

**Health Information and Quality Authority
Regulation Directorate**

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



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|---|---|
| Centre name: | A designated centre for people with disabilities operated by St Michael's House |
| Centre ID: | OSV-0002388 |
| Centre county: | Co. Dublin |
| Type of centre: | Health Act 2004 Section 38 Arrangement |
| Registered provider: | St Michael's House |
| Provider Nominee: | John Birthistle |
| Lead inspector: | Jim Kee |
| Support inspector(s): | Bronagh Gibson; Erin Byrne |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 11 |
| Number of vacancies on the date of inspection: | 1 |

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

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|-------------------------|-------------------------|
| From: | To: |
| 29 September 2015 09:30 | 29 September 2015 18:00 |
| 30 September 2015 09:20 | 30 September 2015 17:30 |

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

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| 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 inspection was of a centre providing a respite service to adults and children, operated by St. Michael's House (registered provider), located in County Dublin. The centre consisted of two purpose built buildings, one to provide accommodation to a maximum of six adults, and one to provide accommodation to a maximum of six children. Both premises were located on the same campus, and had previously been operated as two separate centres but the registered provider had decided to apply to register these as one designated centre. The Authority had conducted a monitoring inspection previously of the children's respite service. There had been no previous inspections in the service providing respite to adults.

The inspection was announced and was carried out by three inspectors over two days. The purpose of the inspection was to inform a registration decision. As part of the inspection, the inspectors met with the person in charge, staff members and residents. The service manager who reported to the provider nominee was also present during both days of inspection and attended the feedback meeting held at the end of the inspection. The inspectors observed staff interactions with residents and reviewed policies and procedures, residents' files, staff files and other records in the centre.

The centre offers a respite service to children and adults with a range of dependency needs. A maximum of 12 service users are accommodated at any time depending on their required needs and dependency levels. This was a busy centre with over 300 people on the centre's books who availed of respite breaks. The inspectors observed that staff were knowledgeable of the individual residents, and all interactions were respectful and kind, and that care and support was delivered in a person-centred manner. However inspectors did have concerns regarding the placement of two residents within this centre on a full time basis, and the ability of a respite centre to provide the appropriate environment and the necessary level of care and support at all times.

18 outcomes were examined as part of this inspection, with four outcomes deemed to be fully compliant with the Regulations-notification of incidents, general welfare and development, absence of person in charge and workforce. Four outcomes were found to be substantially compliant, and these included safe and suitable premises, healthcare needs, medication management and use of resources.

Moderate non-compliances were identified in the outcomes on residents' rights, dignity and consultation as inspectors found that residents' rights and consultation regarding their placements in the centres required review as did the system for managing complaints. The outcome on communication was found to be moderately non-compliant because the information available regarding the communication needs of a number of residents who availed of respite within the centre was very limited with no associated support plans to ensure the communication needs of all residents were met. The outcome on family and personal relationships and links with the community was also found to be moderately non-compliant as there was no private area available within the children's house to facilitate private visits, and there was more scope to develop links with the local community to ensure that more residents could avail of community based activities. The outcome on admissions and contracts for the provision of services was moderately non-compliant as there were no signed contracts in place for residents availing of respite services in the centre. The social care needs outcome was deemed to be moderately non-compliant due to concern regarding the ability of the centre to fully meet the needs of the residents who were residing in the centre either on a full time basis or for substantive periods of time. The assessment and personal planning process within the centre also required review to ensure that assessment resulted in the identification of residents' needs and that plans were put in place to meet these needs. The statement of purpose also required review to ensure it met the regulations and the outcome on records and documentation was found to be moderately non-compliant.

A major level of non-compliance was identified in the outcome on safeguarding and safety due to concern regarding staff training in this area, the monitoring of restrictive practices and the monitoring of inappropriate behaviours.

The outcome on health and safety and risk management was found to be in major non-compliance with the regulations because not all risks in the centre had been fully identified or assessed, and the fire evacuation procedure within the centre required review to ensure that suitable assistive equipment was available to evacuate all residents in the event of a fire.

Overall the outcome on governance and management of the centre was found to be majorly non-compliant. There was a clearly defined management structure in place within the centre, with management systems in place to ensure the smooth running of the centre on a day to day basis, but the number of non-compliances identified during the inspection indicated that management systems in the centre require improvement. The management within the centre required support to ensure the provision of a safe service that is appropriate to meet the needs of all the residents. Aspects of the annual review also required improvement. At the time of the inspection the Authority had not received all of the required documents relating to planning compliance as specified in the Regulations.

The Action Plan at the end of the report identifies all areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended).

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:

There was a system in place to ensure residents were consulted regarding the organisation of the centre. However inspectors found that residents' rights and consultation regarding their placements in the centres required review as did the system for managing complaints.

House meetings were held within the centre when each new group of residents was admitted, and there was a standing agenda that included discussion on fire safety including fire exits, health and safety, menu planning and activities.

