

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0003599
Centre county:	Dublin 9
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	John Birthistle
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:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
15 April 2015 10:00	15 April 2015 17:30
16 April 2015 09:30	16 April 2015 16:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was an announced inspection and formed part of the assessment of the application for registration by the provider. The inspection took place over two days and as part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, accident logs, policies and procedures and staff files. The views of residents and staff of the centre were also sought.

The nominated person on behalf of the provider had made improvements within the centre since the last inspection. The fitness of the person in charge was assessed throughout the inspection process to determine fitness for registration purposes and

was found to have satisfactory knowledge of their role and responsibilities under the legislation and sufficient experience and knowledge to provide safe and appropriate care to residents. The fitness of the nominated person on behalf of the provider was also considered as part of this process.

The centre is home for five residents' some with physical and/or intellectual disabilities with social care needs. All five have lived in the house for some period of time. They were well integrated into the local community and enjoyed living in the house, it was their home. A number of questionnaires completed by residents and relatives' were received by the Authority during the inspection. The opinions expressed through the questionnaires were broadly satisfactory with services and facilities provided. In particular, relatives were satisfied with the manner in which staff delivered care to their relative.

Evidence of good practice was found across all outcomes, management had addressed the both non-compliances from the last inspection in August 2014. 11 out of 18 outcomes inspected against were deemed to be in compliance with the Regulations. As part of the application for registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider for the purposes of application to register were found to be satisfactory. However, two documents one in relation to planning compliance and the other relating to fire compliance remain outstanding and are required to be submitted to the Authority before a recommendation for registration can be made by the inspector.

The outcomes not met relate to facilitating residents to register to vote and the provision of a private visitors room. Care plans not in place to reflect residents care needs and all staff not having mandatory fire and protection of vulnerable residents in place. An annual review of the service had not been completed to date and therefore, was not available for review. Records, specifically policies outlined in schedule 5 not being available and therefore not been implemented. In addition, The action plans at the end of this report identifies the seven outcomes under which improvements are required.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents' were consulted with and participated in decisions about their care. They were provided with information about their rights and each resident's privacy and dignity was respected.

Residents held a house meeting every third Thursday where they discussed issues relating to their home. For example, they reviewed individual cleaning jobs, night time duties and group activities. They plan their shopping and weekly menu on a more informal manner around the kitchen table. They did not have access to a private visitors room where they could receive visitors in private. However, three of the residents' had access to a temporary second 'chill out' space upstairs in the sixth bedroom which was vacant at the time of this inspection.

Residents' privacy and dignity was respected. Residents answered the front door to their home and answered the house telephone. All residents had a key for the front door. However, an outside keypad was being used by all residents' on a temporary basis. Each resident had a key which enabled them to lock their bedroom door. The bathroom/shower room and toilet doors had privacy locks in place. All windows had blinds and curtains in place.

The rights of residents' were respected. Residents' told the inspector they had choice and retained autonomy of their own life. The inspector met all five residents' over the two day inspection. Residents' said they were free to make choices about their daily routine and when needed were facilitated by staff. For example, residents who could travel independently but if and when they requested staff traveled with them. Some of

the residents' told the inspector they were registered to vote, others spoken with said they were not sure but would like to.

Contact details for the National Advocacy Committee were on display in the kitchen and residents had been informed about the service.

There was a policy and procedure for the management of residents monies by staff and a procedure on personal possessions. Safe and secure storage was available. The residents managed their own finances with minimum support from staff. However, staff assisted residents to do weekly checks on receipts and monthly checks on their personal bank statements.

There was a complaints policy in place. A resident showed and explained it to the inspector it was accessible in a pictorial format readable to residents, a copy was posted on the residents' notice board and a copy was included in the residents guide. The written complaints policy met the legislative requirements. There were no complaints to date in the centre.

Judgment:

Substantially Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents' communication needs were met.

Residents had their communication needs outlined in their assessment. The inspector saw evidence that one resident had input from multi-disciplinary team members and this input had lead to additional communication aids been developed and made available the resident to ensure her communication needs were met. For example, staff had linked all written communication signs with a picture to enable this resident to interpret its content.

