

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by St Michael's House
<b>Centre ID:</b>	OSV-0002347
<b>Centre county:</b>	Dublin 13
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St Michael's House
<b>Provider Nominee:</b>	John Birthistle
<b>Lead inspector:</b>	Caroline Vahey
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	0

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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:
17 November 2015 10:00	17 November 2015 18:00
18 November 2015 09:00	18 November 2015 17:00

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 the first inspection by the Authority of the designated centre. The inspection was announced and formed part of the application to register the centre by the provider. The inspection took place over two days and as part of the inspection the inspector observed practice and reviewed documentation such as personal plans, policies and procedures, risk management plans, financial records, complaints log and minutes of residents' meetings. The inspector reviewed a number of questionnaires submitted to the Authority by residents and families. The inspector also spoke to residents and staff members during the inspection.

The person in charge facilitated the inspection. The inspector also met with the service manager (person participating in management) at the beginning of the inspection and at a feedback meeting at the end of the inspection.

As part of the application to register the provider had submitted documentation to the Authority however, some documentation in relation to planning compliance remained outstanding.

An application was made to the Authority by the provider to register the centre for five residents. The inspector found there were safe and suitable services and facilities to meet the needs of the residents in the centre.

The centre was compliant in a number of outcomes including family and personal relationships, admissions and the contract for provision of services, general welfare and development, safe and suitable premises, healthcare needs, medication management, use of resources and workforce. Substantial compliances were identified in communication, governance and management, health and safety and risk management, safeguarding and safety and records and documentation.

Moderate non compliances were found in residents' rights, dignity and consultation and social care needs. These non compliances are discussed in the body of report and included in the action plan at the end of the report.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that residents' rights and dignity were upheld and residents were consulted about how the centre was run. However, the inspector found improvement was required in the management of residents' finances.

There was a policy and procedure in place for the management of residents' finances. Staff supported residents to manage their finances. Residents money was secured in individual locked money boxes and expenditures checked nightly by the staff on duty. All residents had bank accounts. Monthly bank statements were checked against expenditure records. There was a monthly audit completed by the person participating in management of all bank accounts and expenditures. There was a transparent system in place for the management of money for residents availing of respite services in the centre with all money received and spent logged. Receipts for purchases were sent home with the resident on discharge from the respite service.

The inspector reviewed bank account statements and expenditure records and while all monies withdrawn had been accounted for, one resident had paid for repainting of their bedroom. This was in conflict with agreement set out in residents' contracts of care which stated that maintenance, including painting was covered by the fees charged to residents. This was discussed with the person in charge who outlined that residents had always paid for their bedrooms to be painted. The person in charge informed the inspector that all residents would be reimbursed the fees charged for painting of bedrooms.

Residents were consulted about how the centre was planned and run. There was weekly

residents meeting which discussed areas such as choices, activities and menu planning and pictures were used to support residents understanding and choices. The inspector reviewed minutes of residents' meetings and topics such as inspections, communications from service management, complaints process and stranger awareness had also been discussed at these meetings. Residents availing of respite services in the centre also attended residents' meetings.

There was information in the centre for residents on how to access an external advocacy service. Residents met on an individual basis with their keyworker once a month and access to advocacy service and the complaint policy had also been discussed at these meetings.

There was a policy in the centre on the management of complaints. The policy was available in an accessible format appropriate to the residents communication needs and displayed in the kitchen area. The procedure for dealing with complaints included a fair and objective appeals process and complaints could be referred to an external agency if a person was not satisfied with the outcome of a complaint investigation. There was a nominated person to deal with complaints.

The inspector spoke to two of the residents who were aware who they should speak to if they wanted to make a complaint. The inspector reviewed the record of complaints. One complaint had been made, which had been promptly investigated as per centre policy and dealt with in a fair and transparent manner. The complainant had been kept informed at all stages of the complaints process.

Staff were observed to treat residents with dignity and respect. Intimate care plans were developed which outlined practices to maintain privacy, dignity and respect for residents. The person in charge outlined one resident's choice to eat meals in a separate room from their peers and staff supported and respected this choice. Residents also had their own bedrooms.

There were two sitting rooms in the centre and residents could meet family or friends in private. Residents used the house mobile phone and while they needed support to dial a number, staff encouraged residents to take phone calls in private.