Information on advocacy services was available within the centre, but inspectors did note that in the house in which children were residing there was no information on display regarding the UN Convention on the Rights of the Child.

The inspectors had concerns regarding the rights of the two residents who were residing in the adult house on a full time basis, in that a respite setting was not an appropriate environment to ensure residents experienced a stable home life with sufficient support available at all times. There was no evidence that the residents were supported to participate and consent in decisions about their care and support in terms of their placements. The staff did discuss arranging external advocacy to support the residents but this had not been arranged at the time of the inspection. One of the residents had been residing within the centre for a number of years, and although alternative placements had been considered there was no evidence that the sourcing of a long term placement in a more suitable environment had been given the necessary priority.

There were policies and procedures in place for the management of complaints, and the complaints procedure was on display. The inspectors reviewed the complaints records in the centre. Complaints were being classified by staff as being formal or informal. The records indicated if the complaints had been resolved and also included information on the investigation of the complaints. However the records maintained did not record if the resident or their representative was satisfied with the outcome.

Throughout the inspection inspectors observed that staff treated residents in a respectful manner. There were personal care guidelines in place for a number of residents to ensure residents' privacy and dignity was maintained.

There was adequate communal space within the adult house to ensure that residents could have private contact with friends and family. However there was no separate designated area within the house in which children resided for private visits.

Residents accessed the local community, and during the inspection staff accompanied a group of residents to the local shops. Residents had opportunities to participate in activities including trips out for coffee and meals, but review of the minutes of the house meetings indicated that residents' preferred activities were not always possible due to staffing issues. The provision of activities within the centre required review to ensure that residents had opportunities to participate in meaningful activities linked to their known interests and to their individual goals. The absence of broadband in the centre meant that residents could not access on line entertainment. This is discussed further in outcome 2.

There was no access to computers or internet within the centre for residents, even though it was clear that residents' hobbies and interests included computers, and listening to music and watching video clips online.

There were systems in place including a policy on residents' finances to ensure residents were safeguarded in this regard. Records and receipts were kept for all transactions of the residents who were residing in the centre on a full time basis and balances were checked regularly to ensure residents' incomes and expenditures were reconciled. Residents availing of respite were asked to contribute a set amount per visit for activities and other personal spending and this was also recorded. There were laundry facilities available to residents in the centre with staff assistance if required.

Judgment:

Non-compliant - Moderate

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

There was a policy available to staff on communication with residents, and through discussions with staff and observing practice, the inspectors were assured that staff were familiar with the communication needs of the individual residents. However, the information available regarding the communication needs of a number of residents who availed of respite within the centre was very limited with no associated support plans to ensure the communication needs of all residents were met.

Communication plans were in place for children as part of their assessment and support plans, and a pictorial communication system was in use within the centre. A number of children who had respite placements in the centre did not speak English and staff had been provided with basic language skills in the child's native language. However it was not always clear in the support plans the means by which non verbal children were supported to make their needs and wishes known.

Residents had access to radio and television. There was no facility for residents to access the internet within the centre even though a number of the residents had an interest in computers, and liked to listen to music online and watch online video clips.

Judgment:

Non-compliant - Moderate

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:

Efforts to encourage positive relationships between residents and their family members were supported. The centre maintained strong links with the families of the residents who availed of respite in the centre. Families were contacted before planned admission to the centre and also at discharge to ensure effective communication of necessary information. There was a visitors policy in place. However, there was no private area available within the children's house to facilitate private visits. There was more scope to develop links with the local community to ensure that more residents could avail of community based activities. The centre was located close to a community centre but there was no evidence that residents were facilitated to utilise this resource.

Judgment:

Non-compliant - Moderate

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:

There were policies and procedures in place for admitting residents to the centre. Residents who availed of respite placements within the centre did not have written signed contracts in place.

There was a bookings/admissions process in place within the centre to ensure respite was provided to both the adult and underage residents in an equitable manner. There was a monthly meeting involving the person in charge and the principal social worker to discuss and arrange respite provision, using a priority rating system. The needs and safety of the individual residents were considered at this meeting to ensure that the staffing and resident mix was appropriate for each respite period. The centre had over 300 residents (including adults and children) listed on their books. The centre used a respite admission checklist to ensure that all relevant information was obtained from the residents' families and the relevant day services.

The centre was also providing a day service for six children at the time of the inspection, and there was a facility for children to stay within the centre if required. The staff outlined that the provision of these day services was also discussed at the monthly bookings meetings. However the provision of this day service was not detailed in the statement of purpose submitted to the Authority, and there were no clear criteria for admission for day care.

The inspectors were shown the template respite agreement that outlined the service to be provided. There was no charge for the respite service, although residents were requested to contribute a set nightly amount for activities. The inspectors reviewed a number of resident files and there were no signed respite agreements in place. The three residents in the centre who were either on substantive or full time placements within the centre had contracts of care agreements in place but these were not all signed at the time of the inspection.