Staff were observed communicating with all five residents' in a kind, patient and sensitive manner. They appeared to know the mannerisms and means of communication of the one non-verbal resident well and had no difficulty in interpreting this residents' needs.

Residents' had access to personal and communal televisions in the house, music systems and radios. One resident showed the inspector his personal wall mounted

television and laptop. The five residents had access to hand held devices. For example, ipads, mobile phones and laptops and they had grouped together and sought internet access for their home. Residents had access to two portable house telephones.

They availed of activities in the local area and within Dublin city both independently and some with the assistance of staff.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were supported to develop and maintain personal relationships and links with the wider community.

There were no restrictions on visitors. Residents' had assisted in developing their own visitor's policy and a visual reminder was posted inside the front door. Residents' spoke about their visits to their family and siblings homes and told the inspector that they had visitors of their choice visit them in their home. However, they did not have a room available to receive visitors in private.

Some residents' spoken with confirmed they had chosen for their families to be involved in their assessment and care plans and there was written evidence that they had been consulted with in completing these documents. There was a family contact sheet in each resident's file where staff recorded all verbal contact with the residents' family.

Residents used facilities in the local community. The inspector observed residents going out to the local shopping centre and taking the bus into the city centre. There was a bus available to transport residents' and this was driven by staff and used to transport non mobile residents' to and from amenities in the area and further afield.

Judgment:

Substantially Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Contracts of care were available for each resident and an admissions policy was in place.

The admissions policy in place outlined the procedure to be followed prior to a resident being admitted to the centre. It included the involvement of the person in charge, the resident to be transferred and his/her next of kin. It stated that residents would be facilitated to visit the centre prior to their admission.

The contracts reviewed were signed and dated by the respective resident and the person in charge. The contracts included details about the supports, care and welfare the resident would be expected to receive, details of the services to be provided and the fees to be charged. They also referred to additional costs that maybe charged such as charges for personal mobile telephone and internet.

Judgment:

Compliant

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:

An assessment of each resident's health, personal and social care and support needs was carried out as required to reflect changes in the residents' need and circumstances, and was reviewed at a minimum once a year. Some assessments were not detailed enough and their clinical needs identified on assessment were not reflected in a care plan. Each resident had a social care plan in place, however, they were not detailed enough.

Each resident had a comprehensive assessment completed which reflected most of their

care needs. The inspector found that residents identified with a health care need did not have the appropriate detailed assessment in place, for example, one resident identified as at risk of developing pressure ulcers did not have an appropriate assessment in place to determine the level of risk.

Care plans were in place to reflect resident care needs, however, these care plans were not updated following the resident being reviewed by members of the allied health care. For example, one resident had a care plan in place for eating and drinking, developed in November 2014 it had not been updated with recommendations made by a dietitian and a speech and language therapist in February 2015.

Each resident had a personal outcome based social plan in place, all had been written in 2015 and each outlined up to three individual goals set for the year. Residents had access to their personal files, all residents' had chosen to have them stored in their bedroom and one resident talked the inspector through theirs. They confirmed that it was developed by them with assistance of a member of staff. However, although reflective of the residents chosen goals, the personal plans reviewed did not have proposed timescales and did not identify a person responsible for assisting the resident in achieving their goals. They lacked detail, for example, one resident goal was to develop skills required to live independently, cooking and doing laundry. There was no plan in place to identify how these goals were going to be achieved, who was going to assist the resident and by what date.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The location, design and layout of the centre was suitable for its stated purpose and met the residents' individual and collective needs in a comfortable and homely way. The detached two storey house had been newly renovated and was currently home for five residents but had the capacity for six residents'

The inspector saw that the premises was well-maintained with suitable heating, lighting and ventilation. It was clean, tidy and suitably decorated.

There were six resident bedrooms, two downstairs and four upstairs. Some of the

residents showed the inspector their bedrooms which they confirmed they had furnished to meet their personal taste. The two wheelchair dependent residents had a ceiling hoist which ran directly into their shared bathroom which was large enough to meet their needs. Two of the upstairs bedrooms had ensuite facilities and there was a upstairs bathroom containing a bath, shower, wash hand basin and bath. There was a staff office/sleepover room upstairs.

