

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ardmore
Centre ID:	OSV-0002353
Centre county:	Dublin 5
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:	6
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 19 January 2017 09:20 To: 19 January 2017 17:40

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
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 this inspection was to monitor ongoing compliance with the regulations and to follow up on actions from the last inspection completed in January 2015.

Description of the Service:

The centre comprises of a large detached seven bedroom house located, close to local shops, transport links and other community amenities in North Dublin. The centre is operated by St. Michaels House (SMH) and provides care to both male and female residents who have an intellectual disability, some of whom have other support needs. Care is provided using the social care model of support, with nursing supports available as required through an on call system provided by SMH.

How we gathered evidence:

Over the course of this inspection the inspector met five of the residents. Three residents met with the inspector and discussed their personal plans. Other residents were met informally. One resident showed the inspector around the house.

The full staff team was present on the day of the inspection, as a staff meeting was scheduled to take place. The inspector met with three of the staff. In addition,

interactions were observed and documents were reviewed such as: care plans, risk assessments, policies and procedures and fire records. The person in charge was present on the day and attended the feedback meeting along with the provider.

Overall findings:

Overall the inspector found that residents were well cared for in the centre and staff were observed to treat residents with respect. Residents said that they were very happy living in the centre. They spoke about their goals, the many activities they were involved in and were knowledgeable about the information contained in their personal plans. The centre was clean and maintained to an acceptable standard with some improvements required to the premises to ensure effective infection control measures were in place.

All of the actions from the last inspection had been implemented with the exception of one under healthcare needs that had not been implemented to a satisfactory level.

On this inspection, healthcare was found to be moderately non compliant. Health safety and risk management was also found to be in moderate non compliance, primarily due to inadequate fire containment measures being in place. Three outcomes were found to be in substantial compliance with the regulations and three outcomes were found to be 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 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that each resident had opportunities to participate in meaningful activities that were appropriate to their interests and preferences. A personal plan was in place for each resident that included an up to date assessment of need. However, improvements were required in this to include residents healthcare needs.

Three residents went through their personal plans with the inspector. In addition to this residents' assessed needs were discussed with staff. The inspector found that both staff and residents were knowledgeable about support needs contained in the personal plans.

All residents either attended a day service or open employment during the week. Four of the residents had taken the day off on Thursday due to transport issues and all of them were happy with this arrangement. From a sample of records viewed, the inspector found that residents had a very active social life in the centre. Some residents talked about their goals which included, keeping fit, improving social interactions and going on holidays. All residents met; talked about how their goals, how some had progressed and how some had already been completed.

A sample of the minutes of annual reviews for residents viewed did not demonstrate that family members had participated in this meeting. However, the inspector was satisfied that the residents spoken with were happy with this arrangement. One staff member told the inspector that family members were invited to attend these reviews but that this was not recorded on their personal plans.

The inspector also found that while there was a review process in place to assess the

effectiveness of plans, it was not always included in the residents plan but rather recorded on the minutes of staff meetings.

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):

No actions were required from the previous inspection.

Findings:

There were adequate measures in place in the centre to protect residents, staff and visitors from being injured. However, there were no fire doors in the centre.

There were policies and procedures in place for risk management and emergency planning in the centre. Residents had personal emergency evacuation plans in place. Fire drills had been completed. Issues identified in one fire drill completed had been followed up and the resident's evacuation plan had been updated to reflect this.

The records in the centre demonstrated that fire equipment was regularly serviced. However, there were no fire doors in the centre. All staff had completed fire safety training and refresher training was scheduled to take place at the next staff meeting for all staff.

Risk assessments were in place that outlined the control measures in place for identified risks in the centre. Some residents had individual risk assessments contained in their personal plans.

Incidents that occurred in the centre were reported and recorded through an e-form in the centre. There had been three incidents in the centre in the last year. The incidents were related to behaviours of concern. The inspector found that resident's behaviour support plans had recently been reviewed in the centre.