Judgment:

Non-compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The individual assessment and personal planning process in place within the centre required review to ensure that a comprehensive assessment of the needs of each resident was completed, and that there were personal plans prepared to reflect their identified needs. The inspectors also had concern regarding the ability of the centre to fully meet the needs of the three residents who were residing in the centre either on a full time basis or for substantive periods of time.

The assessment and personal planning process had been identified as an area of non-compliance during the monitoring inspection conducted in the children's centre previously. The centre had allocated resources to addressing this non-compliance and had completed a number of actions as outlined in the action plan submitted to the Authority but inspectors found that further work was required in this area. Staff were observed to be knowledgeable of the individual residents present during the inspection.

Inspectors found that there was a disconnect between the assessment and planning processes. Not all residents had assessments completed and the goals and aims of the respite placement were not clearly articulated in residents personal plans. There was no formal planning/review process that ensured maximum participation of each resident and or their representative. Keyworking sessions relating to residents' individual goals as part of their personal development were not clearly recorded to facilitate assessment of the effectiveness of the plans. The keyworking sessions were mostly documented in the daily notes.

Assessments had been completed for a number of residents using an assessment tool, and there were plans in place informed by these assessments but this was not the case for a number of the resident files reviewed by the inspectors. There was a quick reference guide in place for a number of the residents which provided a summary of

important information relevant to the individual resident. However the inspectors reviewed a number of resident files in which there was no evidence of assessments having been completed and the personal plans available did not have sufficient detail to guide staff. There was no evidence for the majority of residents that the personal support plans developed in the residents' day services to progress residents' individual goals and meaningful activities were followed while the residents were on respite placements.

There were detailed assessments and more comprehensive personal support plans in place for the residents who were residing in the centre on a full time basis or for regular substantive periods of time. The files of one of these residents included a summary entitled 'about me' which provided a good overview of the resident. One of these residents also had three individual goals outlined for the year ahead, which included a breakdown of the steps involved and the staff responsible for supporting the resident to achieve these plans by a set time. Review of these residents files indicated that these residents required a high level of support, and that some of these residents could exhibit behaviours that challenge and other inappropriate behaviours at times, which had the potential to impact on residents who were residing in the centre. Staff indicated that one resident required a stable environment and did not react well to change, so their continued placement in a centre which was constantly subject to change due to new respite admissions and discharges on at least two days per week was clearly not appropriate. A number of the residents who availed of respite in the centre also had high support needs and staff were challenged to ensure that all residents received the support required. Alternative long term placements had been considered for one resident but at the time of the inspection no definitive plan was in place, despite staff concerns regarding the ongoing suitability of the long term placement in this very busy centre.

There was an admissions and discharge process in place in the centre to ensure appropriate information was obtained before the resident was admitted for respite and at discharge to ensure families were appropriately updated.

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):

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 needs of the residents in a comfortable way. There were parts of the centre that required redecoration.

The premises of this centre consisted of two single storey purpose built houses on the same campus. The house in which adults were being accommodated was detached and located at one end of the campus, while the house in which the children were residing was located at the other end of the campus, and was attached to another centre operated by St. Michael's house. There was one door between these centres but this door was kept locked at all times. Each house had a large hall with two wings, one to each side containing three bedrooms for residents and a bathroom while at the back of the houses there was a kitchen/dining area with access to a secure enclosed garden area, and a separate sitting room. There was a second sitting room/sunroom in the house providing accommodation for adults. Each house also had a staff bedroom, an office, a utility room containing facilities for laundering clothes, a toilet and a storage room.

The bedrooms contained sufficient storage for residents which consisted of wardrobe space and a locker. There were window restrictors in place on the windows and curtains/blinds were in place. The bedrooms varied in size and staff explained that not all bedrooms were suitable for residents who required the assistance of a hoist to transfer to and from bed, and that in the adult house the maximum number of non ambulant residents that could be accommodated at any one time was four. The centre had assistive equipment including hoists available. Service records were maintained for this equipment. The enclosed garden area that was accessible from the kitchen/dining area contained a patio area with a table and chairs, and also contained a trampoline, swing and slide.

Overall the centre was bright, airy and clean with sufficient furnishings. However parts of the centre required repainting.

Judgment:

Substantially 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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

There were policies and procedures in place for risk management and emergency planning within the centre, although not all risks in the centre had been fully identified or assessed. The fire evacuation procedure within the centre required review to ensure that suitable assistive equipment was available to evacuate all residents in the event of a fire. The identification and management of risk had improved since the last inspection but further improvement was required.

