Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002379
Centre county:	Dublin 9
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	Maureen Hefferon
Lead inspector:	Caroline Vahey
Support inspector(s):	Rachel McCarthy
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:
10 November 2015 10:00	10 November 2015 19:00
11 November 2015 09:00	11 November 2015 18:00

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

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

Summary of findings from this inspection

This was the first inspection by the Authority of the designated centre. The inspection was announced and formed part of the application to register the centre by the provider. The inspection took place over two days and as part of the inspection the inspectors observed practice, spoke to residents, staff and families, and reviewed documentation such as personal plans, complaints log, residents meetings, risk management plans and policies and procedures. The inspectors also reviewed a number of questionnaires submitted by residents and relatives to the Health Information and Quality Authority (the Authority).

The person in charge facilitated the inspection. The inspectors also met with the

service manager (person participating in management) at the commencement of the inspection, during the inspection and at the feedback meeting following inspection. As part of the application to register, the provider had submitted all required documentation.

An application was made to the Authority by the provider to register the centre for six residents. Overall the inspectors found there were safe and suitable facilities and services to meet most of the needs of the residents within the centre. However, improvement was required in the use of resources which impacted on the implementation of some identified needs of residents in social care and the development of independent skills.

The centre was compliant in a number of outcomes including safe and suitable premises, safeguarding and safety, healthcare needs and medication management. Substantial compliances were also identified in areas such as residents' rights, dignity and consultation, communication, governance and management and record and documentation. Moderate non compliances were identified in social care needs, health and safety and risk management, general welfare and development and use of resources. These non compliances are discussed in the body of the report and included in the action plan at the end of the report.

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

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Overall the inspectors found that residents' rights and dignity were promoted and residents were involved decision making within the centre. However, some improvement was required in the documentation of complaints.

Residents were consulted about how the centre was run and there was a weekly residents meeting in which issues pertaining to the centre were discussed and documented. Residents had access to an external advocacy service and on review of minutes of resident meetings it was evident that they had been made aware of how to access the advocacy service. One resident had availed of the external advocacy service to support her to manage a complaint, and due to the advocate attending the centre, all residents had met the advocate.

The centre had a policy to manage complaints which was also available in an accessible format and prominently displayed in the kitchen area. The complaints procedure had also been discussed at residents meetings. There was a nominated person to deal with complaints and a picture of the nominated person was displayed on the accessible complaints procedure. The procedure for dealing with complaints included an appeals process and complainants could refer complaints to external agencies if not satisfied with the outcome of a complaint investigation within the centre.

Complaints were dealt with in a timely manner within the time frame set out in the centre policy on complaints management. On review of the complaints log it was evident that residents or their representative had been made aware of the outcome of a complaint. In one case in which there was an ongoing process in relation to a complaint, the resident had been kept informed at each stage of the process in line with the centre

policy on the management of complaints. While complaints were dealt with in a timely manner, improvement was required in the documentation of complaints. One resident had made a complaint about noise levels and while the person in charge had met with the resident and the resident was satisfied with the outcome, this complaint had not been recorded in the complaints log.

Staff members were observed to provide care in a respectful and dignified manner. For example, all residents had their own bedroom, staff were respectful when assisting residents at mealtimes and staff were observed to communicate with residents while respecting the individual's method of communication. There were ample facilities available within the centre to facilitate private contact between residents, families and / or friends.

Personal information in relation to residents was stored in an unlocked press within the staff room and while there was a combination lock on the door, the person in charge informed the inspector the lock was not used, therefore personal information in relation to residents was not secure. This non compliance is discussed in more detail under Outcome 12.

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

Residents were kept informed in relation to their rights through the residents meeting and through participation and attendance at review meetings in relation to their care. Resident's choices were respected and facilitated as evidenced in meal planning, choice of activities or social events. One resident had requested to reduce the time they attend day service and this was being worked on within the centre.

Independent skills were promoted such as in laundering clothes, cooking meals and money management and through residents being supported to independently travel.

There was a policy in place on residents' personal property, personal finances and possessions and staff were knowledgeable on the procedure on the management of residents' finances. Inspectors spoke to one staff member who confirmed that social activities were paid for by the residents and staff costs associated with these activities were paid by the service. Inspectors reviewed records pertaining to residents' finances and found the management and recording of financial transactions was transparent and in line with national guidelines. Financial transactions were audited by the person in charge on a monthly basis.