Personal information pertaining to residents was secured in a locked press in the staff room.

There was no closed circuit television system in use in the centre.

Independence for residents was promoted throughout the centre. One resident travelled independently to the local shops. Residents were supported to maintain maximum independence as evidenced in personal intimate care plans. Picture task analysis of hand washing was displayed in the bathroom to support residents' maintenance of this independent skill. While residents generally chose a group activity for each evening, this was flexible and could be rearranged should a resident prefer another activity.

The inspector reviewed personal plans and residents had a broad range of opportunities similar to their peers for example, use of public transport, going to the pub and meals

outings. Two residents were supported to maintain personal relationships and visits between residents and their significant others were facilitated in the centre.

Residents had ample storage facilities in their bedrooms and maintained control of possessions. Staff completed a list of possessions in respect of residents availing of respite services on each admission. Residents were supported by staff to do their own laundry.

**Judgment:**

Non Compliant - Moderate

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Overall the inspector found residents' communication needs were met however, improvement was required in access to the internet for residents.

There was a policy in the centre on communication with residents.

Residents' communication needs were assessed and highlighted in personal plans. Staff members were aware of residents' diverse communication needs and the inspector viewed a number of systems to support residents' communication requirements. For example, one staff member had developed a communication passport for a resident and had sought the assistance of a speech and language therapist in the development of this. In addition, this resident used sign language and guidance on this system was available for staff.

There was broad use of pictures to support all residents' communication and enable them to make choices such as activities and menu plans.

Residents had access to radio and television. Information on local events was available through the local newsletter and discussed at the weekly residents meeting. However, residents did not have access to the internet. The person in charge outlined a plan to support one resident to contact family by video phone call however, due to the lack of internet access this plan had not proceeded.

**Judgment:**

Substantially 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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found residents were supported to develop and maintain personal relationships and links with the community.

Positive relationships between residents and their families were supported. Families were kept informed of residents well being as evidenced in records of family contact in residents' personal plans. Families were also invited to attend and contribute to an annual review of residents' personal plans.

There was an open visiting policy in place in the centre. There were arrangements in place for residents to meet family or friends in private and a second sitting room was available if required. As outlined in Outcome 1, staff members have supported two residents to develop and maintain personal relationships.

Residents were involved in activities in the community of their choice such as attending religious services, attending social clubs, going to the pub and going out for meals. One resident enjoyed attending local drama performances and also joining the local community in an area clean up scheme.

**Judgment:**

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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found the admissions process to the centre was timely, transparent and in



line with the statement of purpose.

There was a policy in place in relation to admissions including transfers and discharges however, the policy did not outline details on the temporary absence of residents. This is further discussed in Outcome 18. There was also a procedure in place for admission of residents for respite services. The procedure for admissions considered the wishes needs and safety of the individual resident and of the other residents living in the centre.

There were four residents living in the centre and an additional three residents availed of respite services on a three weekly rotational basis. Admissions to the centre, including admissions for respite services were in line with the centre's statement of purpose. Respite services in the centre had commenced a number of years ago however, residents living in the centre had been consulted and met with residents prior to these admissions.

Each resident had a written agreement which set out the services to be provided and the fees to be charged. The written agreement also set out details of additional fees. All written agreements had been signed by residents' next of kin. Residents availing of respite services also had a written agreement which set out the services to be provided. There were no fees for residents availing of respite services.

**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):**

This was the centre's first inspection by the Authority.

### **Findings:**

The inspector found that residents' well being and welfare was maintained by the care and support provided in the centre. However, improvement was required in the documentation of some healthcare plans and personal goals, and the review process of personal goals for residents.

Each resident had a comprehensive assessment of need including assessment of health,

social and personal care. The assessment process identified needs and supports in areas such as communication, social contact and activities, relationships, nutrition, physical wellbeing, self help skills, mental health, safety, behaviour support and mobility. Multidisciplinary team members had been involved in the assessment process and development of plans of care, for example, dietician, psychologist, psychiatrist and physiotherapist.

Each resident had a personal plan. Resident's personal plans were available in accessible format in line with residents' communication needs. Residents kept an accessible copy of their personal plan in their bedroom.