There was a local emergency response plan in place that detailed the procedure to be followed in the event of flooding, loss of heating, gas leak and power outage. There was also a fire evacuation plan and fire evacuation procedures were on display. Review of the fire safety records indicated that the fire alarm system, the emergency lighting system in place in the hallways, and the fire equipment which included fire blankets and fire extinguishers had all been recently serviced. Fire doors with self closing devices were in place on bedrooms and there were automatic releasing fire doors in place in the hallways. However inspectors did note that the door to the kitchen was wedged open at times, and this practice could compromise the containment of a fire within the centre. Staff spoken to by the inspectors also indicated that there was no assistive equipment, such as ski sheets or similar devices available within the centre to aid in the quick evacuation of non ambulant residents. Fire drills were conducted on a regular basis, and the fire drills reviewed included simulated evacuations in different scenarios. However the fire drills in the adult house had not included a simulated evacuation of non ambulant residents from bed during night time conditions. The fire drill records in the adult house did not consistently identify the staff and residents present at the time of the drills. Daily fire safety checks were conducted and documented. A fire risk assessment had been completed by the person in charge within the previous month. Details of the furnishings and mattresses' fire retardant properties were held within the fire folder. A list of current residents and information regarding their mobility was kept at the front door of the adult house. Personal emergency evacuation plans had been developed for some residents but for the majority of residents the information available related mainly to their mobility, and further development of individual evacuation plans was required.

There was an up to date health and safety statement available within the centre. The local risk register included a number of identified risks including manual handling, behaviours that challenge and staff vacancies. Individual risk assessments had also been conducted for a number of residents to include risks such as choking and falling. However the risk management policy made available to the inspectors in the centre did not include the measures and actions in place to control the risk of self harm. Health and safety checklists were conducted and the last one had been conducted in September 2015 with no actions listed as required. Inspectors found that a number of risks within the centre, including the swings, trampoline, ligature points or the placement of fire fighting equipment behind the fridge in one of the kitchens, had not been identified or assessed to ensure appropriate control measures were put in place.

A log of all accidents and incidents occurring in the centre was maintained, and these were reviewed by management to identify trends or themes.

The centre had its own bus available to transport residents with details of all necessary

testing, servicing and insurance available. There was a first aid box stored in this bus, but some of the contents had passed their expiry dates.

Infection control measures in place throughout the centre included the provision of suitable personal protective equipment for use by staff, suitably equipped hand washing facilities and staff had received training in hand hygiene. An audit of the centre by an infection control specialist nurse had also been conducted.

Judgment:

Non-compliant - Major

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

There were measures in place to protect residents from abuse, but there was a need to ensure residents were safeguarded against the impact of other resident's behaviour. The centre took a positive approach to managing behaviour that challenges, however, access to specialist supports was limited. There was a need to strengthen the centre's approach to the identification, reporting and monitoring of restrictive practices and to train staff in how to hold children safely. Staff required further training on the systems and process for reporting child protection concern including further training on Children First. The need for further training in this area had been highlighted on the previous inspection of the children's house.

There was an organisational policy on safeguarding and protecting vulnerable children and adults. Staff interviewed were aware of this policy and demonstrated a basic knowledge of what constituted abuse. There was a designated liaison person (DLP) in place in the organisation in line with Children First (2011). Although staff were aware of the role of the DLP in relation to assessing and reporting potential child protection concerns, they had not benefited from training in Children First (2011). Staff interviewed were unclear about the process of reporting child protection concerns within their organisation.

There were no child protection concerns reported by the centre in the year prior to inspection. However, inspectors read accounts of several incidents in the centre related to behaviours displayed by residents in the presence of other residents that were not identified, assessed or reported as potential concerns. The person in charge and staff interviewed told inspectors that these incidents were not reported to the parents of the children involved.

The centre took a positive approach to managing behaviour. Case files reviewed showed that behaviour support plans were in place for adults and children who required them. Behaviour support plans reviewed by inspectors were provided to the centre by for example, individual children's schools. This was because the centre did not have access to the organisation's clinical team. This meant that the centre did not always have input into the development of behaviour support plans. Incidents of behaviours that challenge were found to be well recorded and reported to managers for oversight and review. Staff were trained in a model of managing behaviour that challenges but had not been trained in the use of physical restraint.

The residents residing in the adult house on a full time basis did have access to psychologists and there were positive behaviour support plans in place where necessary. There had been a significant number of incidences of behaviours that challenge and other inappropriate behaviours in the adult house over the preceding months and inspectors had concerns regarding the impact of this behaviour on the residents in the centre, and the continued placement of residents within this centre on a full time basis.

There were intimate care plans/personal care plans in place for residents to ensure appropriate delivery of personal care.

There were restrictive practices in the centre and records showed that they included locked external doors, window restrictors, protective helmets, lap belts and bed rails. There was a positive approaches monitoring group committee in place. The purpose of this committee was to approve and review restrictive practices in the centre. The person in charge told inspectors that this committee met approximately every three months and this meant that the centre may have to wait a significant amount of time for approval or otherwise of a restrictive measure. This was not a timely process. Staff interviewed did not demonstrate an adequate understanding of what constituted a restrictive measure. For example they described incidents where a child may be confined to their room or the kitchen when their behaviour was heightened. The limitations placed on children during these incidents were not acknowledged as restrictive measures, and staff said that they did not report or record such measures. This meant that some restrictive practices were not adequately reported, reviewed or monitored to ensure they were proportionate, necessary and for the shortest time possible.

