Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	ORG-0008505
Centre county:	Dublin 3
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:	Frances Harrington
Lead inspector:	Sheila McKevitt
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	4
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:	To:
29 May 2014 10:00	29 May 2014 16:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
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). The centre is home to four residents. During the inspection the inspector met with residents and staff, observed practices and reviewed documentation such as resident assessments, personal plans, tenancy agreements, the complaints process, fire records, policies and medication records. Residents spoken with stated they enjoyed living in the centre.

The inspector found that the governance and management structures in place did not provide the person in charge with allocated protective time to assist her to become compliant with The Health Act 2007 (Care and support of residents in designated centres for persons (Children and adults) with disabilities) Regulations 2013.

Ten outcomes were inspected against and non compliances were identified in five outcomes. Improvements were required in documents such as the statement of purpose, contracts of care, resident assessments and the development of personal plans. A review of medication policies and practices was required. Permanent staff numbers were not adequate to meet the needs of residents, therefore relief were used and this lead to a lack of continuity of care for residents.

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 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

Judgement:
Compliant

Outstanding requirement(s) from previous inspection:

Findings:
Residents' rights and dignity were respected. Residents' were consulted with about the running of their home and their care. Residents had a weekly meeting where they discussed their weekly plans, planned their menu, requested staff support and planned for visitors/friends calling. One of the resident spoken with told the inspector he was always given choice in relation to how he wanted to live his life and his choices were respected.

There was a complaints policy in place, it was accessible to residents and included an appeals procedure. The inspector was informed there were no complaints. Residents had access to advocacy services; one of the residents was an advocacy link person for people with a disability.

Residents could receive visitors to their home and there was a small private room available to them to use if they wished.

Residents retained autonomy of their own life. The inspector met two residents' as the remaining two were out and about leading their independent lifestyle. Residents were able to take risks within their day to day lives; they were not impeded from participating in anything they choice to do. For example, one resident explained how he cleaned his own room and did his own laundry. Residents confirmed they had control of their own personal possessions including finances and this was facilitated by having their own lockable personal bedroom.

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

Judgement:
Non Compliant - Major

Outstanding requirement(s) from previous inspection:

Findings:
Residents did not have contracts in place, which included details about the support, care and welfare of the resident or details of the services to be provided or of the fees to be charged. Residents did have tenancy agreements in place however, these documents did not include any of the above mentioned requirements.

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:
Non Compliant - Major

Outstanding requirement(s) from previous inspection:

Findings:
Some residents had lived and some staff had worked in the centre since it opened in 2001 therefore residents and staff knew each other well. Residents' lead busy lives and all had some level of independence; three were employed in either paid or voluntary employment. They all attended day care facilities and they were involved in the local community, one resident spoken with told the inspector that he was completing a course in a local educational facility. Residents were encouraged and facilitated to lead a

healthy lifestyle. For example, one resident used his bike as a mode of transport and others used public transport independently. Residents could also avail of transport provided by the organisation.

One resident confirmed to the inspector that he was involved in developing a personal plan with his key worker. The inspector reviewed a sample of two residents' personal plans and found the goals identified were not all specific, measurable, attainable, realistic or timely. They were too brief and required more detail of actions planned and taken to date in order to achieve each of residents identified goals. For example, one residents goal was to go on holiday to Donegal, there were no details about actions taken to date to assist the resident achieve this goal. However, the person in charge stated the holiday was booked for two nights in June.

The person in charge informed the inspector that there was no policy in place for the transfer of residents' from one service to another. The person in charge explained how she was facilitating one resident with his request to move into a centre for independent living. The resident had written to the residential approval board committee requesting a transfer. However, the response was sent via email to the person in charge, a meeting was scheduled and then cancelled. The person in charge communicated this to the resident. The current process of communication by the residential approval board committee raised a concern with the inspector as it by passed the person making the request, the resident.

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:
Compliant

Outstanding requirement(s) from previous inspection:

Findings:
The health and safety of residents, visitors and staff was promoted and protected. The risk management policy in place met the legislative requirements as it included measures in place to identify and manage risk and outlined procedures to follow in the event that specific risks did occur. The person in charge completed risk assessments on a monthly basis and health and safety checks were completed on a quarterly basis with the service manager. Accidents and incidents were reviewed on a bi-monthly basis by the person in charge and the service manager. There was an up-to-date, detailed, localised health and safety statement in place. The emergency plan in place was also detailed and included the procedures to be followed in the event an emergency.

