

**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:	ORG-0008526
Centre county:	Dublin 5
Email address:	eamon.delacey@smh.ie
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	John Birthistle
Person in charge:	Fiona Tynan
Lead inspector:	Sheila McKeivitt
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 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 ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 20 May 2014 10:00 To: 20 May 2014 16:30

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 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was the first inspection of the centre by the Health Information and Quality Authority (the Authority). Eight outcomes were inspected against and the centre was found to be in compliance with one of the eight outcomes. The inspector found the management team had made efforts to comply with The Health Act 2007 (Care and support of residents in designated centres for persons (Children and adults) with disabilities) Regulations 2013.

The centre is home to five residents. During the inspection the inspector met with both residents and staff, observed practices and reviewed documentation such as personal plans, fire records, policies and medication records.

Overall the inspector found there were no immediate risks to residents. Residents enjoyed living on their own and felt safe and secure in their home. They maintained relatively independent lifestyles. All residents' had a key worker, who promoted, encouraged and facilitated their independence, assisting them in every way possible to achieve their personal goals and to lead a meaningful life.

The inspector found that improvements were required in seven of the eight outcomes inspected against. Improvements were required in areas such as the statement of purpose, the emergency plan and personal plans. The roles and responsibilities of the person in charge and the provision of management hours needed to be outlined. Medication practices required review. The provision of

emergency lighting over fire exit doors required review and the provision of medical and allied health care professional records in the centre. The action plans at the end of the report reflect the non compliances with regulations and standards.

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 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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

Findings:

The inspector was satisfied that the care supports provided to the residents was appropriate to meet their assessed needs. The inspector reviewed one residents' file and found a comprehensive assessment was completed within the past year. There was evidence that the resident and their key worker were actively involved in this assessment. The assessment reflected the residents interests and preferences and outlined how staff could assist the resident to maximise their opportunities to participate in meaningful activities. These assessments were due for review on an annual basis going forward.

The resident had a corresponding outcome based personal plan in place. The resident confirmed all the data in the personal plan was based on the her personal outcome based goals for 2014. The staff within the centre appeared to encourage, facilitate and promote the residents independence to maintain an active and fulfilled life.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Findings:

Further improvements were required under this outcome. For example, a risk identified by the person in charge of no illuminated fire emergency exit signs over the three main fire exit doors had not been addressed by management.

There was a risk management policy in place and a folder titled essential guide included lots of essential information specific to the house such as individual fire evacuation plans and the emergency plan. Risk assessments were completed and reviewed annually by the person in charge. The inspector noted that a fire risk assessment completed in November 2013 by the person in charge had highlighted that there were no illuminated fire emergency exit signs over the three main fire exit doors. This had been reported to the technical services department in November 2013 and highlighted again two weeks ago via email.

There was a health and safety statement specifically for the centre. However, it was not signed or dated.

Fire fighting equipment, the fire alarm and emergency ceiling lighting in the main hallways had been serviced within the past year by professionals. Staff and residents knew the procedure to follow in the event of a fire, they practised fire drills at least once every two months and records reviewed showed staff had up-to-date fire training in place.

There was an emergency plan in place; staff spoken with were clear on the course of action to take if there was an emergency situation in the house however, it required more practical details. For example, for staff to check the trip switch if the electricity went out.

No serious accidents or incidents had occurred to date and there was no use of restraint in the centre.

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

Judgement:

Compliant

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

There were measures in place to safeguard residents and protect them from abuse. There was a policy on, and procedure in place for, the prevention, detection and response to abuse which staff were trained on. Records reviewed showed staff had up-to-date training in place and those spoken with had a clear understanding of the policy to be followed. There had been no notifications of abuse in this centre to date.

The house had an intruder alarm. The front door was kept locked at all times as it faced onto a main road. However, the keys were accessible on a hook inside the door. Three residents' came and went to and from the centre independently accessing the front door with their own key. Residents' told the inspector they felt safe and secure in their home. The inspector saw that residents' who required assistance with their hygiene needs had an intimate care plan in place.

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Judgement:

Non Compliant - Moderate

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

The inspector was unable to determine whether all residents' health care needs were being met as residents medical and inter disciplinary team records were not all available for review in the centre. A new system was in the process of being introduced and records were available for two residents which confirmed their health care needs were being met.

Residents told the inspector that they had a house meeting every Thursday evening facilitated by staff. At this meeting they planned their menu for the week, their activities and selected the foods they would like added to the shopping list and decided on house chores. The evening meal was prepared, cooked and served by staff and some residents' assisted. One of the residents showed the inspector the stock of food in the fridge, which could be accessed by all residents independently. Staff were aware of

those on special diets and facilitated residents to maintain such diets. All staff had up-to-date food hygiene training in place.

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

Findings:

There were written operational policies relating to the ordering, prescribing, storing and administration including self administration of medicines. However, the prescribing practices were not in line with best practice.