Judgment:

Non-compliant - Major

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:

Records of all incidents occurring in the designated centre were maintained, and the person in charge had been submitting notifications to the Authority in a timely manner. Inspectors discussed the importance of ensuring records of all injuries were maintained to ensure injuries of a more minor nature were submitted in the quarterly notifications. The inspectors also discussed the documentation of restrictive practices as outlined in Outcome 8.

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:

There was an education policy in place for children in the centre. The children who resided in the centre all attended school, and there was evidence of communication between the centre and the relevant schools. The residents who availed of respite in the adult house attended day services where there was a structured programme of activities in place.

One of the residents who resided in the adult house on a full time basis had a part time job with a local sports club which was arranged and facilitated through the day service.

Residents had the opportunity to discuss activities at the house meetings, and staff accompanied residents on walks to the local village to go out for coffee, a meal in the local pub, or visit the shops. Inspectors observed staff taking one resident shopping to a local shopping centre on the second day of inspection, and the resident appeared to be looking forward to this trip. The activity schedule for residents residing in the centre

required review to ensure that these residents had more opportunities to participate in activities according to their interests, particularly those residents who resided in the centre on a full time or substantive basis.

The residents had access to secure garden areas in both houses with swings, trampolines and outdoor seating.

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):
No actions were required from the previous inspection.

Findings:

There were systems in place to ensure that residents' healthcare needs were met while residing in the centre, although inspectors did have concern that the details of some residents' general practitioner (GP) were not available to staff within the residents' individual files.

Review of residents' files indicated that the healthcare needs of the residents were to a large extent managed through day services. Residents did have access to an out of hours general practitioner service (GP), but inspectors had concerns that the centre did not have up to date GP details for every resident.

There were detailed records available for the residents who were residing in the centre on a full time basis, and these detailed resident access to specialist and allied health care professionals including audiology, psychiatry, speech and language therapy, psychology, dietetics, and occupational therapy. There were epilepsy care plans, and detailed eating and drinking guidelines in place for one resident. There was a system in place to ensure staff in the centre had easy access to information on residents who required modified or specialised diets. The respite admission process also ensured that any changes to residents' medical or dietary needs was documented prior to the admission.

Residents were involved in menu planning in the centre with the help of a picture book. Staff did the cooking within the centre, and reported that some residents did like to assist in the preparation of meals at times. Residents sometimes changed their minds regarding their preferred meals and staff were observed facilitating such change and cooking one resident's preferred meal in addition to the main meal that had already

been prepared. Inspectors observed that residents who required assistance with eating were offered such assistance in a sensitive and appropriate manner. Staff supported residents to make healthy living choices and this was evident from reviewing one resident's file who had been actively trying to lose weight and was succeeding with the assistance and encouragement of staff. There were ample supplies of fruit, snacks and drinks available within the centre.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

There were systems in place to ensure that residents' medicines were managed appropriately. The only area of concern for inspectors related to the lack of photographs on some residents' medication prescription/administration sheets as a safety measure for staff when administering medicines.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents, including local guidelines regarding the use of blister packed medication. There were also pain management guidelines in place in the centre. Nursing staff administered the majority of the medicines in the centre although two social care staff had received training on the safe administration of medicines. There were appropriate procedures in place for the handling and disposal of unused and out of date medicines. Staff audited all residents' medicines against the updated medication and administration sheet on admission to the centre. All medicines were stored securely within the centre, with a fridge available for secure storage of medicines when necessary. Records were kept of the fridge temperatures. The inspector reviewed a number of prescription and administration sheets which were the standard format used within St Michael's House. A number of these did not have a photograph of the residents attached to act as a safety measure for staff administering medicines.

The person in charge had recently completed the newly adopted medication management audit tool which was used to review and monitor medication management practices within the centre. This audit tool reviewed a wide range of aspects of medication management including policies and guidance documents, storage, prescribing, administration records and practices, and medication related errors. The audit tool also included a section for recommendations following completion of the audit.

A new system for reviewing medication errors had also been introduced to the centre, and this included a drug error questionnaire to be completed monthly by the person in charge to facilitate the identification of any trends, review systems in place to prevent such errors, and contained an action plan to address identified deficiencies.

Judgment:

Substantially 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 required revision to comply with the regulations. The centre was not operating within its stated purpose and function. The statement of purpose was available to residents within the centre.