Records were available to confirm that fire equipment including fire extinguishers, the

fire blanket, emergency lighting and the fire alarm had all been tested by professionals within the required time frame. All staff had completed fire training within the past year and those spoken with had a clear understanding of the procedure to be followed in the event of a fire. The inspector saw that each resident had an individual fire evacuation plan in place and records reviewed showed that fire drills were practiced on a regular basis during the day and night by both staff and residents.

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:
Measures were in place to protect and safeguard residents which included a policy and procedure on the prevention, detection and response to abuse. Staff had up to date mandatory safe guarding vulnerable adults training in place and those spoken with had a clear understanding of how to safe guard residents'.

The three residents living in the house had their own front door key. Residents' spoken with told the inspector they felt safe and secure in their home. They had an enclosed rear yard and an enclosed courtyard, all the exit/entry doors could be secure by locking and the house was alarmed. Residents could lock their bedroom door if they wished; they had access to bedroom door keys. The inspector saw bathroom and toilet doors had secure locks and there were curtains on bedroom windows.

Communication between residents and staff was respectful. Two residents who at times displayed behaviours that maybe challenging had detailed, up-to-date wellbeing assessments and behavioural support plans in place. There was one resident who used a form of restraint when mobilising with mobility aids. This resident had a risk assessment in place to reflect when, how and for what period the restraint should be used.

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Judgement:
Compliant

Outstanding requirement(s) from previous inspection:

Findings:
The health care needs of residents were being met. The inspector reviewed two residents' files and saw evidence that they were facilitated to access their General Practitioner (GP) and to seek appropriate treatment and therapies from allied health care professionals when required. The inspector was satisfied that the allied health services were availed of promptly to meet residents' needs. For example, one residents' GP called to the centre on the day of inspection to assess a resident as staff had identified that this would be less distressing for the resident. Records were on file to reflect this assessment together with records of a recent review by an occupational therapist.

One resident spoken with told the inspector they had a choice of food and it usually tasted good. Staff did most of the cooking, but residents' often assisted with the shopping and the preparation of meals. The inspector saw that residents' had access to adequate quantities and a good variety of nutritious food to meet their dietary needs. Snacks were available and staff all 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 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 residents GP name was not identified on the chart
- the first name of medical officers only appeared on a number of the prescription charts
- each medication was not individually prescribed by either the medial officer (MO) or the residents GP

The inspector saw that each of the residents had their prescribed medications reviewed by the MO within the past month.

Staff had up-to-date SAM training in place.

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:
A copy of the statement of purpose was given to the inspector on inspection. It included details of the services and facilities provided. It contained the majority 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.

However, some additional details were required as follows:

- the specific care and support needs the designated centre is intended to meet
- criteria used for admission to the designated centre, including the designated centre's policy and procedures (if any) for emergency admissions

A copy of the statement of purpose had not been made available to date to residents or their representatives.

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 - Moderate

Outstanding requirement(s) from previous inspection:

Findings:
There was a clearly defined management structure that identified the lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced social care leader with authority, accountability and responsibility for the provision of the service. She was the named Person in Charge (PIC), employed full-time in the centre. The inspector observed that she was involved in the governance, operational management and administration of the centre on a regular and consistent basis. For example, she had ensured that all staff were up-to-date with all their required training needs and maintained clear, concise and accurate records in relation to all training they received. Residents knew her well. However, the inspector observed from a review of staff rosters that she had only 32 hours protected management time to date in 2014. This was not adequate to enable her to fulfil her role as person in charge. This was evidenced by the fact that the centre was non compliant with six of the ten outcomes inspected against.

During the inspection she demonstrated a good knowledge of the legislation and of her statutory responsibilities. However, her new roles and responsibilities had not been clearly outlined to her by her employer. She was committed to her own professional development and /was supported in her role within the centre by four social care workers. She reported directly to a Service Manager who reported to a Regional Director (also nominated person on behalf of the provider). She had regular scheduled minuted meetings with the service manager and the nominated person on behalf of the provider attended the centre occasionally.