An infection control audit had recently been completed in the centre. This report had been made available to the person in charge the day before the inspection. The records indicated that some areas of concern noted by the inspector at this inspection had already been highlighted on this audit. These included, damp areas in an upstairs bathroom, floor coverings cracked in an upstairs bathroom and some house-keeping issues were also noted on the audit.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that there were measures in place in the centre to protect residents being harmed or suffering abuse.

There was a policy in place for the prevention, detection and response to abuse. All staff had received training in safeguarding and the inspector was shown a schedule of training for all staff to provide refresher training in this area. Residents said that they felt safe in the centre and were clear that they would talk to a staff or the person in charge if they were not safe. Staff spoken to were clear about what to do in the event of an allegation of abuse.

A policy was in place for the provision of behaviour support. Staff had received training in this and some staff were undertaking or had completed a more intense training programme around this. A sample of behaviour support plans viewed showed they had recently been reviewed by an allied health professional. Staff were familiar with the plans in place to support residents needs.

There were no restrictive practices used in the centre over the last year. Two residents were prescribed medications in response to behaviours of concern. The inspector found that this had recently been reviewed by the prescribing doctor and was informed that the use of this had not been required over the last two years.

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):

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

Findings:

The inspector found that the actions from the last inspection had been implemented with the exception of one which had not been completed to a satisfactory level.

Each resident had a personal plan in place that included an up to date assessment of need. However, from a review of residents' personal plans and medication prescription sheets the inspector found that not all healthcare needs were included in the assessment of need and there were no plans in place as to how residents should be supported with these needs.

A sample of plans viewed demonstrated that residents had regular access to allied health professionals based on their assessed needs. However, one recommendation from an allied health professional had not been appropriately followed up. This had been an action from the last inspection.

Residents received support at times of illness in a manner that respected their own rights and wishes. For example, one plan viewed demonstrated that a resident, who may experience difficulties around specific health care needs, had a support plan in place to guide practice for staff. This included detail of what staff should do if a resident decided to refuse some clinical interventions.

Meal times were not observed during this inspection. Residents spoken to stated that they were happy with the quality and variety of food available in the centre. They informed the inspector that other meals are prepared for them if they do not like the menu in place for any particular day. The advice of relevant allied health professionals was included in residents' person plans where appropriate.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

The inspector found that the medication management practices in place were effective so as to protect residents in the centre.

There was a policy in place for the safe administration of medication in the centre that included the storage and disposal of medication. The inspector noted on the day of the inspection that medications that were no longer in use were stored in a secure manner in the centre, however they were stored with other items. This was addressed by the end of the inspection. The medications were temporarily moved to a more secure press.

A sample of medication administration sheets and prescriptions sheets were viewed and the inspector found that they were in line with the centres policy and current guidelines.

All staff were trained in the safe administration of medication in the centre. There were no controlled drugs in the centre. As required prescribed medications had supporting protocols in place to guide staff practice.

One resident was responsible for their own medication in the centre. There was a medication plan in place demonstrating how the resident was supported with this. The resident spoke to the inspector about the details contained in their medication plan. They were very clear about their prescribed medications and the reasons why they were prescribed. The resident did not wish to go through their medication blister pack with the inspector and this was respected.

Medications were audited in the centre on a weekly basis. One staff member showed the inspector how this was completed and a sample of medications checked found that the records were accurate on the day of the inspection.

One medication had occurred in the centre in the last year. This had been appropriately reported and followed up.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector found that there were adequate arrangements in place to ensure that the quality of care provided in the centre was effectively reviewed and monitored. One area of improvement was required regarding the annual review for the centre.

There were clearly defined management structures in place. The person in charge reported to a service manager, who in turn reported to the provider nominee.

The person in charge was full-time in their role and had the necessary qualifications and experience. They were interviewed at the last inspection of the centre. They were allocated protected time of eight hours a week in order to ensure effective governance of the centre. This had been an action from the last inspection. The person in charge informed the inspector that in general this protected time was always available to them but may sometimes not be in place depending on residents needs on the day. The inspector was satisfied that this did not affect governance of the centre.

