review.

Proposed Timescale: 30/06/2016

Theme: Individualised Supports and Care

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

Some complaints records did not document if the complainant had been satisfied with the outcome of a complaint.

2. Action Required:

Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

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

All complaints have been reviewed and satisfaction rating recorded.

Proposed Timescale: 31/05/2016

Outcome 02: Communication

Theme: Individualised Supports and Care

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

The communication needs of some residents were not identified and assessed. Communication plans were not present to inform staff practice in supporting this aspect of a resident's care. No communication plan was present to support a resident who was observed to have a history of communicating through their behaviour.

3. Action Required:

Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

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

1. An individual communication plan will be developed for each resident where required.

2. Communication training has been organised for all staff on 10/08/16. An attendance sheet will be available for review.

Proposed Timescale: 30/09/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Written agreements were not in place for some residents availing of a respite service.

4. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

With effect from the bookings meeting on 07/07/16, a full review will be carried out to identify outstanding respite agreements. Each resident or their representative will be requested to complete a written agreement prior to respite break. An audit system will be developed to monitor this.

Proposed Timescale: 07/07/2016

Theme: Effective Services

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

Documentary evidence was not available to confirm the admission procedures in place considered the needs, wishes and safety of the individual and of other residents in the centre.

5. Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

Minutes of all bookings meetings will be recorded and available for review with effect from 7th July 2016 and available in the centre.

Proposed Timescale: 07/07/2016

Outcome 05: Social Care Needs

Theme: Effective Services

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

Assessments of need were not completed for some residents.

6. Action Required:

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

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

The PIC will establish a system to ensure the timely completion of all documentation by an appropriate SMH healthcare professional. This documentation will be made available prior to admission to the designated centre.

Proposed Timescale: 31/07/2016

Theme: Effective Services

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

Some assessments of need had not been subject to an annual review.

7. Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

A system to ensure the timely completion of all documentation by an appropriate SMH healthcare professional will be developed. The PIC will develop an auditing system to reflect any change in need and circumstance of the resident. These assessments will be reviewed annually or sooner if required.

Proposed Timescale: 30/09/2016

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 comprehensive and did not outline the support required to meet assessed needs.

8. 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:

When the assessments of need have been completed the PIC will ensure personal plans based on health, personal and social care needs of individuals will be available.

Proposed Timescale: 30/09/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

There were parts of the centre which required re decoration.

9. 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:

Quotes were sought by the PIC in conjunction with technical services for all remedial work. Funding has been approved and the manager of Technical Services has given a commitment to have work completed by 31/07/16.

Proposed Timescale: 31/07/2016

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 system of identifying and assessing risks throughout the centre required review to ensure that all hazards were identified with actions to control the risks identified put in place.

10. Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

The risk assessment will be reviewed to include controls for all actions identified.

Proposed Timescale: 30/06/2016

Theme: Effective Services

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

Personal emergency evacuation plans were not in place for all residents.

Personal emergency evacuation plans for the majority of residents related to their mobility and further development of individual evacuation plans was required.

11. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

On arrival a Personal Emergency Evacuation Plan will be developed for each resident. All staff were informed at a staff meeting on 30/06/16 that a Personal emergency evacuation plan must be completed. Personal emergency evacuation plans will be reviewed annually or sooner if required.

Proposed Timescale: 07/07/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Staff training in the management of residents' behaviour that is challenging including how to hold a child safely remained outstanding.

12. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

Training has been organised for all staff on 24th and 25th August. An attendance sheet will be available in the house for review.

Proposed Timescale: 25/08/2016

Theme: Safe Services

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

Restrictive practices implemented with some residents were not in keeping with national policy and best practice as the restriction was inadequately identified, assessed, tracked and reported.

13. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

Approval has been sought and approved for the relevant restrictive practice and will be returned to the Authority with the next quarterly returns.

Proposed Timescale: 30/06/2016

Theme: Safe Services

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

Some behaviour support plans had not been updated following multidisciplinary team recommendations or a change in behaviour in order to guide staff in the management of behaviour that challenges.

14. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

Copies of all up to date behaviour support plans will be requested as part of the admission process and will be available.

Proposed Timescale: 07/07/2016

Theme: Safe Services

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

Staff training had not been provided on the centre's updated policy and procedure for the protection of children and adults.

15. Action Required:

Under Regulation 08 (5) you are required to: Ensure that the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child.

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

The organisation has updated this policy and copies were provided to all centres, all staff have signed the signing sheet and a copy was returned to central records. Refresher training will be provided for all staff on 14/09/16 and an attendance sheet will be available for review.

Proposed Timescale: 14/09/2016

Theme: Safe Services

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

Children's First (2011) training had not been provided to four staff members in this centre, three of whom specifically work in the children's respite service.

16. Action Required:

Under Regulation 08 (8) you are required to: Ensure that where children are resident, staff receive training in relevant government guidance for the protection and welfare of children.

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

Children's First Training has been arranged for outstanding staff on 07/07/16.

Proposed Timescale: 07/07/2016

Outcome 09: Notification of Incidents

Theme: Safe Services

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

Some restrictive practices had not been notified to the Authority as required.

17. Action Required:

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

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

Approval has been sought and approved for the relevant restrictive practice and will be returned to the Authority with the next quarterly returns.

Proposed Timescale: 30/06/2016

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:

Some prescription sheets did not contain a photograph of the resident.

18. 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 photograph will be attached to each medication administration sheet.

Proposed Timescale: 01/07/2016

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 did not contain some of the information as detailed in the body of the report.

19. Action Required:

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

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

The Statement of Purpose will be amended to include all of the information detailed in the body of the report.

Proposed Timescale: 30/06/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

An unannounced visit by the registered provider had not been completed since the last inspection in September 2015.

20. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

Please state the actions you have taken or are planning to take:
The registered provider will carry out an unannounced visit of the centre.

Proposed Timescale: 07/07/2016

Theme: Leadership, Governance and Management

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

The number of non compliances identified during the inspection particularly in relation to safeguarding and workforce indicated the management system in place did not ensure the service provided was safe, met the needs of residents, was consistent and effectively monitored.

The person in charge had insufficient protected time to fulfil her administrative and management functions.

21. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

Commencing 26th June the PIC will have 136 hours protected management time per roster. The PIC is attending a Leadership course for CNM2's commencing September 2016. The PIC and service manager will continue to meet on a fortnightly basis. The HIQA action plan and service review will inform a quality enhancement plan, this will be developed and reviewed at the fortnightly meetings. Safeguarding refresher training will be provided to all staff on 14/09/16

Proposed Timescale: 14/09/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staffing rosters did not consistently outline times staff were rostered to work.

22. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

The staff roster has been amended to outline times staff were rostered to work.

Proposed Timescale: 31/05/2016

Theme: Responsive Workforce

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

There were insufficient nurses employed in the centre and a number of nursing posts were vacant on the day of inspection.

23. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

St Michael's House have had a successful recruitment campaign and nurses have been appointed to the centre, currently awaiting a start date. All current staff nurse vacancies in the centre will be filled.

Proposed Timescale: 30/09/2016

Theme: Responsive Workforce

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

Training had not been provided to staff in augmentative communication systems in line with residents' communication needs.

24. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

Training has been organised for staff in augmentative communication systems for 10th August 2016.

Proposed Timescale: 10/08/2016

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 was no policy on the provision of information to residents.

25. 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 the provision of information to residents is now available in the centre and will be discussed at the staff meeting on 30/06/16.

Proposed Timescale: 30/06/2016