While plans of care and personal goals had been developed for most residents' needs some gaps were identified by the inspector. Three residents did not have plans of care for identified mental health needs. A number of residents assessed as requiring specific health and nutritional requirements had no related health care plans in place. While there was evidence that most of the care for these identified needs was implemented in practice, the inspector was not assured that a deterioration in a resident's condition could be effectively monitored in the absence of guidance for staff.

Personal goals were developed for residents which outlined residents' wishes and aspirations. However, improvement was required in the documentation of these goals, to ensure skills teaching was implemented in a consistent manner and that clear objectives for goals were identified in order to measure outcomes.

Personal plans were reviewed a minimum of annually and residents' families were invited to attend annual review meetings. Residents also met individually with key workers on a monthly basis to review personal goals. However, some improvement was required in the review of personal goals to ensure residents were offered the opportunities to develop new goals or experiences once established goals had been achieved.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found the premises was safe and suitable to meet the needs of the residents and in line with the centre's statement of purpose. The centre was a two storey building located in a suburban area close to local amenities. There was suitable ventilation and heating throughout the centre, however the external side passage did not have lighting fitted and the inspector was not assured the residents could be safely evacuated through this exit in the event of a fire. This is further discussed in Outcome 7.

Each resident had their own bedroom with suitable storage for personal items and clothing. Two bedrooms were located on the ground floor and the remaining three bedrooms for residents on the upper floor. Bedrooms were suitably decorated in accordance with residents' wishes and residents had chosen to display certificates of achievements and personal photographs in their bedrooms.

There were three bathrooms available for residents use in the centre, one main bathroom, one ensuite bathroom and an under stairs toilet facility. The main bathroom had both a shower and a bath fitted and handrails fitted to support safe transfer into and out of the bath for residents.

There was a staff bedroom which was also used as a staff office. Personal information pertaining to residents was securely stored in the staff office. Medications were also secured in the staff office.

There were two sitting rooms available for residents in the centre. A large main sitting room was suitably decorated and had a television, DVD player and suitable seating. A second sitting room was available for use by residents and had suitable seating and a small dining table and chairs.

The centre had a kitchen which was also used for dining purposes. The kitchen had suitable facilities for cooking and a large dining table with sufficient seating. There was also suitable storage for food including a refrigerator, freezer and food storage cupboards. Cleaning chemicals were stored in a locked cupboard in the kitchen.

There was a separate utility room and residents were supported by staff to take care of their own laundry. The centre also had a garage, easily accessed from the house. Cleaning equipment such as mops and buckets were suitably stored in the garage, as well as garden furniture.

There was parking available to the front of the property. The centre had a large back garden which was well maintained. One resident had completed a personal goal in relation to gardening and displayed a herb planter in the garden.

There were suitable arrangements in place for the disposal of general and clinical waste.

**Judgment:**  
Compliant

**Outcome 07: Health and Safety and Risk Management**

**Theme:**

Effective Services

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

This was the centre's first inspection by the Authority.

**Findings:**

Overall the inspector found the health and safety of residents, visitors and staff was promoted and protected. However, improvement was required to ensure the fire exits were clearly marked and one evacuation route appropriately lit to ensure safe evacuation in the event of a fire.

There were policies and procedures in place for risk management and emergency planning however, improvement was required in the centre's emergency plan to ensure there were clear contingency actions in the event residents require emergency accommodation. There was a guideline in place in the event a resident goes missing however, there was no policy in place. These issues are further discussed in and actioned under Outcome 18.

Risk management procedures included the identification and management of risk and measures in place to control identified risks in areas such as fire, infection control, slips trips and falls, food safety, transport, manual handling and challenging behaviour. There were risk assessment in place for the management of aggression and violence, self harm, accidental injury and incidents in which a resident goes missing. The person in charge also maintained site specific risk assessments and individual risk assessment for residents such as falls, ear nose and throat disorder and burns / scalds. All staff had received training in risk management.

The centre had policies and procedures in relation to health and safety. There was an up to date safety statement in place which outlined roles and responsibilities of staff in the promotion of safety. The safety statement also outlined safety management systems to promote safety in areas such as challenging behaviour, volunteers, manual handling, infection control and bullying.