There was a range of activities for residents, individual to their interests such as attending football matches, discos, music sessions, swimming and going to the gym.

Judgment:
Substantially Compliant

Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions

are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Overall the inspectors found resident's communication needs were met however, improved access to the internet for residents was required.

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

Staff were knowledgeable on the communication methods used by residents within the centre including picture exchange communication systems, sign language and objects of reference. The inspectors observed a resident and staff having a conversation through sign language and staff were skilled and fluent in communicating with the resident.

Communication needs and interventions were highlighted within the residents' personal plan and there was evidence of speech and language therapist input in the development of communication systems for residents. One resident had a communication plan in place which involved input from a variety of multidisciplinary team members. This plan encompassed communication needs using objects of reference, independent skills using a switch to turn on / off music and sensory experiences through taste.

There was evidence throughout the centre of use of picture communication systems, for example, picture scheduling, picture menu and portable picture cards to support one resident's communication in a variety of settings.

The centre was part of the local community and residents accessed facilities within the local community such as swimming pool, gym, restaurants and shops. Information on local upcoming events was discussed at residents meetings.

Residents had access to a television and residents also had televisions within their bedrooms. There was a telephone available within the centre for residents use. Two residents had mobile phones. Access to a radio was also available. One resident had an electronic tablet and staff informed the inspectors they were in the process of sourcing an electronic tablet for another resident. While there was internet access, this was only available for residents in the staff bedroom / office using the centre computer. The contract of care for residents outlined that internet access would be provided to residents.

Judgment:
Substantially Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Overall the inspector found residents were supported to develop and maintain personal relationships and links with the wider community.

Positive relationships between residents and families were supported. Residents regularly visited or phoned family. Residents were supported to maintain friendships both within the service and outside of the service. Activities such as going out for coffee or dinner in the centre were facilitated to support friendships and relationships.

There was policy of open visiting within the centre. This was confirmed by a family member when speaking to the inspectors. There were facilities for residents to receive visitors in private with two sitting rooms and also a kitchen / dining space available.

Residents had links to the wider community. All residents attended a day service five days per week. One resident maintained links to a local theatre and had recently taken part in drama production in the theatre. Residents attended clubs outside of the centre.

Families were invited to attend review meetings held a minimum of annually as per resident's wishes.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:

The inspectors found the admission process to the centre was timely, transparent and in line with the statement of purpose.

There were policies and procedures in the centre for admissions, including transfers, discharges and the temporary absence of residents. The procedure for admission considered the wishes, needs and safety of the individual and the safety of the residents currently living within the service.

An application was made to the Authority to register the centre for six residents. There were no vacancies within the centre and there had been no recent admissions to the centre. The centre did not have the capacity to accept emergency admissions and this was confirmed by the person in charge.

Each resident had a written agreement which residents and / or their representatives had signed. The agreement set out the service to be provided and fees charged to residents. Details of additional fees not covered under the written agreement were also set out.

Judgment:
Compliant

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Overall inspectors found residents' care and welfare was maintained by a good standard of care and support however, not all the assessed needs of residents were met.

Each resident had a personal plan detailing an assessment of need in areas such as health, social, communication, personal, mobility, choices and spirituality. The assessment of need also identified supports required to meet the residents assessed needs. Personal plans were reviewed annually or sooner if required to reflect changing resident needs or wishes. The inspectors reviewed records of review meetings and there was clear documentation on the role and responsibility of team members in the

implementation of agreed plan of actions.

Residents and their families were involved in the development of personal plans and goals, and attended reviews as required throughout the year. There was evidence from records of meetings that multidisciplinary team members were also involved in the development and review of resident's personal plans.

Plans detailed the care and support required to meet the residents assessed needs for example, one resident had a diabetes management plan with clear guidelines for staff on the resident support requirements.

However, not all plans were implemented. In one resident's plan it was documented the resident has an assessed need to attend an activity outside the centre however, it could not be facilitated due to lack of staff resources. The inspector also spoke to family members who outlined the activity had stopped due to staffing levels.

Improvements were also required to ensure that there was further development and promotion of independent skills for residents within the centre. This is further discussed in Outcome 10.

Personal plans were not available in accessible format for residents. This was discussed with the person in charge and the person participating in management, who informed inspectors the service was in the process of developing accessible personal plans for all residents within the service.

