

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	ORG-0011611
Centre county:	Dublin 5
Email address:	Martin.Richards@smh.ie
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	John Birthistle
Person in charge:	Martin Richards
Lead inspector:	Sheila McKeivitt
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	2
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
09 April 2014 10:00	09 April 2014 14:00
09 April 2014 16:30	09 April 2014 17:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

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

The centre is home to two semi independent residents. The Person in Charge and staff from a centre nearby provide six hours of care support to the residents each day. The inspector met with both residents and staff. The inspector observed practices and reviewed documentation such as personal plans, fire records, policies and medication records.

Overall the inspector found there were no immediate risks to residents. Residents enjoyed living on their own and felt safe and secure in their home. They both maintained independent lifestyles with a minimum number of hours of care support. Residents were reassured knowing they could contact staff at any time. Both residents' had a key worker, who promoted, encouraged and facilitated their independence, assisting them in every way possible to achieve their personal goals and lead a meaningful life.

The inspector found that improvements were required in five of the eight outcomes inspected against. Improvements were required in areas such as the statement of purpose and the risk management policy. Medication practices required review and the provision of Safe Administration Medication (SAM) refresher training for staff. The inspector noted that emergency lighting and the fire alarm was not serviced in a timely manner and records, such as medical and allied health care professional records were not available for each resident.

The action plans at the end of the report reflect the non compliances with regulations and standards.

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

Outcome 05: Social Care Needs

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

Theme:

Effective Services

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

Findings:

The inspector was satisfied that the care supports provided to the residents was appropriate to meet their assessed needs. The inspector reviewed both resident files and found that each resident had a comprehensive assessment completed pre-admission. There was evidence that the resident and their key worker were actively involved in this assessment. The assessment reflected the residents interests and preferences and outlined how staff could assist the resident to maximise their opportunities to participate in meaningful activities. These assessments were reviewed annually.

One resident had a corresponding outcome based personal plan. The inspector spoke with this resident who confirmed all the data in the personal plan was based on the residents personal outcome based goal for 2014. The other resident was in the process of developing a personal plan confirming that the practical training to achieve the outcome based goals had begun.

The staff within the centre encouraged, facilitated and promoted the residents independence by coming up with innovative and practical solutions to resolve difficulties the residents came up against. For example, the residents had some difficulty remembering the settings on the oven; staff placed coloured stickers on the oven dial so they could differentiate between the settings. One resident told the inspector she was in paid employment three days per week in the city centre. She stated that she loved her job and had maintained it for a long time. The other resident was completing training programmes through a college in the city in order to develop her skills prior to applying

for work.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

Findings:

This outcome was not fully compliant as some legislative requirements were not in place. There was a risk management policy in place, but it did not include the measures and actions in place to control the following specified risks :(i) the unexpected absence of any resident or (iv) self-harm.

Risk assessments were completed and reviewed annually by the person in charge and the health and safety officer. No environmental risks had been identified in the centre. There was a health and safety statement for the centre and a health and safety representative among the staff.

Fire fighting equipment, including the fire extinguishers and the fire blanket in the kitchen had been serviced within the past year. However, there were no records available to show when the fire alarm or emergency lighting was last serviced by professionals. The inspector observed that all emergency lighting was in working order prior to leaving the centre and the fire company had been called to service the fire alarm. Staff and both residents knew the procedure to follow in the event of a fire, they had practised fire drills and records reviewed showed staff had up-to-date fire training in place.

There was an emergency plan in place; both residents spoken with were clear on the course of action to take if there was an emergency situation in the house.

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

Judgement:

Compliant

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

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

Residents' came and went to and from the centre independently accessing the front door with their own key. Both residents' described how they secured the doors and one resident described how the house alarm was set prior to going to bed at night. Both residents' told the inspector they felt safe and secure in their home. They described how they could contact staff in the centre nearby, by pressing one digit on the landline.

Residents' were independent with their hygiene needs; therefore intimate care plans were not required.

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

Judgement:

Non Compliant - Major

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

The inspector was unable to determine whether residents' health care needs were being met as residents medical and inter disciplinary team records were not available for review in the centre. The inspector was informed that these were held in an office off site.

