

**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-0002352
Centre county:	Dublin 5
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:	6
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, 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:
07 October 2014 10:00	07 October 2014 17:00
08 October 2014 10:30	08 October 2014 15:00

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

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

Summary of findings from this inspection

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

As part of the application for renewal of registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the

Authority). All documents submitted by the provider for the purposes of application to register were found to be satisfactory. However, two documents one in relation to planning compliance and the other relating to fire compliance remain outstanding and are required to be submitted to the Authority before a recommendation for registration can be made by the inspector.

The nominated person on behalf of the provider had made improvements within the centre since the last inspection. The fitness of the person in charge was assessed through interview and throughout the inspection process to determine fitness for registration purposes and was found to have satisfactory knowledge of their role and responsibilities under the legislation and sufficient experience and knowledge to provide safe and appropriate care to residents. The fitness of the nominated person on behalf of the provider will also be considered as part of this process.

The centre was established to provide care for a maximum of six adults with physical and/or intellectual disabilities who have social care needs. On inspection there were five residents living in the centre long term and one resident in on a respite basis. A number of feedback questionnaires from residents' and relatives were received by the Authority during the inspection. The opinions expressed through the questionnaires were broadly satisfactory with services and facilities provided. In particular, relatives and residents were very complimentary on the manner in which staff provided support to residents.

The inspector found that the action plan relating to the four non compliant outcomes not met on the last inspection which took place on 09 April 2014 had been addressed. Evidence of good practice was found across all outcomes, with 16 out of 18 outcomes inspected against were deemed to be in substantial compliance with the Regulations. One outcome was judged to be moderately non compliant, it related to records, specifically policies outlined in schedule 5 not being available and one not been adhered too. The one minor non compliance was in relation to the contracts of care not referring to additional charges been charged to residents.

The action plans at the end of this report identifies those areas where improvements are required.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

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

Residents had a meeting every Monday evening where they planned their daily evening meal, each of the six residents selecting a meal of their choice to prepare and cook on an evening of the week ahead. They also discussed and planned group and individual activities, individual appointments and personal plans for the week and weekend ahead. Visits to and from family homes and pre-arranged visitors/friends calling to the centre were also discussed at these meetings. There was a small private sitting room where residents could receive visitors in private.

Resident's privacy and dignity was respected. Residents answered the front door to their home and the house telephone independently. All residents had a key for the front door and each had a key which enabled them to lock their bedroom door. The bathroom/shower room and toilet doors had privacy locks in place. All windows had blinds and curtains in place.

The rights of residents' were respected. Residents told the inspector they had choice and retained autonomy of their own life. The inspector met all six residents' over the two day inspection. Residents' said they were free to make chooses about their daily routine and when needed were facilitated by staff. For example, residents had chosen to remain in the house on the days of inspection so they could inform the inspector of how life was for them.

A resident showed the inspector a copy of the charter of rights published by the National Advocacy Committee which was posted on the residents' notice board in the dining room. Residents' confirmed they had access to advocacy services and a representative from the National Advocacy Service had been invited to their house meeting the week following this inspection to refresh the residents about their role and rights of residents.

There was a policy and procedure for the management of service user's monies by staff and a procedure on personal possessions. One resident went through their finances with the inspector. There were clear, concise records and receipts to reflect the individuals outgoing and incoming cash. Safe and secure storage was available. The process in place reflected the policy. Those residents unable to manage their finances independently were facilitated by staff to do so. The inspector observed a social care worker facilitating a resident to count the change received from expenditures.

There was a complaints policy in place. A resident showed and explained it to the inspector, it was accessible in a pictorial format readable to residents, a copy was posted on the residents' notice board and a copy was included in the residents guide. The written complaints policy had been updated and it met the legislative requirements. However, the new complaint record form reviewed did not refer to the regulatory requirement "whether or not the resident was satisfied". There were no complaints to date in the centre.

Judgment:

Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were able to communicate at all times.

All residents' could communicate verbally. Some had varying degrees of speech impairment. However, they could be clearly understood by listened to attentively. The inspector saw that staff spoke with and listened to them in a patient, quite, kind and respectful manner. Pictorial aids were used in some incidents to prompt residents' memory. For example, the complaints policy included pictures of those to whom residents could complain to. Also, pictures of staff were posted by the daily staff roster so residents could easily see who was on duty.