The practices observed in relation to ordering, storing and disposal of medication were in line with the policies. There was a safe system in place for the ordering and disposal of medications and the inspector saw records which showed that all medications brought into and out of the centre were checked by staff. An audit of each resident's medications was completed on a weekly basis by staff; any discrepancies were identified and reported to the service manager by completion of an error form. This was reviewed and recommendations made were fed back to the Social Care Leader who was given a set period of time to implement the recommendations made.

The prescribing of medications was not in line with best practice and therefore social care workers could not administer medications in line with the Safe Administration Medication (SAM) guidelines. For example, the SAM guidelines stated to check the frequency however, the prescriptions did not reflect a frequency, it also stated that when medication was discontinued that a pencil should be used to draw a line through it, write D/C and initial. This is not in line with safe or best practice.

Resident medication prescription charts were reviewed and the findings were as follows:

- the allergy section was not completed for all residents- the residents General Practitioner (GP) name was not identified on the chart
- the first name of medical officers only appeared on a number of the prescription charts
- the frequency that each medication was to be administered was not written on medication chart
- each medication was not individually prescribed by either the Medical Officer (MO) or the residents GP

The inspector saw that each of the five residents had their prescribed medications

reviewed by the MO within the past month. Staff did not have up-to-date SAM training in place. However, the inspector was informed and saw evidence that refresher training was planned for all Social Care Workers prior to the end of May 2014.

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

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

Findings:

There was a written statement of purpose available. It included details of the services and facilities provided in the centre. It contained some but not all of the information as required in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013.

For example, it did not reflect information regarding the following:

- criteria used for admission to the designated centre, including the designated centre's policy and procedures (if any) for emergency admissions
- the local organisational structure of the designated centre

A copy of the statement of purpose had not been made available to date to residents or their representatives. However, the inspector was informed by residents that they were in the process of developing a statement of purpose in a format that would be accessible to them.

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

Judgement:

Non Compliant - Minor

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

There was a clearly defined management structure. The centre was managed by a suitably qualified, skilled and experienced Social Care Worker (SCW). She was the named Social Care Leader and Person in Charge (PIC), employed full-time to manage the centre. The inspector observed that she was involved to some degree in the governance, operational management and administration of the centre and had some awareness of her role and responsibility as person in charge. However, these were not clearly outlined for her and she had not been adequately informed about the legislative responsibility the role of the person in charge entailed.

She had a good knowledge of the five residents' living in the centre having worked with them for a number of years. She was supported in her role by a team of social care workers and she reported directly to a service manager who reported to a regional director (also nominated person on behalf of the provider). The inspector was informed by the person in charge and saw evidence that regular scheduled minuted meetings took place with the service manager. The nominated person on behalf of the provider attended the centre occasionally.

The inspector reviewed the staff roster with the person in charge and found that the number of protected management hours provided to the person in charge to date in 2014 was not adequate to enable her to fulfil her role. This was reflected in the fact that the centre was non compliant with the seven of the eight outcomes inspected against.

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

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

Findings:

The staff numbers and skill mix were suitable to meet the assessed needs of residents and the safe delivery of services to residents'. Residents received continuity of care as permanent staff working within the organisation covered vacant shifts, agency staff were not employed in the centre. There were no volunteers employed to work in the centre. The planned staff roster was reviewed and reflected this. However, the roster did not reflect the full names of all staff.

Staff all knew the residents well, they encouraged and assisted them to maintain their independence and take part in meaningful activities.

Staff confirmed and records reviewed reflected that staff had access to education and training to meet the needs of residents. Staff had up-to-date mandatory training in place and the inspector saw evidence that refresher training in the Safe Administration Medications and how to deal with behaviours that may be challenging were planned for dates in the near future. Staff spoken with were confident regarding the procedure to follow in the event of a fire and in the event that they witnessed any form of abuse to a resident.

Staff files were not reviewed on this inspection.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

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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:	ORG-0008526
Date of Inspection:	20 May 2014
Date of response:	25 June 2014

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

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 personal plan did not contain all details of actions taken to date.

Action Required:

Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

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

From the 1st July 2014 and implemented by the Person in charge, a monthly IP recording sheet will be commenced and will be completed after every event, activity, communication, review and/or any other information in relation to the residents goal. This IP information gathering system will be discussed at each of the units staff

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

meeting. IP's will also continue to be on the agenda at every staffs support meeting with the Person in charge. The keyworker with the resident will communicate and discuss all updates and actions as they occur and review at their monthly IP meeting.

Proposed Timescale: 01/07/2014

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 emergency plan required more specific details.

Action Required:

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

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

Procedures for responding to emergencies was further developed and implemented on the 17th June 2014. Those included, emergency response to flooding, loss of water, loss of heating, gas leak, power outage, fire and an evacuation plan.

The procedures for responding to emergencies have been discussed with all staff at the staff meeting on the 17th June 2014 and also individually with each staff member.