Judgment:
Non Compliant - Moderate

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspectors found that the premises was safe and suitable to meet the needs of the residents. The centre was clean and well maintained.

The centre was a two storey building located in an suburban setting. Each resident had their own bedroom, with ample storage for clothes and personal possessions. Bedrooms

were decorated appropriate to residents' age and the person in charge informed the inspectors that residents could choose to change décor within their bedrooms as they wished. Pictures were evident in bedrooms and throughout the centre of resident's personal photographs. Some residents had chosen to hang achievement awards on their bedroom walls also. Accessible bedrooms were available for two residents on the ground floor with suitable space to provide care as required. One bedroom upstairs had an ensuite facility.

There were a total of four bathrooms in the remainder of the centre, two on the upper floor and two on the lower floor. Residents had access to a bath or shower if using the upper floor bathrooms. Both bathrooms on the lower floor were wheelchair accessible with one bathroom fitted with a shower.

There was a staff bedroom which was also used for a staff office.

The centre had two sitting rooms available with suitable seating. One of these sitting rooms was equipped with sensory equipment and residents were observed to enjoy the facilities in this room. The centre had a large kitchen dining room with suitable facilities for cooking and dining. There was also suitable storage for food including a refrigerator, freezer and food cupboards. There was ample seating in the dining area.

There was a utility room with facilities for residents to launder their clothes if they so wished. Chemicals were stored in a locked cupboard in the utility room. Appropriate storage for mops was available in the rear garden.

Parking was available to the front of the centre. The centre had a large back garden and garden furniture, a barbeque and a basketball hoop were available for residents use. There was also a garden shed for storage of garden furniture.

The centre was accessible for residents. Front and rear exits had ramps fitted. Grab rails were fitted for residents in bathrooms. Call bells for residents were accessible in one bathroom. Arrangements were in place for the disposal of general and clinical waste.

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

Findings:

The inspectors found the health and safety of residents, visitors and staff was protected however, some improvement was required in risk management, access to safe and suitable transport and the evacuation procedure for one resident.

There was a policy and procedure in place for risk management and emergency planning. The centre also had a policy and procedures in relation to health and safety. The centre maintained an up to date health and safety statement. There was no policy within the centre where a resident goes missing however a procedural guide was available. Some improvement was required in this procedure to guide staff as to the arrangement for contacting the Gardaí in the event of a resident goes missing. This is further discussed in Outcome 18.

There were adequate procedures in place for the prevention and control of infection. Personal protective equipment such as gloves and aprons were readily available throughout the centre. Suitable hand washing facilities were also available throughout the centre, with antibacterial soap, alcohol hand rub and paper hand towels in ample supply. Sharps buckets were supplied for the disposal of clinical waste.

Procedures were in place to promote health and safety throughout the centre for example, first aid procedures if required, manual handling guidelines for residents, transport checks, safe storage of chemicals, food storage, temperature checks of fridges and freezer and cleaning schedule for the centre.

Measures were in place to prevent accidents such as the use of wet floor signs to prevent slip/ falls, locking of chemicals and use of assistive equipment such as handrails to prevent injury to residents or staff.

The person in charge carried out quarterly health and safety check covering areas such as first aid, occupational health and welfare, manual handling, transport, environmental risks, accident and incident review and fire prevention and protection.

The person in charge maintained a site specific risk register which identified risk and measures in place to control the risk including the unexpected absence of a resident, accidental injury, aggression and violence and self harm. However, not all risks were identified namely lone workers, transport, use of electrical equipment.

The centre had arrangements in place for investigating and learning from serious incidents. Incidents logs were recorded and maintained within the centre. Inspectors reviewed incidents forms for residents and appropriate actions were taken as a follow up to incidents. There was a procedure in place to respond to emergencies however, improvements were required to outline contingency plans in the event resident required emergency accommodation. This is further discussed in Outcome 18.

All staff had received training in manual handling.

The centre had access to a car and the inspectors reviewed an up to date certificate of roadworthiness. The car could cater for five of the six residents. Driving licenses were up to date for staff. One resident required wheelchair accessible vehicle and could not be transported in the centre car. Staff members informed the inspector that a

wheelchair accessible bus could be requested for weekends however, access was limited and inconsistent.

