

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	The Beeches
Centre ID:	OSV-0002342
Centre county:	Dublin 13
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	Michael Farrell
Lead inspector:	Anna Doyle
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	2

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 following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 11 January 2017 09:30 To: 11 January 2017 19:15

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was the second inspection of the centre. This inspection was unannounced and was carried out following the receipt of unsolicited information and the submission of a notification by the provider regarding a safeguarding issue which had occurred in the centre. The information provided resulted in the inspector completing an inspection which primarily focused on the safeguarding of residents, governance and management of the centre, residents finances and staffing levels in the centre in order to meet residents' needs.

How we gathered our evidence:

As part of this inspection, the inspector met residents informally. The inspector also met with staff, observed practices and reviewed documentation such as residents finances, minutes of staff meetings and follow up reports pertaining to notifications to HIQA. A number of staff were interviewed. The person in charge was present on the day of the inspection, along with the service manager for the centre. The person in charge was interviewed as part of the inspection.

Description of the service:

The centre is operated by St Michael's House and consists of a large two storey detached house located in North Dublin. It is close to local amenities. A service vehicle is available for residents use. The centre currently provides care to eight male and female residents who have an intellectual disability with associated complex needs. There are currently two vacancies in the centre. The person in charge, service

manager and the provider informed the inspector that the provider intended to submit an application to vary the registration of the centre, to reduce the capacity of the centre from ten to eight.

Overall findings:

The inspector found that while safeguarding issues had been identified in the centre, in general the provider had taken adequate measures to address the issue and respond to the identified risk. However, it was also identified that subsequent actions had not always been followed in line with the organisations policies and procedures.

Of the four outcomes inspected against, two were found to be moderately compliant under safeguarding and notification of incidents. Governance and management was found to be substantially compliant. The remaining outcomes were found to be fully compliant. The action plan at the end of this report outlines the improvements required.

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:

The inspector found that there were systems in place to safeguard residents' finances in the centre. No other aspect of this outcome was inspected.

There was a policy in place on residents' finances in the centre. The inspector reviewed a sample of two residents' financial records and found that all financial transactions were signed by the staff member who had spent the money. Financial records were then checked by the clinic nurse manager 1 in the centre, who reported any issues to the person in charge. In addition, to this an audit was completed on a monthly basis to ensure that all monies spent were accounted for.

From a review of the financial records and the minutes of a staff meeting held in the centre, the inspector noted two concerns regarding residents' finances. This was discussed with the person in charge and the service manager who were aware of these concerns. The inspector reviewed the records in relation to the concerns identified and found that they had been followed up appropriately.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that while there were policies and procedures in place in the centre to safeguard residents, these policies were not fully implemented at times by all staff.

There was a safeguarding policy in place in the centre. All staff had received training in this area. Refresher training had also been provided to all staff last year. Staff spoken with were aware of the procedures to be followed in the event of an allegation of abuse. However, the inspector found that concerns raised regarding safeguarding issues had not been reported or acted on in line with the SMH policy. One concern which had been notified to HIQA had not been reported in a timely manner to the relevant senior personnel. The inspector also found that the policy did not fully guide practice in this area for staff. This was discussed at the feedback meeting.

The inspector also found that two other safeguarding concerns had not been reported in line with SMH service policy. The inspector found that the person in charge had reported the concerns to a senior person and that actions had been taken to follow up these concerns. However, the actions taken were not consistent with the reporting procedures in place in the centre and in line with the national guidelines from the HSE.

Judgment:

Non Compliant - Moderate

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 inspector found that some incidents that had occurred in the centre had not been

notified to HIQA.

From a review of information the inspector found that three incidents that had occurred in the centre had not been notified to HIQA. The inspector does acknowledge that the person in charge had taken measures to address the three issues raised and had reported the incidents to senior personnel in the organisation.

Judgment:

Non Compliant - Moderate

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:

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

The person in charge had changed since the last inspection. They were full time and were only responsible for this designated centre. The person in charge was actively involved in the management of the centre and had the support of a clinic nurse manager 1 to oversee management systems. The person in charge had allocated protected time of two to three days each week. They were a qualified nurse and had a qualification in management. The person in charge was interviewed on the day of the inspection. They demonstrated a good knowledge of the legislation and their statutory responsibilities.

There was a clearly defined management structure in place. The person in charge reported to a service manager who in turn reported to the provider. The inspector was shown records that indicated regular meetings were held with the person in charge and the service manager. In addition, the person in charge compiled a monthly report to the service manager on issues arising in the centre.

Regular staff meetings were being held in the centre. Staff spoken to said that they were happy working in the centre and felt that they could raise concerns. Examples were given to the inspector on a number of issues raised by staff to the person in

charge and the service manager, where concerns had been noted and followed up. One related to a change in staff rotas that had been instigated by the person in charge and the service manager. The staff member stated that concerns were raised by staff around this change and the rota had been amended to reflect this.

There was no formal supervision in place for staff in the centre. However, the person in charge informed the inspector that they were setting out a schedule of supervision meetings for the year with all staff.