Residents told the inspector that they had a house meeting at the beginning of the week facilitated by staff. Here they decided on their weekly shopping list and choose their

evening meal for the week ahead. Residents shopped independently by using a system of pictorial identification of foods required. This system was developed with the aid of staff to assist the residents to remember the foods they required to purchase and had chosen to eat. The evening meal was prepared, cooked and served by the residents' themselves and they described how they both took turns with cooking. One of the residents showed the inspector the stock of food she had in the fridge, which she could accessed independently as she chose.

Outcome 12. Medication Management

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

Theme:

Health and Development

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

Findings:

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

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

Both residents were asked and then assessed by staff to determine if they could administer their own medications safely. One resident was self administering, the other resident was completing a training programme which had been developed by staff. This resident told the inspector that her medication was left by her bed every night by staff and when the alarm went off at 08:00hrs she took her medication and signed her own medication chart.

The prescribing of medications was not in line with best practice and therefore social care workers could not administer medications in line with the Safe Administration Medication (SAM) guidelines. For example, the SAM guidelines stated to check the frequency however, the prescriptions did not reflect a frequency.

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

- the residents General Practitioner (GP) name was not identified on the chart
- the name of the centre was not always identified on the chart
- the signature of the medication prescriber a Medical Officer (MO) was not original, it was a faxed signature
- the first name of medical officers only appeared on a number of the prescription charts
- the frequency that each medication was to be administered was not written on the charts
- each medication that was required to be crushed in order to be administered was not prescribed as crushed.
- there was no maximum dose prescribed for as needed (PRN) medications.

The policy indicated that Social Care Workers had Safe Administration Medication (SAM) training in place and were covered to administer PRN medications only. However, on review of staff files and training records the inspector found that most staff completed this training between the years 2000 and 2005 and had not completed any refresher training.

In addition, there were no records available to show that all residents' medications were reviewed on a regular, consistent basis by their GP.

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

Findings:

There was a written statement of purpose available. However, it did not contain some of the information as required in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013.

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

- 2 (d) criteria used for admission to the designated centre, including the designated centre's policy and procedures (if any) for emergency admissions
3. The age range and gender of the residents for whom it is intended that accommodation should be provided
5. Any separate facilities for day care

- 7. The organisational structure of the designated centre
- 8. The arrangements made for dealing with reviews and development of a resident's personal plan
- 11. The arrangements for residents to engage in social activities, hobbies and leisure interests
- 12. The arrangements for residents to access education, training and employment.

The statement of purpose did not reflect all the positive things the centre offered residents'. For example, access to local public transport systems an important factor for the semi-independent residential unit. Its content was known by staff and a copy was available to them. However, it was not available in a format that was accessible to residents and a copy had not been made available to residents' representatives.

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

Findings:

There was a clearly defined management structure that identified the lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced Social Care Worker (SCW) with authority, accountability and responsibility for the provision of the service. He was the named Person in Charge (PIC), employed fulltime to manage the centre and a second centre located a short distance away. The inspector observed that the PIC was involved in the governance, operational management and administration of the centre on a consistent basis. He had a good knowledge and understanding of both the residents' having worked with them for a number of years.

During the inspection the PIC demonstrated sufficient knowledge of the legislation and of his statutory responsibilities. Records confirmed that he was committed to his own professional development. He was supported in his role by a team of social care workers who worked between the two centres. 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 PIC 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.

Outcome 17: Workforce

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

Theme:

Responsive Workforce

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

Findings:

The staff numbers and skill mix were suitable to meet the assessed needs of residents and the safe delivery of services to both residents'. Residents received continuity of care as permanent staff covered the 6 hours of care delivered daily, agency staff were not employed in the centre. The planned staff roster was reviewed and reflected this. There were no volunteers working in the centre.

The inspector spoke with one of the resident's key worker who knew the resident well. The key worker informed the inspector that part of their role was to provide assistance as required to enable the resident maintain their independence and take part in meaningful activities to enhance their lifestyle.

Staff confirmed and records reviewed reflected that staff had access to education and training to meet the needs of residents. Staff had up-to-date mandatory training in place. Those spoken with were confident regarding the procedure to follow in the event of a fire and in the event that they witnessed any form of abuse to a resident.

The provider had ensured that there were robust recruitment processes in place and that staff employed in the centre were suitable to work with vulnerable adults. Two staff files were reviewed, one contained all the documents outlined in schedule 2 and one did not include photographic identity of the staff member.