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 - Moderate

Outstanding requirement(s) from previous inspection:

Findings:
On the day of inspection the inspector formed the view that staff numbers and skill mix were adequate to meet residents' needs. However, concerns were raised in relation to the use of relief staff for a significant number of hours per month and the impact this was having on residents continuity of care.

The person in charge explained that in order to meet the increasing needs of older residents' deployment of staff at night time had changed two years previously. This change meant that night staff were now awake overnight and additional permanent staff had not been employed to resource this change. The inspector reviewed the staff roster and saw that over 225 staff hours per month were currently being covered by relief staff. The person in charge explained how the lack of permanent staff had an effect on the continuity of care and had an negative impact on residents'. For example, the person in charge explained how one resident did not react well to different staff.

The staff roster required review as it did not include the full names of relief staff on duty and it did not include explanations for codes/abbreviations used on it.

There were no volunteers or students working in the house and agency staff were seldom recruited.

Social care workers were supervised by the social care leader also the person in charge. Staff informed the inspector and training records reviewed confirmed that staff had up-to-date mandatory training in place. Staff files reviewed contained all the required documents as outlined in schedule 2.

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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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 report[1]

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	ORG-0008505
Date of Inspection:	29 May 2014
Date of response:	07/07/2014

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 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:
Residents did not have agreements in place outlining the terms of their admission.

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:
The organisation is in the process of developing Contracts of Care which will include the terms on which the resident shall reside in the designated centre.

Proposed Timescale: 31/08/2014

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

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:
Residents do not have a comprehensive assessment in place.

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 comprehensive assessment of need is being completed for each service user by their key worker in conjunction with appropriate health care professionals.The person in charge will oversee each assessment and review as required.

Proposed Timescale: 31/07/2014

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The personal plans do not contain enough details.

Action Required:
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:
The person in charge will discuss with all staff members, the information required for individual plans, staff will record all information worked on, PIC will review IP'S monthly with relevant staff members and service users. All relevant information and steps taken to support plans will be documented.

Proposed Timescale: 18/06/2014

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no policy in place outlining transparent criteria for the transfer or discharge of residents from the centre.

Action Required:
Under Regulation 25 (4) (a) you are required to: Discharge residents from the designated centre 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:
The organisation is developing a policy for admission and discharge of residents .

Proposed Timescale: 31/08/2014

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 first name of medical officers only appeared on a number of the prescription charts
- 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:
All Med admin forms have been reviewed and amendments put in place, medical officers name's now appear on all prescription charts and individual medication is signed by prescribing medical office along with their registration number.

Proposed Timescale: 09/06/2014

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 organisations Medication Administration group have reviewed and updated the policy covering the above, Policy currently with HIQA for advice / guidance.

The PIC will ensure that all staff are aware of the policy once it has been completed

Proposed Timescale: 31/08/2014

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 required more detail to include all specifics 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 has been reviewed and updated to ensure it meets regulatory requirements.

Proposed Timescale: 01/06/2014

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 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:
A copy of the updated statement of purpose will be made available to all residents and their representatives, Staff and Service users are working together to develop a Service users guide, which will be accessible to all Service users.

Proposed Timescale: 31/07/2014

Outcome 17: Workforce
Theme: Responsive Workforce **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** Current staffing levels did not ensure continuity of care for residents. **Action Required:** Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis. **Please state the actions you have taken or are planning to take:** The administration manager and PIC will carry out a roster review, in order to ensure continuity of care. St Michael's House id subject to the National Public Service Embargo on recruitment since 2009, Under the rules governing the embargo St Michael's House are not allowed to recruit permanent staff.
Proposed Timescale: 31/08/2014
Theme: Responsive Workforce **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:** The staff roster was not adequately maintained it did not include: the full names of relief staff on duty and it did not include explanations for codes/abbreviations used on it. **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:** Amendments has been made to the roster to include full names and staff numbers of all SMH employees. Also full details of any agency staff is included. Explanations for all codes and abbreviations have been included.
Proposed Timescale: 01/06/2014