An unannounced quality and safety review had taken place in the centre. The actions from this had been formulated along with other actions from audits of the centre into a quality improvement plan for the centre. The person in charge was using this plan to ensure that all actions were completed. The inspector found that one action identified in this plan may not have been appropriately addressed in relation to fire safety in the centre. The person in charge agreed to follow this up and submit confirmation to HIQA that this action had been completed after the inspection.

No annual review had been completed for the centre. However, the inspector was informed that both the person in charge and service manager was collating information in order to prepare an annual review of the centre for 2016.

Judgment:

Substantially 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 reviewed the skill mix and staffing levels in the centre. No other aspects of this outcome were inspected against.

There was a planned and actual rota in place. Four staff were allocated to work in the evening time, three staff in the morning time and two waking night staff were also available in the centre. In addition there was a part time cook and household staff on duty Monday to Friday. The inspector was informed that the current staffing levels were reflective of the needs of the eight residents in the centre and that the provider

intended to apply to vary the registration of the centre to reduce the capacity of the centre to eight instead of ten residents.

The centre had three vacancies in the centre and staff had recently been recruited to fill these vacancies and two had not yet commenced in the centre. Agency staff were employed in the centre as a result of the vacancies, however, regular agency and relief staff were employed in the centre to ensure consistency of care for residents.

The person in charge was also rostered during the week on a supernumerary basis, however may be required to fill in for staff vacancies due to sick leave at short notice in order to support residents needs. The person in charge informed the inspector that this was not happening on a frequent basis and felt that adequate hours were allocated to have over sight over the quality of care in the centre.

All staff met felt that there was adequate staff in place to meet residents' current needs. The inspector noted while reviewing documentation related to residents care, that residents were involved in activities both internal and external to the centre.

The inspector was informed that additional staffing was available as required and an example of this was noted on the day of the inspection due to an increase in one resident's needs. Staff met stated that additional staff was facilitated previously in order to meet this residents needs.

Staff were observed to treat residents in a dignified and respectful manner over the course of the inspection. Allied health professionals also visited the centre on the day of inspection to support residents' needs.

Judgment:

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:

Anna Doyle
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-0002342
Date of Inspection:	11 January 2017
Date of response:	14 February 2017

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 08: Safeguarding and Safety

Theme: Safe Services

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

Two safeguarding issues had not been followed up in line the service policy and the national guidelines from the HSE.

1. Action Required:

Under Regulation 08 (3) you are required to: Investigate any incident, allegation or

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

suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

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

Under Regulation 08 (3) adhere to service policy to investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse. The PIC and the Service Manager will submit 2 retrospective notifications to HIQA in relation to two safeguarding issues that had not been followed up in line the service policy and the national guidelines.

Proposed Timescale: 14/02/2017

Theme: Safe Services

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

Allegations of potential abuse were not reported in a timely manner.

The service policy did not fully guide practice for staff.

2. Action Required:

Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

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

The PIC and the Service Manager held a staff meeting on the 26/1/17 with the staff team. On the agenda was the recent unannounced HIQA inspection (11/1/2017) and the feedback received. Staff were made aware of the 3 day notification process and to be mindful in relation to notifications to go to HIQA. Communicated with staff that all unexplained bruising/ marks will be documented and sent to social work. This was also reflected in our communication book. All staff have signed the safeguarding policy. There are refresher full day safeguarding days for all staff who have been in the service longer than 2 years and this will be completed by the 31/3/17.

Service Policy: The Designated Officer is initiating a policy review of St Michael's House Policy and Procedure for the Protection of Adults from Abuse and Neglect and it is envisaged the review will be completed by 31/9/2017.

Proposed Timescale: 31/3/2017 & 31/9/2017

Proposed Timescale: 30/09/2017

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:

HIQA had not been notified of one alleged incident that had occurred in the centre under this regulation.

3. Action Required:

Under Regulation 31 (1) (g) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation of misconduct by the registered provider or by staff.

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

The Service Manager will submit a retrospective notification to HIQA NF07 and going forward under Regulation 31 (1) (g) the Chief inspector will be notified within 3 working days of the occurrence in the designated centre of any allegation of misconduct by the registered provider or by staff

Proposed Timescale: 14/02/2017

Theme: Safe Services

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

HIQA had not been notified regarding two alleged incidents that had occurred in the centre under this regulation.

4. Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

The PIC and the Service Manager held a staff meeting on the 26/1/17 with the staff team. Staffs were made aware of the 3 day notification process. Under Regulation 31 (1) (f) the PIC and the Service Manager will submit 2 retrospective notification to HIQA

Proposed Timescale: 14/02/2017

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:

The annual review for the centre was not completed.

5. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

Annual review will be completed by the end of February 2017.

Proposed Timescale: 28/02/2017

Theme: Leadership, Governance and Management

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

There was no formal supervision in place for staff in the centre.

6. Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

The PIC has scheduled the first stage of support meetings with all staff within the centre. This process of support meetings commenced on the 1/2/2017 with the CNM1 of the centre. The PIC has devised a template to use for support meetings for all staff and it was discussed with the staff team during the recent staff meeting 14/2/2017.

Proposed Timescale: 14/04/2017