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Sheila McKeivitt
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:	ORG-0011611
Date of Inspection:	09 April 2014
Date of response:	01 July 2014

Requirements

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

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The risk management policy did not include the measures and actions in place to control the specified risk of the unexpected absence of any resident.

Action Required:

Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

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

A procedure to address the unexpected absence of a resident has been developed in the unit in consultation with staff (staff meeting 25/06/2014) and service users.

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

Measures include a reporting system to Nurse Manager on Call and the local Garda Station in Coolock. All residents have mobile phones and emergency detail cards and the procedure for responding to emergencies will be discussed at next residents meeting..29/06/14.

The procedure for responding to an unexplained absence can be found in the Local Health and Safety Statement to be introduced to the unit 14/07/2014. The statement will include risk assessments and procedures to support staff and residents responding to emergencies. The statement will be reviewed annually and will be an agenda item at each staff meeting.

Proposed Timescale: 14/07/2014

Theme: Effective Services

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

The risk management policy did not include the measures and actions in place to control self harm.

Action Required:

Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

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

Residents in the unit will be assessed by the person in charge and clinical support sought to identify any risk of self harm. There will be an immediate comprehensive assessment carried out by the person in charge in consultation with the appropriate clinicians in St. Michael's House in response to any evidence of self harm.

Risk Assessment completed by person in charge, discussed with all members of staff at team meeting 25/06/2014

Proposed Timescale: 25/06/2014

Theme: Effective Services

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

There were no records to show if the emergency lighting had been tested by professionals.

Action Required:

Under Regulation 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.

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

The Person in Charge has requested all records of emergency lighting tests carried out to be forwarded to the unit. The unit is unoccupied during the day, professionals have carried out tests and returned documentation to the Technical Services Department. Records will now be held in the unit, enabling the person in charge to audit and monitor future testing to comply with the regulatory requirement.

All emergency lighting tests now available and in date. Emergency lighting serviced January 2014.

Proposed Timescale: 30/06/2014**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There were no records to show if the fire alarm had been tested by professionals.

Action Required:

Under Regulation 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.

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

All records of fire and intruder alarm servicing requested from the Technical Services Department. The unit was unoccupied April to November 2013, any servicing tests carried out during that period were completed and documents held with the Technical Services Department. Fire alarm tested August 2013. They will now be held in the unit and filed in the Unit Fire Fact File.

Proposed Timescale: 30/07/2014**Outcome 11. Healthcare Needs****Theme:** Health and Development**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

This could not be determined as resident medical and allied health care records were not kept in the centre.

Action Required:

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

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

An updated Service User recording system to be introduced and fully implemented within the unit which will include records of medical and other allied healthcare

appointments. The system will detail healthcare appointments attended by the service user throughout the year.

Proposed Timescale: 01/06/2014

Outcome 12. Medication Management

Theme: Health and Development

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

Medication prescriptions were not completed in accordance with best practice.

Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The Person in Charge has been advised by the Director of Psychiatry and the Head of the Medical Department that they are developing an organisational prescribing policy. The organisation's Medication Administration Group will develop a policy for residents being referred to hospital/external providers. This will assist with their medication reconciliation

Proposed Timescale: 30/08/2014

Theme: Health and Development

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

Medication administration was not in line with the centres Safe Administration Medication (SAM) guidelines as medication prescriptions were not completed accurately.

Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The policies referred to above will support the accurate administration of medication. The person in charge will implement these policies and request the relevant training for the staff to ensure that medication is administered as prescribed.

Proposed Timescale: 30/09/2014

Theme: Health and Development

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

Staff were not in receipt of refresher training in the Safe Administration of Medications and the guidelines in place were not reflective of practices.

Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The Person in Charge has submitted a request for refresher training in the Safe Administration of Medication. Training will be carried out at the next staff meeting scheduled 19/08/2014. All staff to attend, dates confirmed with Training Department 27/06/2014.

Proposed Timescale: 19/08/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

Evidence of the person's identity, including a recent photograph was not available in one staff members file.

Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

The Person in Charge in consultation with the Human Resources Department has audited staff files. Any documents missing were requested by the person in charge and were forwarded to the Human Resources Department. The person in charge met with a Human Resources officer 20/06/2014 and were satisfied that all necessary documentation is now included in staff HR files

Proposed Timescale: 20/06/2014