The following sections of the statement of purpose required revision to comply with the regulations:

- The organisational structure required updating to reflect new senior management structure
- statement regarding capacity of house is not clear, and provision of long term care in the centre requires review
- update section on persons participating in management to reflect current staffing
- ensure statement of purpose refers to all residents throughout document and not only children
- ensure arrangements for reviewing resident's individualised personal plans are outlined
- ensure rooms sizes are legible on any floor plans or provide list of rooms and sizes
- statement of purpose needs to include details of day care being provided including admission criteria for this service

The statement of purpose outlined that the registered provider could 'in exceptional circumstances' 'approve a bed to support a person in need of a residential placement'. At the time of the inspection there were two adults in full time placements in the adult house and one child on a substantive placement within the children's house. These full and substantive placements within a respite centre are not appropriate to ensuring that the needs of all the residents are fully met.

Judgment:

Non-compliant - Moderate

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):

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

Findings:

There was a clearly defined management structure in place within the centre, with management systems in place to ensure the smooth running of the centre on a day to day basis, but the number of non-compliances identified during the inspection indicate that management systems in the centre require improvement.

The centre was managed on a full time basis by the person in charge who was a clinical nurse manager (CNM2). The person in charge was supported by a CNM1 in each house, although at the time of the inspection the CNM1 in the adult house was working on a part time basis as this position had previously been shared with another CNM1 who had recently retired. The person in charge was a suitably qualified and had completed a certificate in management, and had worked within St Michael's House for over 18 years, and had good knowledge of the residents.

The person in charge reported to the services manager who in turn reported to the provider nominee who was the regional director. The service manager and the person in charge met on average on a monthly basis, and visited the centre regularly. The service manager was also responsible for completing the annual review, and the six monthly unannounced visits on behalf of the provider nominee.

The annual review had been completed in August 2015, and the service manager had met with a number of residents to obtain their views on the centre. The annual report acknowledged that there was no formal system to review family satisfaction with the service provided. The system for consulting with residents and their representatives required improvement, particularly as the centre provided respite for a large number of residents. The generation of the annual report also involved consultation with staff, review of policies and procedures, accidents and incidents, complaints and a review of the management of resources. Areas of good practice, areas of concern and actions to ensure improvement were also included in this report. The review had no overall conclusions regarding the accordance of the quality and safety of care and support in

the centre, with standards, and had not been made accessible to residents.

The inspector reviewed the most recent report on the unannounced six monthly review of health and safety, and the quality of care and support provided in the centre. This unannounced visit had been conducted in August 2015 by the services manager, on behalf of the registered provider. The review was structured and comprehensive, and contained an action plan to address identified areas of concern. The action plan required review to ensure that plans put in place were structured and identified the resources and actions necessary to address the identified areas for improvement. There was no indication that the corrective actions had been completed as the section on completion dates had not been signed off.

The service manager and the provider nominee had regular management meetings to discuss the centre, and the inspectors were shown the minutes of these meetings, five of which had taken place in 2015. A number of issues were discussed at these meetings including risk, complaints, training, recruitment and safeguarding issues.

There was a daily checklist system in place that was completed by the shift leader, to ensure that all essential duties and documentation had been completed. This also included the handover notes to support good communication across the team. There was a daily communication book in place for staff, and inspectors did note that in some instances the information recorded was not appropriate for inclusion in this diary and should have been recorded within the resident's confidential files.

The centre was clearly a very busy centre due to the busy schedule of respite admissions and discharges occurring each week, and also as the centre was providing long term/substantive placements to three residents. During the inspection a number of areas were identified that required significant improvement to comply with the regulations. The oversight of safeguarding in relation to the use of restrictive practices, staff training, and monitoring inappropriate behaviours required improvement, as did the management of risk and a review of fire evacuation procedures. The management within the centre had identified areas for improvement including the assessment and personal planning process, lack of contracts of care and the provisions of activities. The staff and management within the centre also acknowledged that the continued placement of residents on a fulltime basis within the centre was not appropriate. However inspectors were not satisfied that sufficient action was being taken by management in the centre to address these issues. The management systems in place required review, and the management team within the centre required support to ensure the service being provided was safe, appropriate to resident's needs, consistent and effectively monitored.

The centre had been requested to submit a number of documents as part of the application to register. However at the time of the inspection the Authority had not received all of the required documents relating to planning compliance as specified in the regulations.

Judgment:

Non-compliant - Major

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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:

There had been no notified absence of the person in charge of this centre at the time of the inspection. There were three persons named as participating in the management of the centre (PPIMs), including the service manager and the two clinical nurse managers. The clinical nurse managers managed 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 resourcing of the centre required review to ensure the effective delivery of care and support.

The annual report made available to the inspector indicated that the pay budget for the centre was overspent, and this was attributed to the use of agency staff and also because the budget had not been adjusted to reflect the organisational changes made in November 2013. The annual review also indicated that the allocated non pay budget was not sufficient to cover the expenses in the centre. The lack of provision of equipment in terms of access to Wi-Fi and computers has been highlighted in Outcome 5, while the lack of provision of suitable evacuation equipment/aids was highlighted in Outcome 7.