Staff met felt very supported in their roles. All staff had been employed in the centre for a considerable amount of years and were very familiar with the needs of residents. Regular staff meetings were held in the centre and one was scheduled on the day of the inspection.

Staff received supervision on a regular basis.

Two unannounced quality reviews of the safety and care provided in the centre had been completed by a nominated person. The records demonstrated that actions from this were followed up and completed.

There was no annual review completed for the centre for 2015. The provider informed the inspector at the feedback meeting that information was currently being collated for the annual review for 2016 with an expected completion date of January 2017.

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:

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

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

Findings:

The inspector found that there were sufficient staffing levels in the centre in order to meet residents' assessed needs.

There was a planned and actual rota in the centre. The actual rota did require some improvements as this had been amended on a number of occasions and it was unclear what hours staff worked when there had been changes to the planned rota.

All staff met felt supported in their role. They were observed to treat residents with dignity and respect. They were very familiar with residents needs in the centre.

All staff had received mandatory training. Two staff were due to complete first aid training and the inspector was shown records that demonstrated the person in charge was following this up.

There were no nurses employed. However, nursing support was available on a twenty four hour on call basis should staff require assistance or support. In addition, some residents attended a nurse in a nearby SMH campus based setting for support around some assessed needs.

Staff personnel files were not reviewed as part of this inspection. The inspector was informed that there were no volunteers employed in the centre.

Judgment:

Substantially 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):

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

Findings:

The inspector found that the actions from the last inspection had been completed. No other aspects of this outcome were inspected against.

All of the policies and procedures under schedule 5 of the regulations were in place in the centre. While the policy on the provision of information for residents was not yet finalised, it was in draft format and was due for completion at the end of January 2017.

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-0002353
Date of Inspection:	19 January 2017
Date of response:	07 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 05: Social Care Needs

Theme: Effective Services

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

The review of resident's care was not recorded in personal plans so as to review the effectiveness of care being provided.

1. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan

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

reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

The PIC and staff team are meeting on 15 February 2017 to devise a system to annually review the effectiveness of the care provided to each resident.

Proposed Timescale: 28/02/2017

Theme: Effective Services

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

The records of residents' annual reviews did not demonstrate whether residents' representatives were included in the review where appropriate.

2. Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

The PIC and staff team are meeting on 15 February 2017 to devise a system that documents the level of family involvement in the development and review of residents plans

Proposed Timescale: 28/02/2017

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 recommendations from an infection control audit needed to be implemented.

3. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

The infection control audit for the house dated January 12th 2017 identified a number of areas that required attention. The PIC is following these up and all areas are being addressed.

Proposed Timescale: Feb 28th 2017. Bathroom Flooring will be replaced by March 15th 2017

Proposed Timescale: 15/03/2017

Theme: Effective Services

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

There were no fire doors in the centre to ensure fire could be adequately contained.

4. 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:

It is planned to replace the doors with FD30S fire doors.

Proposed Timescale: 31/10/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

The assessment of need in place for residents did not include all health care needs.

There were no support plans in place to guide practice on residents' health care needs.

5. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

The PIC and individual Keyworkers are reviewing each resident's Assessment of Need to identify any missing health care plans.

Proposed Timescale: 01/03/2017

Theme: Health and Development

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

The recommendations from on allied health professional contained on one residents

plan had not been implemented.

6. Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

The PIC is following up the outstanding action identified with the appropriate clinician.

Proposed Timescale: 25/02/2017

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:

An annual review for the centre had not been completed for 2015.

7. 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:

The annual review for 2016 is the process of being completed.

Proposed Timescale: 25/02/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The actual rota in the centre did not clearly record when shift changes occurred in the centre.

8. 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 PIC and staff are meeting on February 15th to review how shifts are recorded on the roster.

Proposed Timescale: 25/02/2017

Theme: Responsive Workforce

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

Two staff had not completed first aid training.

9. 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:

The two staff are booked in for First Aid Training

Proposed Timescale: 30/04/2017