The inspector saw all residents had access to a television in their bedroom and both sitting rooms. They had access to music systems and told the inspector how they had recently pooled together and bought a laptop between them, they also had sourced an

internet provider which they paid for together. There were two portable telephones accessible to residents in the house and all had their own personal mobile phone.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

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

There were no restrictions on visitors. Residents' had written and implemented their own visitor's policy. Residents' told the inspector that they had visitors of their choice visit them in their home and invited them for lunch if they so wished. Some also spoke to the inspector about their visits to their family's home. Residents' who had chosen for their families to be involved in their care had been invited to attend the residents' recent individual wellbeing assessment. There was a family contact sheet in each resident's file where staff recorded all verbal contact with the residents' family.

Residents used facilities in the local community. They told the inspector they regularly visited the local coffee shops, the public house (occasionally) and one resident explained how he volunteered in the local tidy towns. The residents walked and or cycled to the local shops to purchase groceries and items of their choosing. The local cinema and shopping centre was also regularly visited by residents.

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):

No actions were required from the previous inspection.

Findings:

Contracts of care were available for residents'. There was an admissions policy in place which outlined the procedure to be followed including the involvement of the person in charge, the resident to be transferred and his/her next of kin. There had been one resident admitted to the centre for respite and she had visited the centre prior to staying overnight.

Contracts reviewed were signed and dated by the resident and the person in charge. The contracts included details about the support, care and welfare the resident would be expected to receive, details of the services to be provided and the fees to be charged. However, they did not refer to additional costs that may be charged and residents informed the inspector that they paid additional charges for wireless internet.

Judgment:

Non Compliant - Minor

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

This outcome was found to be compliant with regulations and standards. It was reviewed in detail on the last inspection in April 2014.

During this inspection one resident showed the inspector his personal file and informed the inspector that he, both his key workers' (one from the day care facility he attended and one from the centre) and his psychologist had been involved in the completion of this assessment. The assessment reflected the residents' interests and preferences and outlined how staff could assist the resident to maximise his individual opportunities to participate in meaningful activities. This assessment had been reviewed within the past year.

The resident had a corresponding outcome based personal plan which outlined three personal outcome based goals he set himself for 2014. One of which included to go to concerts of his preference. The resident confirmed he had gone to a concert with a member of staff in May 2014 which he really enjoyed. The resident confirmed that his sister assisted him and staff to set these personal goals.

The staff within the centre promoted residents independence. They had assisted residents' in finding employment. A number spoken with confirmed to the inspector they had part time jobs which they enjoyed as they had fun at work and they got paid.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The location, design and layout of the centre was suitable for its stated purpose and met the residents' individual and collective needs in a comfortable and homely way. The semi detached two storey house had been home for the residents for a number of years.

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

There were four resident bedrooms situated upstairs and two downstairs. Residents told the inspector they were involved in the decoration of their personal space. Two residents showed the inspector their bedroom which they had furnished to meet their personal taste.

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

The communal areas included a well equipped kitchen/dining room, a large bright sitting room and a smaller sitting/private room. The laundry and cleaning storage room contained all required equipment. There were two shower rooms with toilet and wash hand basin, within. One was situated upstairs and one which also contained a Jacuzzi bath was situated downstairs. There was a third separate toilet with wash hand basin downstairs close to the dining room.

A resident showed the inspector around the rear garden accessible via a number of patio door exits. The garden contained a garden shed, one resident's grow tunnel and a paved area with table and chairs where residents could enjoy dining outside. The garden could be secured by closing the side gate entrance leading from it. Car parking spaces were available in the paved drive to the front of the house and on the road.

The staff bedroom had ensuite facilities which included a shower, toilet and wash hand

basin.

Evidence that the building complied with the Planning and Development Act 2000-2013 signed by a suitably qualified competent person as required by Registration Regulation (5)(3)(c) was not provided.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The inspector formed the view that the health and safety of residents, visitors and staff was promoted and protected. There was a risk management policy in place which now reflected the legislative requirements. The person in charge completed risk assessments on a monthly and annual basis and health and safety checks were completed on a quarterly and six monthly 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 and it was on display on the residents' notice board in the dining room. An emergency plan had been developed and implemented since the last inspection. It was detailed and included the procedures to be followed in the event all potential emergencies.