Procedures were in place in the centre to promote safety and prevent incidents for example, first aid, safe storage of chemicals, food, refrigerator and freezer temperature checks and a cleaning schedule. Health and safety procedures were audited by the person in charge on a quarterly basis. The centre also had a guide for staff on safety in the centre for example first aid, waste management, cleaning and alarms.

There were suitable arrangements in place for the prevention and control of infection. Suitable hand washing facilities were supplied throughout the centre with antibacterial hand wash available at all sinks. Gloves and aprons were in ample supply. Colour coded chopping boards and colour coded mops and buckets were also supplied.

The centre had arrangements in place for investigating and learning from serious

incidents / adverse events involving residents. The inspector reviewed a record of incidents in the centre. Appropriate immediate actions had been taken and follow up actions to prevent reoccurrence of incidents had been implemented.

All staff had received training in manual handling.

The centre did not have its own transport however two staff were suitably insured to carry residents in their own cars. Staff vehicles used were roadworthy and staff had up to date driving licenses.

Overall there were adequate precautions in the centre against the risk of fire. Suitable fire equipment was available in the centre including fire alarm, emergency fire extinguishers and a fire blanket. The fire alarm had been serviced on a quarterly basis and fire fighting equipment and emergency lighting on an annual basis. All exits were fitted with a break glass key however, not all fire exits were unobstructed on the day of inspection. The side gate used during evacuation could not be opened and the front door had no handle fitted and could not be easily opened. The inspector discussed this with the person in charge on the first day of inspection and both exits were repaired by the end of that day.

An external side passage, which was used as an evacuation route in the event of a fire had no lighting fitted. The person in charge had sent a request to the maintenance department a number of months ago for external lighting to be installed however, this had not been completed on the day of inspection.

There was a fire evacuation plan in place which was prominently displayed in the hallway. The fire evacuation plan was also available in accessible format. All residents had a personal emergency evacuation plan in place which accounted for each resident's mobility and cognitive understanding levels.

All staff had received training in fire safety and staff members spoken to were aware of the fire evacuation procedure in the centre.

Fire drills were carried out monthly, with two drills carried out during the night time period. The inspector reviewed fire drill records and where issues with evacuation had occurred, appropriate follow up action had been taken.

**Judgment:**

Substantially Compliant

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that measures were in place to protect residents. There was a policy on, and procedures in place for the prevention, detection and response to abuse. The policy had recently been reviewed in the service and was in line with national policy. All staff had received training in safeguarding. However some improvement was required in relation to restrictive practice protocols.

A restrictive procedure was in place to support a resident in a blood extraction procedure however, while the referral document included the physical intervention to be used, it had not included the chemical intervention also used. Therefore the inspector was not assured that the implementation of this restrictive procedure was in line with best practice. There was a risk assessment in place for the use of this restrictive procedure. The resident's next of kin had signed a consent form for the use of the restrictive procedure.

There was a policy in place in the use of restrictive procedures. Restrictive procedures were referred to a service committee prior to implementation. This committee reviewed the purpose of a procedure, suitability of the resident to receive a restrictive intervention and alternative measures which have been considered. There was regular review of restrictive procedures and a restrictive procedure in relation to a seating harness for travel had recently been discontinued.

The inspector spoke to three staff and all were knowledgeable on what constitutes abuse and the action to be taken to prevent, detect and respond to abuse. There were systems in place to ensure residents or staff could disclose abuse. Two residents told the inspector they were happy living in the centre. Staff members were observed to treat residents respect and warmth. There had been no incidents of abuse reported in the centre.

There was a policy in place for the provision of personal intimate care and residents who required support with intimate care had a plan developed.

There was a policy in place for the provision of behavioural support. A psychologist was available in the service by referral. The inspector reviewed a sample behaviour support plan. The behaviour support plan had been developed with the support of a psychologist and reviewed annually or more frequently if required. All staff had received training in positive behaviour support.

**Judgment:**

Substantially Compliant

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Overall the inspector found that there were suitable arrangements in place for the recording of incidents and most notifications had been made to the Authority as required.

There was a record of all incidents that had occurred maintained in the centre. There were no incidences in the centre which required notification to the Authority within three days.

Quarterly notifications in respect of the centre had been submitted to the Authority.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Overall the inspector found that residents were supported to maintain and develop skills and had opportunities for new experiences and social participation.

All residents in the centre attended a day service five days a week and communication records between the centre and day services were maintained in residents' personal plans.