Judgment:

Substantially 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:

There were appropriate staff numbers and skills mix to meet the assessed needs of residents at the time of the inspection. Inspectors observed that staff were knowledgeable of the individual residents as many had worked in the centre for a number of years. Staff interacted with the residents in a kind, patient and respectful manner at all times, and were observed to warmly welcome new residents into the centre on the second day of the inspection when they arrived for their respite break.

The staff team consisted of registered nursing staff, care staff (a number of which had social care qualifications) and one domestic staff member who was responsible for cooking and cleaning. Inspectors were shown the staff rosters which were adjusted to document the actual hours worked, and also clearly indicated the shift leader. Separate staff teams were allocated for each house, although the person in charge outlined that there was flexibility between the two houses in terms of staffing. The person in charge outlined that the roster was based on the needs of the residents in the centre at any given time. Night duty staffing included waking and sleepover staff. There were vacancies within the centre at the time of the inspection but there were plans to fill these vacancies.

Training needs analysis had been conducted within the centre and there was a training plan in place for 2015. Records of staff attendance at training were maintained and detailed training in safe administration of medicines, first aid refresher courses, positive behaviour support, safeguarding service users, fire training, food safety, manual handling and hand hygiene. Further training was required for staff in Children First, and in the use of restrictive practices as outlined under Outcome 8.

There was a comprehensive induction programme in place for new staff, and there was an essential guide available to relief or agency staff. Staff supervision records were reviewed by the inspectors and there was a standard format of recording these meetings. Review of these records indicated that the residents were not discussed at

these supervision meetings to ensure that staff accountability for practice was adequately addressed.

Staff team meetings were also held in the centre and minutes were maintained.

Inspectors reviewed a number of staff files and these met the requirements of Schedule 2 of the regulations, although inspectors did note that in some cases Garda vetting had not been renewed for a number of years. There was up to date details of nursing staff registrations with their professional body documented within their staff files. There were no volunteers working within the centre at the time of the inspection.

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 (Children and Adults) with Disabilities) Regulations 2013 were maintained in the centre, although there were deficiencies in the quality of some of these documents as outlined in Outcome 5, regarding the assessments and personal plans, and also the lack of a recent photograph as outlined in Outcome 12, and the documentation of restrictive practices as outlined under Outcome 8.

The directory of residents was maintained to a good standard within the centre and was updated in a timely manner to reflect the residents currently availing of respite within the centre.

The residents' guide was accessible to residents within the centre and contained all the information specified in the Regulations.

Insurance documentation was made available to confirm the centre was adequately

insured against accidents or injury to residents, staff and visitors.

The centre had the majority of the written operational policies as listed in Schedule 5 of the regulations. The policies that were not available, some of which were under development at the time of inspection included:

- Provision of information to residents (a brief document was available)
- Access to education, training and development for adults

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:

Jim Kee
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

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|----------------------------|---|
| Centre name: | A designated centre for people with disabilities operated by St Michael's House |
| Centre ID: | OSV-0002388 |
| Date of Inspection: | 29 and 30 September 2015 |
| Date of response: | 14 January 2016 |

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Residents' rights and consultation regarding their placements in the centre required review. Residents who were residing in the centre on a full time basis were not supported to participate and consent in decisions about their care and support in terms of their placements.

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

1. Action Required:

Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

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

Long term placements are always as a result of a response to crisis. This decision to make a long term placement is always made following clinical advice by senior management following a risk assessment of the crisis. Transition to fulltime permanent residential placement is made following the organization's 'Admission protocol for residential services' The resident is included in assessing their suitability of this place and will have an individual plan to support transition.

Three residential beds have been identified in different units within the organization that would suit the needs of the three service users that currently reside in respite. Once funding approval has been received from the HSE The PIC will support and implement a suitable transition plan taking into account the individuals needs and wishes and the wishes of their families. External advocates have been sought from the National Advocacy Service for both adult residents and they are on a waitlist for same. It is hoped that this funding for placements from the HSE will be received by the end of the year.

Proposed Timescale: 31/12/2015**Theme:** Individualised Supports and Care**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The provision of activities within the centre required review to ensure that residents had opportunities to participate in meaningful activities linked to their known interests and to their individual goals.

2. Action Required:

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

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

The Respite Admission checklist will be reviewed by the Respite sub committee group to include residents goals and interests. The roster will be reviewed after monthly bookings meeting in order to support service users interests and needs.

In addition to gathering information about known goals respite is also an opportunity for service users to try new things. We will compile an Activity Book to indicate the activities and events that are available for service users to participate in on their break. These can be seasonally adjusted to include regular and once off planned events e.g. Christmas, Halloween, Easter.

Proposed Timescale: 26/11/2015

Theme: Individualised Supports and Care

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

The management of complaints within the centre required review to ensure that the records maintained recorded if the resident or their representative was satisfied with the outcome.

3. 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 whether or not the resident was satisfied.