There was sufficient furnishings, fixtures and fittings to meet the individual needs of residents', including storage space in each residents bedroom.

The communal areas included a kitchen/dining room and a large bright sitting room. The kitchen was fitted with a second hob which was accessible to the two wheel chair dependent residents'. Other pieces of equipment such as a light weight kettle had been sought to increase the residents level of independence. The laundry and cleaning storage room situated in a separate building in the garden contained all required equipment.

The inspector viewed the rear garden accessible to residents' via a patio door in the dining room. The garden contained a partial paved and grass area. The garden was secured by closing the both side gate entrances leading from it. A car parking space was available to the front of the house together with ensuite parking. As mentioned under outcome three, residents did not have access to an area to receive visitors in private.

Judgment:

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:

The inspector formed the view that the health and safety of residents, visitors and staff was promoted and protected. There was a risk management policy in place which now reflected the legislative requirements. The person in charge completed risk assessments on a monthly and annual basis and there was a risk register in place. Health and safety checks were completed on a regular basis with the service manager. There was an up-to-date localised health and safety statement in place and it was on display. An emergency plan had been developed and implemented. It was detailed and included the procedures to be followed in the event all potential emergencies.

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. Most staff had completed refresher fire training within

the past year, however, two staff did not have fire training in place, one of whom was the named fire officer for the house. Both residents and staff spoken with had a clear understanding of the procedure to be followed in the event of a fire. However, the procedure to be followed in the event of fire displayed out of view of the two wheelchair bound residents'. The records reviewed showed that fire drills were practiced on a regular basis during the day and night by both staff and residents and each resident had an individual fire evacuation plan in place.

Written confirmation from a properly and suitably qualified person with experience in fire safety design and management that all statutory requirements relating to fire safety and building control have been complied with as required in the registration regulations has not been provided to date as outlined under Outcome 14.

There was an infection control policy in place and practices throughout the house were safe.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

All appropriate measures were not in place to protect and safeguard residents. There was a policy and procedure on the prevention, detection and response to abuse and it was being followed. The Authority had been notified of an alleged incident within three working days, it had been dealt with as per the policy without delay. The inspector was satisfied that all support measures had been put in place to support the alleged victim. However, one member of staff working in the centre since 01 April 2015 did not have mandatory safeguarding of vulnerable adults training, although this staff member had been rostered on sleepover duty in the house since commencing work in the centre. Although the person in charge stated the staff member was familiar with the policy and was competent in what action to date, there was no date planned for this mandatory training. Two staff members did not have this training when the centre was last inspected in August 2014, however, had completed this training since.

The five residents living in the house had their own front door key. Two residents' told the inspector the centre was a safe and secure home to live in. Residents had access to an enclosed garden. All the exit/entry doors could be secured by locking and the house was alarmed. However, staff told the inspector that they were temporarily using the keypad which was situated outside and inside the front door. Residents could lock their bedroom door if they wished. The inspector saw bathroom and toilet doors had secure locks and there were curtains on bedroom windows.

Communication between residents and staff was respectful. Three residents' who at times displayed behaviours that maybe challenging had detailed up-to-date behavioural support guidelines and detailed records of each episode of behaviour that challenged in place.

There was one resident who used a form of restraint when seated in her chair and when in bed. The resident had a risk assessment in place to reflect their use and had a corresponding care plan. Another resident who had bedrails on either side of his bed told the inspector he did not use them. The use of restraint within the house was in line with the National policy and was reviewed on a regular basis.

Each of the residents who required assistance with personal care had detailed personalised intimate care plans in place.

Judgment:

Non Compliant - Major

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the designated centre was maintained and where required, notified to the chief inspector. A detailed record of all incidents and accidents occurring in the centre was maintained by staff. Quarterly reports had been submitted to the chief inspector in a timely manner.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Resident's opportunities for new experiences, social participation, education and training were facilitated and supported by staff.