Residents had achieved skills such as attending to laundry, food and drink preparation and hoovering and residents were supported by staff to maintain these skills. Residents were also supported to develop new skills such as money management, gardening and communication with peers to maintain privacy. Two residents displayed certificates of achievements in their bedrooms, one for sports and one for arts and crafts.

There was a system in place to establish educational and training goals for residents in line with residents' wishes. Goals were reviewed annually and involved the resident, their family and team members.

**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):**

This was the centre's first inspection by the Authority.

#### **Findings:**

The inspector found that each resident was supported to achieve and maintain good health. Residents had access to a range of healthcare practitioners including general practitioner, physiotherapist, psychologist, speech and language therapist, psychiatrist, dentist, optician, dietician and occupational therapist.

All residents had an annual medical review by a general practitioner. Residents attended a general practitioner in the community.

Each resident's healthcare needs had been assessed, with health care plans developed. Plans included recommendations from allied healthcare professionals. For example, one resident had a pain management plan and a mobility plan which had involved assessment by a physiotherapist. However, as discussed in Outcome 5 improvement was required to ensure all identified healthcare needs of residents had plans developed.

Residents availing of respite also had healthcare plans in place detailing the care to be provided while the resident was residing at the centre. While residents required support from staff to take care of their health needs, independence was promoted. For example, residents were encouraged to maintain independence in personal hygiene.

The centre was stocked with nutritious food in ample supply. Residents could choose meals and a visual meal planner was displayed in the kitchen. Alternative meal choices were available should a residents wish. Residents could choose where and when to have their meal. One resident had occasionally requested to eat meals in a quieter dining area and this request was facilitated by staff.

The inspector observed a meal being served to residents which was a positive and sociable affair. Residents were supported to prepare simple meals such as preparing a packed lunch or hot drinks.



The advice of a dietician formed part of the care for one resident with specific dietary requirements however, there was no plan of care in place. This was discussed in Outcome 5.

**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):**

This was the centre's first inspection by the Authority.

### **Findings:**

The inspector found that residents were protected by the centres' policies and procedures for medication management.

There was a written operational policy in place which outlined the procedures for ordering, prescribing, storing and administration of medication. The inspector found the procedures within the centre for ordering, prescribing and administration of medication were safe and in line with national guidelines and legislation.

Medications were securely stored in a locked press in the staff room. Out of date or unused medications were secured separate from regular medications and suitable arrangements were in place for disposal.

Residents availed of the services of a local pharmacy and the residents knew the pharmacist well. An out of hours local pharmacy was available if required in an emergency.

There were no controlled medications in use on the day of inspection.

There were arrangements in place for audit of medication management practices. Medication stocks were audited on a weekly basis. While there had been no reported medication errors, the person in charge audited if incidents had occurred on a monthly basis. The service manager audited medication management on a three monthly basis including medication policy, storage of medication, prescriptions, receipt and return of medication to the pharmacy, medication prescription sheet and administration records.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The centre had a statement of purpose which outlined the aims, objectives and ethos of the centre and the services and facilities to be provided to residents.

The statement of purpose had been reviewed within the past year and arrangements were in place for its review a minimum of annually. The statement of purpose contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Support for Persons (Children and Adults) With Disabilities) Regulations 2013.

The statement of purpose had been prepared in an accessible format for residents.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Overall the inspector found there were effective management systems in place to ensure the delivery of safe and quality care services. An application was made to the Authority to register the centre for five residents however, not all the required documentation in relation to planning compliance was submitted to the Authority.

There was a clearly defined management system that defined the lines of authority and accountability. The person in charge reported to a service manager (person participating in management) and meetings were scheduled on an eight weekly basis. The service manager was also available for support on weekdays should the person in charge require. The person in charge also met with the service manager and peer group on a monthly basis as part of the larger St. Michael's House management support system.

The service manager met with the provider nominee on a monthly basis and outstanding issues pertaining the centre were discussed at these meetings. An out of hours nurse management system was also available.

A report on the quality and safety of care had recently been completed by the service manager on behalf of the provider nominee. An action plan had been developed and actions had either been completed, or there was a plan in place to complete actions within a specified timeframe. Plans were in place for the service manager to complete a report on a six monthly basis.

