

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0003600
Centre county:	Dublin 5
Email address:	elaine.teague@smh.ie
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	John Birthistle
Lead inspector:	Sheila McKeivitt
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	2

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:
10 July 2014 10:00	10 July 2014 17:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was the first inspection of the centre by the Health Information and Quality Authority (the Authority). Ten outcomes were inspected against and the centre was found to be in compliance with six of the ten outcomes. The inspector found the management team had made considerable 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 a transitional house for residents. Residents are transferred from large institutional centres into this house, where they are assisted to be rehabilitated to enable them to develop the skills to live in a more community based house which they can call home. The inspector met with two of the residents and staff. The inspector observed practices and reviewed documentation such as comprehensive assessments, personal plans, fire records, policies and medication records.

Overall the inspector found there were no immediate risks to residents. Residents enjoyed living in the centre. All residents' had a key worker, who promoted, encouraged and facilitated their independence, assisting them in every way possible to achieve their personal goals and lead a meaningful life.

The inspector found that improvements were required in four of the ten outcomes inspected against. Improvements were required in areas such as the contracts of care, the risk management and the complaints policy. Medication prescription practices required review.

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

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

Findings:

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

There was a complaints policy in place, it was accessible in a format readable to residents and was displayed in the front foyer. The inspector was informed there were no complaints. The policy required review to ensure it met the requirements of Regulation 34. For example, it currently did not reflect who the nominated person to investigate all complaints was, who the appeals person was or who was nominated person to oversee the complaints process.

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

Residents retained autonomy of their own life. The inspector met two residents' as the remaining two were out at day care. Residents were able to take risks within their day to day lives; they were not impeded from participating in anything they choice to do. For example, one resident explained how he went swimming in the swimming pool. The inspector saw residents had control of their own personal possessions including finances and this was facilitated with the assistance of staff.

Judgment:

Non Compliant - Minor

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

Findings:

Residents had contracts in place signed by the residents' and the person in charge. The contracts included some details about the support, care and welfare the resident would be expected to receive and included some details of the services to be provided. However, the information included was not detailed enough and did not reflect all the care and services provided. For example, the centre provided transport to residents' and was staffed 24 hours per day with two staff in the house on sleepover this was not mentioned in the contract. The fees to be charged were not included in the contract.

Judgment:

Non Compliant - Moderate

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

Findings:

The inspector was satisfied that the care supports provided to the residents was appropriate to meet their assessed needs. The inspector reviewed two resident files and found that they had a comprehensive assessment completed pre- admission. There was evidence that the resident and the person in charge were actively involved in this assessment. Each resident had a comprehensive assessment completed on admission which reflected the residents needs, interests and preferences and outlined how staff could assist the resident to maximise their opportunities to participate in meaningful activities. The clinical needs identified on assessment had a corresponding care plan in place. These care plans were clear, concise and reflected the residents' identified need.

Two residents' files reviewed had outcome based personal plans in place. The inspector saw evidence that each resident was involved in the development of their personal plan for 2014 and they were being facilitated by staff to achieve their personal based goals.

All four residents attended day care centres. They were been assisted by staff to rehabilitate from an institutional environment to a more community based setting. For example, the person in charge had got the inner front door handle lowered so residents could independently open the front door from the inside of their home.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

Findings:

The inspector formed the view that the health and safety of residents, visitors and staff was promoted and protected. The person in charge completed risk assessments on a monthly and annual basis and health and safety checks were completed on a quarterly basis with the service manager. Accidents and incidents were reviewed on a bi-monthly basis by the person in charge and the service manager. There was an up-to-date localised health and safety statement in place. The emergency plan in place was detailed and included the procedures to be followed in the event all potential emergencies. However, the inspector reviewed the risk management policy and found it did not meet the legislative requirements as it did not include the measures to follow in the event that specific risk of self harm did occur.

Records were available to confirm that fire equipment including fire extinguishers, the fire blanket, emergency lighting and the fire alarm had all been tested by professionals within the required time frame. All staff had completed fire training within the past year and those spoken with had a clear understanding of the procedure to be followed in the event of a fire. The inspector saw that each resident had an individual fire evacuation plan in place and records reviewed showed that fire drills were practised on a regular basis during the day and night by both staff and residents. Records showed that the night time evacuation was taking up to 9 minutes to complete. The inspector was informed by the person in charge that the fire officer was researching other assistive devices to enable staff to evacuate three residents in a quicker time frame.

Judgment:
Non Compliant - Minor

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

Findings:

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

The four residents living in the house had their own front door key. A resident spoken with told the inspector the centre was a safe and secure home to live in. Residents had access to an enclosed garden and an enclosed courtyard. All the exit/entry doors could be secured by locking and the house was alarmed. Residents could lock their bedroom door if they wished. The inspector saw bathroom and toilet doors had secure locks and there were curtains on bedroom windows.

Communication between residents and staff was respectful. Three residents who at times displayed behaviours that maybe challenging had detailed, up-to-date wellbeing assessments, behavioural support plans and detailed records of each episode of behaviour that may be challenging in place.

There were three residents' who used a form of restraint when seated in their chairs and two when in bed. These residents each had a risk assessment in place to reflect when, how and for what period the restraint should be used and had a corresponding care plan in place.