Suitable fire fighting equipment was provided throughout the centre and had recently been serviced. There were adequate means of escape throughout the centre and all exits were unobstructed on the day of inspection. Fire drills took place six times a year with two of these fire drills carried out at night time when one staff was on duty. The fire alarm was tested weekly. Emergency lighting had been serviced recently and the fire alarm system serviced twice a year. The inspectors reviewed records pertaining to fire safety and details of fire drills, fire alarm testing and servicing of fire equipment were maintained in the centre. All staff had completed training in fire safety and fire evacuation.

There was a procedure for the safe evacuation of residents in the event of a fire. All residents had a personal evacuation plan in place. The person in charge and the person participating in management outlined at the beginning of the inspection that one resident had a contingency plan in place should they become unwell. The contingency plan required two staff to evacuate the resident using a ski sheet however, the house was staffed at night by only one staff.

The person participating in management outlined a second staff could be contacted at a campus near the centre however, on further discussion staff in the campus had not been alerted to the fact that they may be required to assist in the centre in the event of a fire. The person in charge could not confirm the exact arrangements for contacting a second staff in the campus and had not trialled this plan to ascertain the timescale it would take for a second staff member to respond. There were no guidelines in the residents personal evacuation plan on the actions staff should take in the event of a fire and the resident being unwell.

Details of the contingency plan were subsequently submitted to the Authority post inspection however, on review the plan was not reflective of the details outlined on the day of inspection.

Judgment:
Non Compliant - Moderate

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspectors found there were suitable measures in place to protect residents in the centre.

There was a policy and procedures on the prevention, detection and response to abuse, however there was no date on the policy and procedures were not in line the with the Health Service Executive (HSE) policy on Safeguarding Vulnerable Persons at Risk of Abuse. The inspectors discussed this with the person participating in management who outlined the organisation were currently working on a policy in line with the HSE policy. This is discussed further in Outcome 18. All staff employed in the centre had received training in safeguarding.

There was a policy in place for the provision of personal intimate care.

The inspectors spoke to staff members who were knowledgeable on what constitutes abuse and the procedure to follow in the event of an allegation, suspicion or disclosure of abuse. There were no incidences of abuse had occurred in the centre.

One resident spoken with said they felt happy in the centre. The inspectors reviewed questionnaires and met with residents and families during the inspection. Residents said they felt safe in the centre. Family members expressed they felt their relative was safe within the centre.

There was a policy in place for the provision of behavioural support and a policy for the use of restrictive procedures, including physical, chemical and environmental restraint.

Positive behavioural support plans were in place for residents with support from a psychologist in the assessment of residents and the development of plans. Residents and their families attended annual reviews which included the review of behaviour support plans.

The inspectors reviewed documentation in relation to risk assessments and review of the use of restrictive practice. The inspector found that some restrictive practices were in use in the centre including the use of bed rails, lap straps and chest straps for safety reasons for residents at risk of injury. Recommendations for use of this equipment followed assessment by multidisciplinary team members.

All restrictive practices had been referred to a service committee for assessment prior to use and a risk assessment was subsequently developed in the centre. The person in charge informed the inspectors that restrictive practice was reviewed annually.

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

Findings:
There was a record of all incidents maintained in the centre and where required incidents had been notified to the Authority.

Judgment:
Compliant

Outcome 10. General Welfare and Development
Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspectors found the centre valued residents achievements and supported the maintenance of skills learned however, improvement was required to support residents in opportunities for further education and training.

There was a policy on access to education, training and development for residents. Educational achievements were valued and residents had a number of certificates of achievement displayed in the centre for example, independent skills training. One resident had attended a graduation event having completed a course in money management. Staff within the centre supported the maintenance of skills learned for example, resident were encouraged to care for their own laundry, residents were supported to use banking machines and residents were supported to prepare meals.

There was no assessment process to establish resident's educational, training or employment goals. However, the person in charge had met with one resident and their family, who expressed a wish to get a job. The inspector also spoke with family

members who expressed they would like their relative to learn more skills however, resources were not available within the centre to support this. The person in charge informed the inspector that measures would be put in place to support the resident getting a job.

Personal plans did not outline the development of new skills for residents. Staff and families identified that the potential for residents to achieve additional skills were not being developed in line with residents needs. Staff spoken to identified that staffing levels have impacted on independent teaching skills and there was potential for residents to learn more skills.

Residents had access to a day service. One resident attended a drama group in a local theatre in the community. Residents were engaged in activities in the centre for example, craft activities, baking and massage therapy. External activities included attending clubs, discos, theatre, going out for a meal, swimming and attending the gym.