Four of the five residents' attended day care facilities 2 -5 days per week. The remaining resident had chosen not to attend and had a personal assistant 2-5 days per week. They had access to educational programmes via their day services, for example, one resident showed the inspector his certificate for a course titled "Voter Education, our vote, our vote" which he had completed in March 2015. Each of the residents had their own weekly activity schedule which they choose. It included, routine household chores such as the buying of food from the local supermarket, the preparation and cooking meals, housework, sorting and attending to washing of personal clothing, answering the front door and telephone.

The residents and staff also had a life skill meeting once per month at which staff went through up to two life skills of residents choosing. The two items on the agenda for the next meeting were road and community safety and personal hygiene.

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):

No actions were required from the previous inspection.

Findings:

The health care needs of residents were being met. All residents had full assessments completed prior to been admitted to the centre. Multi-disciplinary team members had been involved in these assessments'.

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 health care professionals when required. The inspector was satisfied that the allied health services were availed of promptly to meet residents' needs. Completed

referral forms were available for review in residents' files and written evidence of relevant reviews were also available. For example, one resident explained how his chair was not working correctly he had been seen by the occupational therapist and a motor in his wheelchair had been replaced.

Residents spoken with told the inspector they had a choice of food. Residents' took turns to do the shopping, preparation and cooking of meals. A resident told the inspector they planned the weekly evening meal menu, each resident choose an evening meal. It was then posted on the menu board so everyone could see what was for dinner. 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.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

There was a medication management policy available which included the ordering, prescribing, storing, administration and prescribing of medicines. There was a separate policy on self administration of medicines. The inspector saw that each resident was being supported by staff to self administer their medications and safe storage facilities for medications were available in each residents bedroom. Prescribed medications were now individually signed and each medication chart contained the name of the resident GP.

The practices in relation to ordering, storing and disposal of medication were in line with the policy. 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. An audit of each resident's medications was completed on a weekly basis by staff and the residents'; 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 person in charge who was given a set period of time to implement the recommendations made. The inspector was informed there were a minimum number of medication errors since the last inspection.

Safe Administration Medication (SAM) guidelines were available. All staff administering medications had up-to-date SAM training in place.

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

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

A copy of the statement of purpose had been submitted to the Authority and was reviewed prior to the inspection. It included the details of all the facilities and services provided. It also contained all of the information that is 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.

A copy of the statement of purpose had been made available to the residents. The inspection saw that a copy of the statement of purpose was clearly on display and residents spoken with knew about it. Residents had also developed their own mission statement which was on display in the front hall.

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):

No actions were required from the 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 worker with authority, accountability and responsibility for the provision of the service. He was the named person in charge, employed to manage the centre until October 2015, at which point another person in charge was due to return from leave. The inspector observed that the person in charge was involved in the governance, operational management and administration of the centre on a consistent basis. He had a good knowledge and understanding of the residents'.

During the inspection the person in charge demonstrated sufficient knowledge of the legislation and of his statutory responsibilities. He was supported in his role by a team of social care workers. He 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.

Management systems had been developed to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. The service manager had conducted one unannounced visit to the centre and reviewed the health and safety and quality of care and support provided to residents' within the centre. Areas for improvement and issues which required follow-up were identified. However, it was not evident from the records if these had been addressed or not by the management team. An annual review of the quality and safety of care had not been conducted to date.

As part of the application for renewal of registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider for the purposes of application to register were found to be satisfactory. However, two documents one in relation to planning compliance and the other relating to fire compliance remain outstanding and are required to be submitted to the Authority before a recommendation for registration can be made by the inspector.