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

Findings:

The health care needs of residents were being met. The inspector reviewed two residents' files and saw evidence that they were facilitated to access their General Practitioner (GP) and to seek appropriate treatment and therapies from allied health care professionals when required. The inspector was satisfied that the allied health services were availed of promptly to meet residents' needs. Completed referral forms were available for review in residents' files and written evidence of relevant reviews were also available. For example, one resident had recently been reviewed by the speech and language therapist and new guidelines for the resident drawn up. Records were on file to reflect this assessment together with records of a recent referral to the occupational therapist requesting assessment for a new hoist sling and a referral to the Centre Remedial Clinic requesting a seating assessment.

One resident spoken with told the inspector they had a choice of food and it was better in this house than the old house. Staff did most of the cooking, but residents' often assisted with the shopping and the preparation of meals. A resident told the inspector they planned the weekly evening meal menu, each resident choose an evening meal. Pictures of the meal were then posted on a notice board beside the week day, so resident could see what was for dinner. The inspector saw that residents' had access to adequate quantities and a good variety of nutritious food to meet their dietary needs. Staff had a good knowledge of the different food consistency required by the residents' and the inspector saw their knowledge was reflected in the resident individual assessment records. Snacks were available and staff all had up-to-date food hygiene training in place.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

Findings:

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

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

recommendations made were fed back to the social care leader who was given a set period of time to implement the recommendations made.

Safe Administration Medication (SAM) guidelines were under review and were available in draft format.

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

- the residents GP name was not identified on the chart
- each medication was not individually prescribed by either the medical officer (MO) or the residents GP

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

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

Judgment:

Non Compliant - Major

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

Findings:

A copy of the statement of purpose was submitted to the Authority and reviewed prior to the inspection. It included details of the services and facilities provided. It also contained 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.

A copy of the statement of purpose had been made available to residents and their representatives. The inspection saw a copy on display in a prominent position in the front foyer.

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

Findings:

There was a clearly defined management structure that identified the lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced social care worker with authority, accountability and responsibility for the provision of the service. She was the named Person in Charge and was employed full-time. She had held the post of Head of Unit/Social Care Leader for 12 years. The inspector observed that she was involved in the governance, operational management and administration of the centre on a regular and consistent basis. For example, she explained how she was involved in the admission process. Residents knew her well. She confirmed that enough management time was allocated to her to ensure she could carry out her role as person in charge.

During the inspection she demonstrated a good knowledge of the legislation and of her statutory responsibilities. She was committed to her own professional development and was supported in her role within the centre by a team of social care workers and health care assistants. She reported directly to a Service Manager who reported to a Regional Director (also nominated person on behalf of the provider). She had scheduled minuted meetings with the service manager every 4-6 weeks and the nominated person on behalf of the provider attended the centre occasionally.

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

Findings:

The numbers and skill mix of staff were adequate to meet the needs of the four residents. Education and training had been provided to staff within the past twelve weeks. The inspector viewed staff training sign in sheets, training received included mandatory training food safety and SAM.

Health care assistants on internship were supervised and supported in their role by social care staff.

The recruitment process in place was safe and robust. Two staff files reviewed included all the required documents outlined in schedule 2.

Judgment:

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:

Sheila McKevitt
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0003600
Date of Inspection:	10 July 2014
Date of response:	6 August 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 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:

The complaints procedure did not clearly identify who was responsible for investigating complaints.

Action Required:

Under Regulation 34 (2) (a) you are required to: Ensure that a person who is not involved in the matters the subject of a complaint is nominated to deal with complaints by or on behalf of residents.

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

The person in charge will update the complaints procedure to ensure that a person who is not involved in the matters of the subject of a complaint and who is nominated to

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

deal with complaints by or on behalf of residents is clearly identified. The updated complaints procedure will be available for review by Inspectors

Proposed Timescale: 31/07/2014

Theme: Individualised Supports and Care

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

The complaints policy did not clearly state who the nominated person to oversee all complaints was.

Action Required:

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

The person in charge will update the complaints procedure to ensure it includes a nominated person other than the person nominated in Regulation 34(2)(a) to be available to residents to ensure that all complaints are appropriately responded to and a copy of all complaints are maintained. The updated complaints procedure will be available for review by Inspectors

Proposed Timescale: 31/07/2014

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The contract in place for each resident did not include all details of the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

The person in charge will update the contract of care to include the support, care and welfare of the residents and details of the services to be provided for that resident and where appropriate the fees to be charged. The updated contract of care will be available for review by Inspectors.

Proposed Timescale: 08/08/2014

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

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

Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

The person in charge has developed a risk management policy to include the measures and actions in place to control self-harm. The policy is available for review by Inspectors

Proposed Timescale: 31/07/2014

Outcome 12. Medication Management

Theme: Health and Development

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

The residents GP name was not identified on the chart and medications prescribed were not individually signed by a doctor.

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 Head of the Medical Department that they are developing an Organisational Prescribing Policy. The Policy 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. The Organisation's Medication Management Group will develop a Policy for Service Users being referred to Hospital/External Providers. This will assist with their medication reconciliation.

Proposed Timescale: 14/09/2014