Judgment:
Non Compliant - Moderate

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Overall the inspectors found residents were supported to achieve and maintain good health.

Residents healthcare needs were met in line with their personal plan. Residents had access to a range of health care services such as general practitioner, speech and language therapist, physiotherapist, occupational therapist, dietician, dentist, optician, ophthalmology and psychiatrist. Personal plans outlined the actions to be taken in response to identified health needs, for example mental health plans, bone disorder plans, mobility plans and dietary plans. Each resident had an annual review by a general medical practitioner.

The centre was stocked with ample and nutritious food supplies. Residents chose their meals and a meal planner was displayed in picture format in the centre, in line with residents communication needs. Residents chose when to eat their meals and where a resident had chosen to eat their meals at a later time, this was accommodated.

Inspectors observed a meal being served to residents and staff offered support in a sensitive and appropriate manner, in line with residents' wishes and personal preferences. Mealtimes were positive and social engaging for residents. The advice of a dietician formed part of the plan and practice for residents with specific dietary requirements.

Judgment:
Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspectors found residents were protected by the centres' policy and procedures for medication management.

There were written operational procedures relating to the ordering, prescribing, storing and administration of medication within the centre. The procedures for ordering, prescribing and administration of medication were safe within the centre and in line with current guidelines and legislation. Medications were locked in a press in the staff room however, keys to the medication press were not secure. This was discussed with the person in charge and this practice was rectified during the inspection to ensure safe storage of medications.

The inspectors observed medication being administered to residents and staff adhered to safe and appropriate practice.
There were no controlled drugs prescribed for residents within the centre. There were no incidences where chemical restraint was used within the centre.

There were suitable arrangements in place for the disposal of out of date or unused medication and medication stocks were audited on a weekly basis.

Residents availed of the services of a pharmacist in the community. All residents had met with the pharmacist. Two residents took responsibility for collecting their own medication from the community pharmacist. There were no residents self medicating in the centre.

Judgment:

Compliant

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The centre statement of purpose detailed the aims, objectives and ethos of the designated centre and the services and facilities to be provided to the residents.

The statement of purpose was reviewed in the past month and contained all the information required by Schedule 1 of the Health Act 2007 (Care and Support for Persons (Children and Adults) With Disabilities) Regulations 2013.

The statement of purpose was available in a format that was accessible to residents and their representatives.

Judgment:
Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Overall the inspectors found there were effective management systems in place to ensure that the service provided was safe, appropriate to residents needs, consistent

and effectively monitored.

There was a clearly defined management structure that defined the lines of authority and accountability. The person in charge reported to a service manager (person participating in management) within the service and meetings were scheduled four to six weekly. The person in charge also met with the service manager and peers on a quarterly basis as part of a larger St. Michael's House management support system.

The service manager had responsibility for nine centres within the larger St. Michael's House service. The service manager reported to the provider nominee and meetings were scheduled every fortnight, in which outstanding issues within the centre were discussed. An out of hour's nurse management service was also available. The inspectors spoke to staff members who were aware of the management structure and reporting mechanisms.

The person in charge was employed on a full time basis in the centre and has been in post as the manager in the centre since 2004. The person in charge was interviewed during the inspection and demonstrated knowledge of the regulations and her statutory responsibilities. The residents knew the person in charge.

The person in charge fulfilled a management role and a social care role within the centre and was available to staff for support on an ongoing basis. Staff spoken to said they felt supported by the person in charge.

The person in charge had arrangements in place for staff supervision and met with individual staff on a six to eight weekly basis. There was no performance development review system in place for staff. This was discussed with the person in charge and the service manager, who informed the inspector the service was in the process of developing this system.

The person in charge informed the inspectors she could avail of protected time to fulfil her management role however, this time was not consistently allocated on a weekly basis. The person in charge covered staff absences for annual leave and identified she had insufficient protected time to carry out administrative duties during these periods.

The provider nominee had recently completed an annual review of the quality and safety of care within the designated centre. The inspector reviewed the report of this review, in which the views of residents, relatives and staff had been sought and reported on. While some of the issues identified within the report had been addressed, there was no action plan developed and it was unclear what measures were to be taken by the provider nominee to address these shortcomings. For example, staff expressed a concern regarding a lack of accessible transport at weekends, staff commented they needed more time to do activities with residents and one resident expressed they wanted more activities.