The procedures for responding to emergencies has been discussed with all residents at their house meeting on the 23rd June 2014

Person in Charge has contacted all family representatives and informed them of the emergency plan for the centre.

Person In Charge is responsible for communicating the procedures for responding to emergencies and for reviewing annually or when required.

Proposed Timescale: 23/06/2014

Theme: Effective Services

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

The health and safety statement was not signed or dated.

Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated

centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

The person in Charge has organised that the health and safety statement has been signed by all staff and has been dated and displayed in the centre.

The Person In Charge added more details to the Health and Safety Statement by including all relevant training obtained by the staff team in the centre.

The Health and Safety statement was discussed at the residents house meeting on the 23rd June 2014.

The Person in charge is responsible for communicating the units Health and Safety statement to residents, staff, visitors, contractors, technical service workers and reviewing annually and updating when required

Proposed Timescale: 23/06/2014

Theme: Effective Services

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

There was no illuminated emergency lighting signs above any of the three fire exit doors.

Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

Illuminated emergency lighting installed on the 23/05/2014. Quarterly checks will be completed by the centres designated fire officer on the upkeep of the illuminated emergency lighting. Annual checks will be completed by technical services.

Service records will be held locally in centre.

Proposed Timescale: 23/05/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

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

This could not be determined for all five residents as medical and allied health care records were not kept in the centre for all five residents'.

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:

A new system has been put in place in the centre to store and manage clinic files. This new system includes the recording of all relevant information on individual clinical recording sheets, which will include records from medical and allied health care professionals. All appropriate clinical reports from before the implementation of this system will be copied into these files and will be then available in the centre.

Person responsible: Person in charge

Proposed Timescale: 10/07/2014

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:

Medication prescription charts were not completed in accordance with best practice for the following reasons:

- the allergy section was not completed for all residents- the residents General Practitioner (GP) name was not identified on the chart
- the first name of medical officers only appeared on a number of the prescription charts
- the frequency that each medication was to be administered was not written on medication chart
- each medication was not individually prescribed by either the MO or the residents GP

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 review took place with the Person In Charge and the Head of the Medical Department on the 11th June 2014. Following on from this review

Allergy section completed in all residents' administration medical sheets.

Full name of medical officers now in place in all residents' administration medical sheets.

Frequency of each medication to be administered now in place, in all residents administration medical sheets

The policy as referred to below will support the medication prescription charts to be completed in accordance with best practice. The Person in charge will implement these policies and request the relevant training for all staff in the centre to ensure that medication is administered as prescribed and in line with best practice.

A copy of St Michael's house medication administration policy has been forwarded to HIQA inspectors for their review.

Proposed Timescale: 30/07/2014

Theme: Health and Development

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

Safe Administration Medication Guidelines were not in line with safe or best practice.

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:

The Director of Psychiatry and the Head of the Medical Department have advised the Person in charge that they are developing an organizational prescribing policy. The organizations Medication Administration Group will develop a policy for residents being referred to hospital/external providers. This will assist with their medication reconciliation. The policy referred to above will support the accurate administration of medication.

A copy of St Michael's house medication administration policy has been forwarded to HIQA inspectors for their review.

Proposed Timescale: 30/07/2014

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 include all the details as outlined in schedule 1.

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 is being reviewed at present to ensure that it meets regulatory requirements as outlined in schedule 1.

This will include the criteria for admission to the centre and also to include the centres policy and procedures for emergency admissions

The local organisational management structure of the centre will be included.

Person responsible: Person in charge

Proposed Timescale: 01/07/2014

Theme: Leadership, Governance and Management

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

A copy of the statement of purpose was not yet made available to residents or their representatives.

Action Required:

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

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

Statement of purpose to be made available to residents and their representatives.

With resident's participation an accessible copy is being developed. This will include photos and symbols.

The revised copy of the Statement of purpose will be circulated to family members.

Person responsible: Person in charge

Proposed Timescale: 04/07/2014

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:

Clear roles and detailed responsibilities of the person in charge were not available to her.

Action Required:

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

A local organisational management structure has been drawn up for the centre.

The Person in charge has attended a briefing session where the roles and responsibilities of the person in charge were outlined, in line with the legislative responsibility of 367

Proposed Timescale: 24/06/2014

Theme: Leadership, Governance and Management

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

The person in charge was not allocated protected management time to enable her to fulfil her role.

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:

The June 2014 roster has incorporated 32 protected management hours for the Person in charge and each subsequent roster.

The Administration manager and Person in Charge have agreed protected management time on the roster for the Person in Charge.

Person responsible: Person in Charge

Proposed Timescale: 01/06/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

The planned roster did not include the full name of all staff rostered to work in the centre.

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:

From the 20th May 2014 the full names and titles of all staff have been included on the centres roster and each subsequent roster.

Person responsible: Person in Charge

Proposed Timescale: 21/05/2014