Records were available to confirm that fire equipment including fire extinguishers, the fire blanket, emergency lighting and the fire alarm had all been tested by professionals within the required time frame. All staff had completed fire training within the past year and both residents and staff spoken with had a clear understanding of the procedure to be followed in the event of a fire. Residents required guidance only in vacating the house in the event of a fire. The records reviewed showed that fire drills were practiced on a regular basis during the day and night by both staff and residents.

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

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

Judgment:

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):

No actions were required from the previous inspection.

Findings:

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

The centre appeared safe and secure. 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. Five residents had their own front door key one had chosen not to have one. Each resident had a key to their bedroom. The inspector saw bathroom doors had secure locks and there were blinds and curtains on bedroom windows.

Communication between residents and staff was respectful. One resident who very infrequently may display behaviour that may challenge others had a positive behavioural support plan in place. The resident's psychologist had been involved in the development of the plan.

There were no forms of restraint in use in the house.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the designated centre was maintained and where required, notified to the chief inspector. A detailed record of all incidents and accidents occurring in the centre was maintained by staff. Quarterly reports had been submitted to the chief inspector in a timely manner. No incidents' notifiable within three working days had occurred to date.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Resident's opportunities for new experiences, social participation, education and training were facilitated and supported by staff. All residents' attended day care facilities and all were in some form of part-time employment one day per week. For example, one resident worked in a coffee shop another in a clothes store.

Each of the residents had their own weekly activity schedule. Most residents were capable of travelling to and from work, day care facility and their chosen activity independently. For example, one resident cycled to and from a local clinic appointment on the day of inspection. Residents' were facilitated to go on holiday by staff if and when they requested.

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):

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

Findings:

The health care needs of residents were being met and records reflecting this were now available for review in each residents file. The inspector reviewed two residents' files and saw evidence that they were facilitated to access 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 had his behavioural support plan reviewed by the psychologist. Records were on file to reflect these visits. All residents' had visited their General Practitioner (GP) prior to this inspection where they had been offered, accepted and administered the Influenza Vaccine. Evidence of this was available in each resident's file.

The inspector saw that residents' had access to adequate quantities and a good variety of nutritious food to meet their dietary needs. None of the residents required special diets. They were all actively involved in planning, preparing, cooking, serving and cleaning up after their breakfast and evening meals with little support from staff. One resident had sole control of the dishwasher which he confirmed he thoroughly enjoyed and took very serious.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

The inspector found that practices regarding drug administration and prescribing had improved since the last inspection and were now in line with best practice. There was a new operational policy available in draft format which included the ordering, prescribing, storing, administration and prescribing of medicines. The practices in relation to ordering, storing and disposal of medication were in line with the draft policy. There was a separate policy on self administration of medicines.

There was a safe system in place for the ordering and disposal of medications and the inspector saw records which showed that all medications brought into and out of the centre were checked. An audit of each resident's medications was completed on a weekly basis by staff; any discrepancies were identified and reported to the service manager by completion of an error form. This was reviewed and recommendations made were fed back to the person in charge who was given a set period of time to implement the recommendations made. The inspector was informed there had been no medication errors since the last inspection.

One resident, who had commenced self administration of his medication since the last

inspection, explained the procedure he followed to the inspector. He had control over his own medications which he signed for when he took them. He explained how the staff were supporting with the change in practice. The resident explained how he collected his medications from the local pharmacy independently.

Safe Administration Medication (SAM) guidelines were under review and were available in draft format. All staff had up-to-date SAM training in place.

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

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):

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

Findings:

The statement of purpose had been revised since the last inspection and a copy was submitted to the Authority and reviewed prior to this 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.

One of the residents showed the inspector a copy of the statement of purpose which was available to residents in the dining room.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There was a clearly defined management structure that identified the lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced social care worker (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 person in charge was involved in the governance, operational management and administration of the centre on a consistent basis. He had a good knowledge and understanding of the residents', having worked with most of them for a number of years. Residents appeared to know him well, informing the inspector that he was "the boss".