A report on the safety and quality of care and support provided in the centre was completed on a six monthly basis by the service manager on behalf of the provider nominee. An action plan was developed from this report and the inspectors were assured that actions from previous reviews had been completed.

Judgment:
Substantially Compliant

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspectors found there were suitable arrangements in place in the absence of the person in charge.

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

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

Judgment:
Compliant

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:

The inspectors found there were insufficient resources in the centre and some of the assessed needs of residents were not met.

The allocation of staff was not sufficient to meet some social care needs and further development of residents' independent skills had been impacted by staffing levels. The impact of staffing levels was previously discussed in this report under social care needs and general welfare and development.

Judgment:
Non Compliant - Moderate

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspectors judged the centre had the appropriate staff skill mix to meet most of the assessed needs of the residents however, there were insufficient staffing levels to ensure all residents' needs were met.

Staff employed within the centre had the skills, qualifications and experience to meet the assessed needs of residents however, there were insufficient numbers of staff to meet the some of the identified needs of residents. This is discussed and actioned under Outcome 16.

Nursing support was available through an on call nurse management system and the person in charge informed the inspectors that this nursing support has been provided to residents as required.

Inspectors reviewed rosters and there were actual and planned rosters maintained within the centre.

Staffing arrangements were consistent with the details set out in the centre's statement of purpose.

The inspectors observed residents receiving assistance and support in a sensitive, individualised and safe manner.

As discussed in Outcome 14 the person in charge provides staff supervision meeting individual staff on a six to eight weekly basis.

The inspectors reviewed training records for staff. All staff had received up to date training in a number of areas including mandatory training such as manual handling, fire safety, safeguarding, medication management and behaviour support, and training specific to residents needs for example diabetes management. The person in charge had also arranged upcoming refresher training for staff in sign language. Overall the inspector was of the opinion that training provided by the service enabled staff to support the residents in their identified needs.

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

Judgment:
Compliant

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
There was a residents guide in the centre in an accessible format. The statement of purpose was up to date. A directory of residents was maintained in the centre and contained all the requirements as per Schedule 3 of the regulations.
All records as outlined in Schedule 4 of the regulations were available in the centre.

The centre had policies and procedures as per Schedule 5 of the regulations, however some improvements were required. As outlined in Outcome 8 the policy on the prevention, detection and response to abuse was not in line the HSE policy and procedure on Safeguarding Vulnerable Person at Risk of Abuse and the policy did not have implementation and review dates.

There was a guideline but no policy in place for incidents in which a resident goes missing. The policies for residents' personal property, personal finances and possessions and the policy on recruitment, selection and Garda vetting of staff had no implementation and review dates.

The procedure to respond to emergencies did not outline contingency plans in the event residents require emergency accommodation.

Personal plans were stored in an unlocked press in the staff room and were not secure.

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

Judgment:
Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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Regulation Directorate
Health Information and Quality Authority

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Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002379
Date of Inspection:	10 and 11 November 2015
Date of response:	09 December 2015

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One complaint had not been recorded in the complaints book.

1. Action Required:
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and

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

whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
On behalf of the Registered Provider the PIC has recorded the complaint referred to in the Designated Centre Complaints Log.

Proposed Timescale: 13/11/2015

Outcome 02: Communication

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was limited internet access for residents.

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

Please state the actions you have taken or are planning to take:
On behalf of the Registered Provider the PIC will purchase an IPad with Internet access for communal usage in the designated centre.
In addition the PIC and Staff Team will support individual residents to purchase personal devices with Internet access if they so choose.

Proposed Timescale: 31/01/2016

Outcome 05: Social Care Needs

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The assessed needs of residents were not all actioned and implemented.

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

Please state the actions you have taken or are planning to take:
On behalf of the Registered Provider the PIC, Service Manager and Admin Manager will review the Roster to identify times where supports are needed to action and implement assessed needs of residents. Following this Roster review recommendations will be forwarded to the Provider Nominee.
The Provider Nominee will then apply to the HSE for additional hours to be allocated

and funded to the designated centre.

A family meeting will be convened to discuss facilitating community activities for residents.

Proposed Timescale: 28/02/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all risks had been identified in the centre namely lone workers, transport and use of electrical equipment.