Judgment:

Non Compliant - Major

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The Chief Inspector had been notified of the proposed absence of the person in charge of the centre to date and the inspector was satisfied that arrangements were in place for the management of the centre during this absence. A social care worker met on inspection was named on the application form to take over in the absence of the person in charge, she demonstrated a good clinical knowledge of residents' and had the required experience and qualifications to manage the centre in the absence of the person in charge.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

The centre was sufficiently resourced to ensure the effective delivery of care and support to residents' in accordance with the Statement of Purpose. The resources were appropriately managed by the person in charge to meet the needs of residents'. For example, the person in charge ensured that there was enough staff allocated to the centre to meet the needs of residents'.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

The numbers and skill mix of staff were adequate to meet the needs of the five

residents. Staffing levels included the person in charge, four social care workers and a direct support worker. As mentioned under outcome 16, the person in charge managed this well. The one vacant post had been filled and the new employee was due to commence work by the end April 2015. The inspector reviewed staff training records and saw evidence that all staff had attended mandatory manual handling training and as mentioned under outcome 8 and 7, all but one staff member had mandatory safeguarding and two staff did not have mandatory fire training. In addition, staff had refresher Safe Administration of Medication training and most had food safety, some were booked to complete this training in the coming weeks. There no volunteers working in the centre and minimum use of agency/relief staff.

The person in charge had support meetings with each individual staff member and had staff meetings for which minutes were available.

The recruitment process was found to be safe and robust four staff files were reviewed and all documents outlined in schedule 2 were available in each of the files reviewed.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Residents and Adults) with Disabilities) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

An insurance certificate was submitted as part of the registration pack and it showed that the centre was adequately insured against accidents or injury to residents, staff and visitors. It also confirmed that the bus used to transport residents was adequately insured. The directory of residents available included all the required information.

The centre had some of the written operational policies as outlined in schedule five

available for review. Those policies not available included the following:

- communication with residents'
- monitoring and documentation of nutritional intake.
- provision of information to residents'.
- the creation of, access to, retention of, maintenance of and destruction of records'.

Judgment:

Non Compliant - Moderate

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:

Sheila McKevitt
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-0003599
Date of Inspection:	15 April 2015
Date of response:	14 May 2015

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

All residents' capable of exercising their right to vote were not sure if they were registered to do so, they required assistance of staff.

Action Required:

Under Regulation 09 (2) (c) you are required to: Ensure that each resident can exercise

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

his or her civil, political and legal rights.

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

Staff assisted all residents to submit their details for inclusion on the Voters Register in December 2014. This information was resubmitted on the 1st May 2015. The PIC has confirmed with Dublin City Council that all residents are now included on the electoral register and eligible to exercise their right to vote. Staff will support all residents to gather information on all referenda and elections to enable them to make informed decisions when voting.

Proposed Timescale: 12/05/2015

Outcome 03: Family and personal relationships and links with the community

Theme: Individualised Supports and Care

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

The residents' did not have access to a separate private area to receive visitors in private.

Action Required:

Under Regulation 11 (3) (b) you are required to: Provide a suitable private area, which is not the resident's room, to a resident in which to receive visitors, if required.

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

The PIC has identified a suitable area for development to support residents to have access to a separate private area for visitors. PIC has requested Technical Services Department to assess renovations required to meet Building Regulations, provide costings and a detailed schedule of works. These works will involve the following to be completed

- Remedial works to structure (to ensure water tightness, etc.)
- 1st and 2nd fix carpentry fit-out
- Insulation and plasterboard to walls and ceilings
- Electrical fit-out (lights, switches, sockets, electric storage heater)
- Upgrading of existing window and door to UPVC type
- Supply and fit of suitable flooring
- Decoration

In the interim, the PIC has discussed temporary arrangements with all residents at their residents meeting on 8th May, 2015.

Residents have agreed that if they require privacy for a visit the other residents will give time and space in either the sitting room or dining room.

Proposed Timescale: 30/09/2015

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 health care needs of residents' were not assessed to determine level of risk.

Action Required:

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

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

The PIC will ensure that all healthcare needs of residents are comprehensively assessed and detailed care plans in place as required.

The Nurse Manager on call carried out a detailed assessment using the Braden Risk Assessment to determine level of risk of developing pressure ulcers and a care plan has been implemented to minimise risks.

Proposed Timescale: 11/05/2015

Theme: Effective Services

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

Residents health care plans were not been updated following review and recommendations made from visiting members of the health care team.

Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

The PIC will ensure that all residents personal plans are reviewed annually or more frequently when there is any change in needs or circumstances. The residents care plan for eating and drinking has been updated to reflect the recommendations of the dietician and speech and language therapist.

Proposed Timescale: 09/06/2015

Theme: Effective Services

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

Residents personal plans did not include the names of those responsible for pursuing objectives in the plan within agreed timescales.

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 PIC will ensure that each residents has a comprehensive personal plan and is supported to achieve their goals. Progress will be reviewed monthly at staff meetings. To minimise individual residents anxieties as per their positive behaviour support plans and to encourage engagement and opportunities for success broad timescales will need to be used with some residents.

Proposed Timescale: 30/06/2015

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:

Two staff did not have fire training.

Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

The PIC has arranged for Fire Safety Training for the full staff team on the 9th of June, 2015 with the Fire Safety Training Officer.

Proposed Timescale: 09/06/2015

Theme: Effective Services

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

The procedure to follow in the event of a fire was not visible to the two wheel chair dependent residents'.

Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

The PIC has installed visual fire evacuation procedures to assist all residents to follow the fire evacuation procedure.

Fire safety and evacuation procedures were discussed with all residents at the most recent residents meeting on the 8th May 2015. The PIC will also ensure that regular

fire drills are conducted to ensure residents and staff are familiar with fire evacuation procedures.

Proposed Timescale: 09/06/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

One staff member did not have safeguarding training.

Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

The PIC has arranged with the Training Department for the staff to complete safeguarding training on the 13th May, 2015.

Proposed Timescale: 13/05/2015

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:

Two documents one in relation to planning compliance and the other relating to fire compliance remain outstanding.

Action Required:

Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to: Provide all documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

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

Documents in relation to Fire and Planning Compliance were submitted to the Authority as part of registration documents.

Proposed Timescale: 30/01/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

No annual review of the centre had been conducted to date.

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 registered provider will ensure that an annual review of the quality and safety of the care and support in the designated centre is carried out. This report will include consultation with residents, family members and staff. It will identify areas of good practice and areas for development and plans to address any shortfalls. Information from current audit documentation e.g. unannounced 6 monthly audit, complaints, accidents and incidents data will be reviewed and analysed as part of this review to ensure learning has been applied.

Proposed Timescale: 12/06/2015**Theme:** Leadership, Governance and Management**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was no evidence of a plan to address the concerns/issues identified during the unannounced inspection which took place in December 2014.

Action Required:

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

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

A copy of the unannounced inspection carried out in December 2014 is attached for review and includes actions to address concerns. A second unannounced six month review will be completed by the service manager on behalf of the provider nominee to review the safety and quality of care and support provided in the centre. A written report will be completed and a detailed plan put in place to address any concerns regarding the standard of care and support in the centre.

Proposed Timescale: 30/06/2015**Outcome 18: Records and documentation****Theme:** Use of Information**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Those policies not available included the following:

- communication with residents'
- monitoring and documentation of nutritional intake.
- provision of information to residents'.
- the creation of, access to, retention of, maintenance of and destruction of records'.

Action Required:

Under Regulation 04 (2) you are required to: Make the written policies and procedures as set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 available to staff.

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

A copy of the following policies

- communication with residents,
 - monitoring and documentation of nutritional intake
 - the creation of, access to, retention of, maintenance of and destruction of records'
- are available in the centre.

The PIC attended a briefing day on these policies on the 30th April 2015. He has discussed these with staff and the team will review and ensure all staff understand and implement these policies at their next team meeting on the 9th June 2015.

Proposed Timescale: 30th June 2015

Provision of Information to Residents: The registered provider has developed Guidelines on the Provision of Information to Residents. The PIC was briefed on the contents and implementation of the guidelines on the April 30th 2015. The PIC will then brief the staff team on the contents and implementation of the policy. The guidelines will be available for review in the designated centre.

The legislation requires a policy on the Provision of Information to Residents which is being developed in consultation with a group of service users. This policy will take some time as the consultation process is extensive. The registered provider is using the guidelines as an interim measure until the policy is developed. The policy will be completed by December 2015.

Proposed Timescale: 30/12/2015