An annual review of the quality and safety of care had also been completed by the service manager on behalf of the provider nominee. The annual review took into account the views of residents, families and staff. An action plan had been developed to address shortcomings identified in the annual review.

Arrangements were in place for staff supervision and the person in charge met individual staff four to six times annually. The service had recently developed a performance management system which was proposed to commence in January 2016. The person in charge also met with staff collectively on a regular basis. Staff members spoken to, said they felt supported by the person in charge.

The person in charge was interviewed by the inspector and demonstrated sufficient knowledge of the legislation and her statutory responsibilities. The person in charge was suitably qualified with the experience and knowledge to fulfill her role. The person in charge was employed on a full time basis however, was currently availing of reduced hours of 33 hours per week. The arrangement for reduced hours was reviewed on a six monthly basis by the service human resources department.

The person in charge was well known to the residents and had been in post for eighteen years. The person in charge availed of protected time and outlined there was flexibility in this arrangement to respond to increased administrative duties if required. The person in charge had engaged in continuous professional development and had plans in place for further education and training.

**Judgment:**  
Substantially Compliant

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

There were suitable arrangements in place for the absence of the person in charge.

There had been no occasion in which the person in charge had been absent for 28 days or longer and the person in charge was aware of the requirement to notify the Authority of her absence of 28 days or more.

Arrangements were in place in the absence of the person in charge. The service had appointed a person participating in management in the centre, who deputised in the absence of the person in charge. An additional person participating in management, employed as a service manager, was also available to staff for support if required.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found there were sufficient resources in the centre to ensure the effective delivery of care and support, in line with the centre's statement of purpose.

The centre had sufficient staff employed to ensure that residents' personal plans and goals were implemented.

The facilities and services in the centre reflected the details outlined in the centre's statement of purpose.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found there was adequate staff employed in the centre with the appropriate skills and qualifications to meet the assessed needs of residents and to ensure services delivered were safe.

Staffing arrangements provided for two staff on duty each afternoon when residents returned from day services and one staff on sleepover duty overnight. A second staff member was also on duty at weekends to support social activities.

A nurse management on call system was available for nursing support if required.

The inspector reviewed staff roster and there was a planned and actual staff roster in place, which reflected the staff on duty on the two days of inspection. There was one permanent relief staff employed in the centre to cover for staff absences and annual leave if required. Staffing arrangements were consistent with the details set out in the centre's statement of purpose.

Staff members were observed to be respectful to residents.

The inspector reviewed training records for staff. All staff had completed training in safeguarding, medication management, manual handling, positive behaviour support, first aid, fire safety, food hygiene and infection control. The inspector found training provided to staff enabled them to provide evidenced based care and support, in line with residents assessed needs.

As outlined in Outcome 14, arrangements were in place for staff supervision.

The inspector reviewed a sample of four staff records and all the requirements of Schedule 2 of the regulations in relation to staff documentation had been met.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that most of the documentation required by the regulations was maintained in the centre however, some improvement was required to ensure all the policies and procedures as per Schedule 5 of the Regulations were in place and subject to review.

All records maintained in the centre were secure and easily retrievable.

There was a residents' guide and a statement of purpose in place and available in accessible format for residents. A directory of residents was maintained in respect of each resident in the centre.

There were policies and procedures in place which were reflective of practice within the centre. However, some improvement was required. There were no policies in place for staff training and development, and access to education, training and development for residents. The policy on the recruitment, selection and Garda vetting of staff had no implementation or review date. The policy for admissions did not include details for the temporary absence of residents.

There were guidelines but no policies in place for the provision of information to residents, incidents where a resident goes missing and emergency planning. The guideline on emergency planning did not outline a contingency plan should residents require emergency accommodation.

Most of the required records as per Schedule 3 of the regulations were maintained in the centre however, as outlined in Outcome 5 some improvement was in the development of some healthcare plans.

All general records as per Schedule 4 of the regulations were available and complete on the day of inspection.

An up to date certificate of insurance had been submitted to the Authority as part of the centre's application to register.

**Judgment:**  
Substantially Compliant

### **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

#### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

#### ***Report Compiled by:***

Caroline Vahey  
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<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by St Michael's House
<b>Centre ID:</b>	OSV-0002347
<b>Date of Inspection:</b>	17 November 2015
<b>Date of response:</b>	07 March 2016

### 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:**

Residents had paid for painting of their bedrooms, which was in conflict with the agreement set out in the contract of care.