4. Action Required:
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
On behalf of the Registered Provider the PIC has completed hazard identification and risk assessments for lone working, transport and use of electrical equipment.

Proposed Timescale: 04/12/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The vehicle used the centre was not fitted with appropriate safety equipment for the transport of all residents.

5. Action Required:
Under Regulation 26 (3) you are required to: Ensure that all vehicles used to transport residents, where these are provided by the registered provider, are roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.

Please state the actions you have taken or are planning to take:
On behalf of the Registered Provider the PIC will contact the Transport Manager to discuss changing the vehicle used in the centre for a vehicle suitable for all residents in the designated centre. The Transport Manager will be asked to recommend a more suitable vehicle and provide costings. The Service Manager will bring the recommendation and costings to the Provider Nominee.

The Provider Nominee will apply to the HSE for funding the lease of a suitable vehicle

Proposed Timescale: 31/03/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The guidelines submitted to the Authority in relation to the evacuation of one resident were inconsistent with details given on the day of inspection.

6. Action Required:
Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

Please state the actions you have taken or are planning to take:
The personal evacuation plan in place for the resident referred to is effective and records show compliance with the procedure during all fire drills to date.

The contingency guidelines submitted to the Authority in relation to the evacuation of this resident were new and were revised to reflect a change in arrangements. This revision followed consultation with relevant stakeholders.

Proposed Timescale: 13/12/2015

Outcome 10. General Welfare and Development

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Educational, employment and training goals for residents had not been established and personal plans did not outline the development of new skills for residents.

7. Action Required:
Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

Please state the actions you have taken or are planning to take:
The PIC and Staff Team in the Designated Centre in conjunction with the Day Service will establish educational, employment and training goals for residents. This will be achieved through the annual Wellbeing Meeting process, the Cosan Assessment process and the revised structure for Personal Planning which is being rolled out in the Organisation in 2016 and will include training for the Staff Team.
The Registered Provider will implement the Policy on Education, Training and Employment by the end of January 2016.

Proposed Timescale: 31/12/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no formal performance management review system for staff in the centre.

8. Action Required:
Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

Please state the actions you have taken or are planning to take:
Formal Induction and Probation at 3 months and 6 months carried out along with a formal Induction Checklist which is completed by the PIC with all new staff members. The PIC carries out regular support meeting with staff members in the designated centre at 6 to 8 weekly intervals where performance and skill development is discussed. The PIC raises performance issues with the Service Manager at Management Meetings and the Service Manager discusses these issues at HR meetings on a 6 weekly basis and advises the PIC on how to proceed.
Currently where there is a performance issue the PIC informs the person and formal Progress Meetings are planned to address issue.

On behalf of the Registered Provider the Human Resource Dept has developed a Performance Management and Development System. As of December 2015 training has begun for staff members at Grade 8 and equivalent. Negotiations are on-going with Unions for the implementation of a Performance Management and Development System for other Grades.

Proposed Timescale: 30/06/2016

Outcome 16: Use of Resources

Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were insufficient staffing resources to meet some of the assessed needs of residents.

9. Action Required:
Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the

statement of purpose.

Please state the actions you have taken or are planning to take:
As identified under Outcome 5 The PIC, Service Manager and Admin Manager will review the Roster and allocation of Staff Resources and will make recommendations to the Provider Nominee.

Proposed Timescale: 31/03/2016

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The policy and procedure on the prevention, detection and response to abuse had no date and was not in line with the HSE policy and procedure on Safeguarding Vulnerable Persons at Risk of Abuse.

There was a guideline but no policy in place for incidents where a resident goes missing.

The policy on resident's personal property, personal finances and possessions had no implementation and review date.

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

The procedure for response to emergencies did not outline the contingency plans should residents require emergency accommodation.

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

Please state the actions you have taken or are planning to take:
The new Policy and Procedure on the prevention, detection and response to abuse, in line with the HSE Policy and Procedures on Safeguarding Vulnerable Persons at Risk of Abuse is now in place in the designated centre.
The Policy and Procedure for a missing resident is now in place in the designated centre.
The Policy on Resident's personal property, personal finances and possessions is dated March 2015 with a review date of March 2017.
The Policy on recruitment, selection and Garda vetting of staff is dated 2006 and is currently under review. This review will be complete by the end of 2016.
The procedure for response to emergencies has been revised to outline contingency plans should residents require emergency accommodation.

Proposed Timescale: 31/12/2015