During the inspection the person in charge 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. Three of whom who have been nominated to manage both centres in his absence. He reported directly to a service manager who reported to a regional director (also nominated person on behalf of the provider). The inspector was informed by the person in charge and saw evidence that regular scheduled minuted meetings took place with the service manager. The nominated person on behalf of the provider attended the centre occasionally.

Management systems had been developed to ensure that the service provided were safe, appropriate to residents' needs, consistent and effectively monitored. The service manager had visited the centre and together with the person in charge conducted a review of the health and safety and quality of care and support provided to residents' within the centre. They identified areas for improvement and issues which required follow-up, by whom and within what time line. The inspector was informed that this information would be used to inform the annual review of the service, a format for which was being developed by management.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

The Chief Inspector had not been notified of the proposed absence of the person in charge of the centre to date and the inspector was satisfied that arrangements were in place for the management of the centre during his absence.

As mentioned under outcome 14, three social care workers all of whom were met on inspection demonstrated a good clinical knowledge of residents', had the required experience and qualifications to manage the centre in the absence of the person in charge.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

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

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):

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

Findings:

The numbers and skill mix of staff were adequate to meet the needs of the six residents. Staffing levels included the person in charge and seven social care workers. The staff

also provided up to six care hours per day to two residents living semi-independent lives in a centre located close by. As mentioned under outcome 16, the person in charge managed this well.

The inspector reviewed staff training records and saw evidence that all staff had up-to-day mandatory training in place and those spoken with had a good knowledge of procedures to follow. In addition, staff had refresher Safe Administration of Medication training in place and food safety was planned for all staff for a date in November 2014.

There were no volunteers working in the centre and no use of agency staff.

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

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

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

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

The centre had some of the written operational policies as outlined in Schedule 5 available for review, some were available in draft format. Those not developed to date included the following:

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

The inspector noted that some policies had not been adopted in full by staff. For example, the policy and procedures for the management of service users' monies by staff stated a maximum amount of petty cash should be held in house for each resident. However, a sum in excess of this maximum amount was being held for one resident.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Sheila 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:	OSV-0002352
Date of Inspection:	07 October 2014
Date of response:	17 November 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, 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 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 contracts of care did not include details of possible additional charges.

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

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

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 Contracts of Care will be updated to include a breakdown of additional charges NOT included in the weekly rent of € 120. These items will be discussed with the service users at the weekly residents meetings in the unit. There will be a list of possible additional charges compiled and amended in the contracts of care.

Proposed Timescale: 31/12/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

All 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 were not prepared in writing. Those not available included policies on the following:

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

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:

Communication with residents': The registered provider is in the process of developing a Communications Policy as required in the legislation. The policy will be discussed at a staff meeting to ensure all staff have up to date knowledge on the policy. The policy and minutes of the staff meeting will be available for review when completed.

Monitoring and documentation of nutritional intake: The registered provider is developing a nutritional policy. The policy will be completed by 01/12/2014 and will be available for review.

Creation of, access to, retention of, maintenance of and destruction of records'. : The registered provider has established a working group to develop the 'Creation of, access to, retention of, maintenance and destruction of records policy' as required in the legislation. The policy will be in line with the Data Protection Act. This will be a significant organisation policy with many stakeholders including service users, staff, administrative functions and clinical supports. A first draft of the policy will be developed by 15 December 2014. The final draft will be completed by March 31 2015. A

copy of the policy will be available for review.

Proposed Timescale: 31/03/2015

Theme: Use of Information

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

The policy and procedures for the management of service users' monies by staff stated that a maximum amount of petty cash should be held in house for each resident. However, a sum in excess of this maximum amount was being held for one resident.

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:

Please state the actions you have taken or are planning to take: The registered provider will review its policy and procedures for the management of service users' monies by staff in relation to a maximum amount of petty cash to be held in house for each resident. PIC will meet with the Financial Director to discuss the maximum amount of petty cash held in the unit per resident...meeting 01/12/2014 and amendments made to the policy as deemed necessary.

Proposed Timescale: 31/03/2015