#### 1. Action Required:

Under Regulation 12 (4) (c) you are required to: Ensure that the registered provider or

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



any member of staff, does not pay money belonging to any resident into an account held in a financial institution, unless the account is not used by the registered provider in connection with the carrying on or management of the designated centre.

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

2 residents will be refunded the cost of the painting from St Micheals House. All future painting of rooms will be paid for by St Micheals House.

**Proposed Timescale:** 31/01/2016

**Outcome 02: Communication**

**Theme:** Individualised Supports and Care

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

Residents did not have access to the internet.

**2. Action Required:**

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.

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

The IT department are currently exploring options to provide internet access to all service users, in the interim if a resident request to use the internet the staff will support them in the use of private devices.

**Proposed Timescale:** 31/03/2016

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

Plans of care were not developed for some residents' identified health and nutritional support requirements.

**3. Action Required:**

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

The PIC has developed a care plan to meet the needs of one resident for nutritional support. The PIC has also developed a care plan for one resident with reflux issues and one residents with hypothyroidism. Mental health care plans have been developed for 3

residents.

**Proposed Timescale: 28/11/2015**

**Theme: Effective Services**

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

Personal goals did not clearly outline objectives in order to determine outcomes.

New personal goals for residents were not developed in a timely manner once established goals were achieved.

**4. Action Required:**

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

The PIC will review all personal plans with all keyworkers to ensure skill teaching of identified skills is implemented where necessary, plans are to be reviewed every six months to identify if established goals have been achieved and to identify new opportunities, all outcomes of the review to be recorded in personal plan.

**Proposed Timescale: 28/02/2016**

**Theme: Effective Services**

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

Personal goals for residents were not detailed and specific enough in order to ensure a consistent approach.

**5. Action Required:**

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

All reviews of individual personal plans to be discussed at monthly staff meeting in order for all staff to have a good knowledge of the objectives of established goals and development of new goals

**Proposed Timescale: 28/02/2016**

**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:**

There was no lighting fitted to the exterior side passage to ensure safe evacuation of residents in the event of a fire.

**6. 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:**

The technical department have installed a light fitting to the exterior side passage at the request of the PIC.

**Proposed Timescale:** 27/11/2015

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

The procedure for the implementation of a restrictive practice for one resident did not include the use of a chemical restraint.

**7. Action Required:**

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

The PIC will forward documentation to the Positive Approaches Management Group to include the use of the chemical restraint in the approval document.

**Proposed Timescale:** 29/01/2016

**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:**

Documents submitted to the Authority in relation to planning were not complete.

**8. 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:**

The technical services department have forwarded relevant planning documentation to Hiqa registration.

**Proposed Timescale:** 11/12/2015

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

There were no policies in place for staff training and development, and access to education, training and development for residents.

There were guidelines but no policies in place for incidents where a resident goes missing, emergency planning, and the provision of information to residents. The guideline for emergency planning did not outline a contingency plan should residents require emergency accommodation.

The policy on admissions did not include details on the temporary absence of residents.

**9. Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures 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.

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

Provision of Information to residents- The registered provider is committed to developing this policy in partnership with service users. In the mean time there are guidelines for staff on the Provision of Information for residents in the designated centre. The policy will be completed by June 30th 2016

The Registered Provider is developing a policy on Access to Education, Training and Employment, it is in its final consultation phase and will be available to review in the centre by 15/01/2016.

The Registered Provider is developing a policy on Training and Development for staff and it will be available for review in the centre by 31/03/2016.

The registered provider is reviewing the admissions policy and it will be updated to include the temporary absence by a resident and will be available to review in the centre by 29/02/2016.

The PIC has updated the emergency plan to include a plan should residents require

emergency accommodation. 21/11/2015

**Proposed Timescale: 31/03/2016**

**Theme:** Use of Information

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

The policy on the recruitment, selection and Garda vetting of staff had no implementation and review date.

**10. Action Required:**

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

The Registered Provider will update the policy on the recruitment, selection and Garda vetting of staff to ensure it reflects an implementation and review date.

**Proposed Timescale: 23/12/2015**