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

A new recording system for complaints has been introduced that includes the categories : Formal and Local resolution. A record will be kept of all complaints and this will include all steps taken to resolve the complaint and the resident and/or their representative's satisfaction with the outcome. Documentation will be available for review.

Proposed Timescale: 14/01/2016

Outcome 02: Communication

Theme: Individualised Supports and Care

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

There was no facility for residents to access the internet within the centre even though a number of the residents had an interest in computers, and liked to listen to music online and watch online video clips.

4. 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:

Currently St Michael's House does not have a general public policy in relation to provision of internet access, a resident can provide their own wireless internet connection. Individuals are supported to use mobile wifi units when supplied for their personal use. The respite agreement has been amended to include this. These agreements will be used with effect from 09/11/15. There is also a portable dongle type

device provided in both units for laptop/Ipad useage.

Proposed Timescale: 30/11/2015

Theme: Individualised Supports and Care

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

*The information available regarding the communication needs of a number of residents who availed of respite within the centre was very limited with no associated support plans to ensure the communication needs of all residents were met.

*It was not always clear in the support plans the means by which non verbal children were supported to make their needs and wishes known.

5. Action Required:

Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

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

The respite admission checklist to be amended to include Individual Communication Supports required for non verbal service users. A meeting of Respite sub committee group arranged for 26/11/15 to amend this. The revised Respite Admission checklist will be discussed at the staff meeting on 02/02/15. Minutes and attendance of this meeting will be available for review.

Proposed Timescale: 02/12/2015

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

Theme: Individualised Supports and Care

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

There was no private area available within the children's house to facilitate private visits.

6. Action Required:

Under Regulation 11 (3) (b) you are required to: Provide a suitable private area, which is not the resident's room, to a resident in which to receive visitors, if required.

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

A private sitting room is currently being used as a sensory room for an individual temporarily residing in this house. It will revert to a sitting room when that individual moves to their permanent residential place. In the interim we use the larger sitting room or dining area to facilitate visitors.

Proposed Timescale: 31/12/2015

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 centre did not have clear criteria for admission to the day care service.

7. Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

Day and evening care can be used to prepare residents and their families for overnight care. The statement of purpose will be amended to include clear criteria for this under general respite admission. The admission policy will be reviewed and amended to include criteria for day care.

Proposed Timescale: 09/12/2015

Theme: Effective Services

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

The centre did not have signed respite agreements in place for all residents outlining the terms on which the resident resided within the centre as required by the Regulations.

8. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

A system has been established in order for respite agreements to be sent to families to be completed and signed as respite offers are made. This commenced on 1st October 2015 and will continue on a monthly basis as the booking offers are sent. Signed agreements will be stored in individual files. Thereafter respite agreements will be renewed on an annual basis.

Proposed Timescale: 01/10/2015

Outcome 05: Social Care Needs

Theme: Effective Services

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

Assessments were not in place for all residents availing of respite placements within the centre.

9. Action Required:

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

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

The PIC has implemented a review system to ensure assessments are completed and available for each resident. An audit of files is completed after monthly bookings meeting by the PIC and outstanding Personal Assessment and Support Plans (PASP's) are requested from day services. Day services in liason with Multi Disciplinary team and families complete PASP's for residents in respite.

Proposed Timescale: 14/01/2016

Theme: Effective Services

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

The personal planning process required review to ensure that personal plans were prepared to reflect each resident's assessed needs.

10. Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

When residents needs are assessed and completed a personal plan will be developed as part of the admission procedure. The PIC will instruct the shift leader responsible for each admission to ensure the necessary personal plans are completed. For each respite admission there is a proportional amount of administrative follow up. The shift leader is responsible for ensuring that this completed but can delegate it to staff. Staff rosters are planned to ensure time for the completion of required documentation. On admission and discharge days the shifts are longer to reflect this. This will be discussed at the staff meeting on 14/01/16 and minutes and attendance will be available for review.

Proposed Timescale: 31/01/2016

Theme: Effective Services

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

There was no formal planning/review process that ensured maximum participation of each resident and or their representative

11. Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

Prior to each visit the resident's family and day service staff are contacted. The PIC will ensure that personal plans are reviewed as part of this process. On arrival to the centre the personal plan will be discussed with the resident. This discussion will be documented in their personal file. This will be discussed at the staff meeting on 14/01/16 and minutes and attendance will be available for review.

Proposed Timescale: 31/01/2016

Theme: Effective Services

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

The centre was not suitable to fully meet the needs of the residents residing in the centre on a full time basis at the time of the inspection.

12. Action Required:

Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

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

There is ongoing organisational plan regarding permanent residential placements for each resident. This includes an organisational review of children and young adult services following the organisation's admission protocol for residential services. Permanent places will be considered and the admission protocol will be implemented. This also includes consideration of placements external to St Michael's House.

Proposed Timescale: 31/12/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

There were parts of the centre that required re decoration.

13. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

A request has been made to have both houses repainted. Measurements and costings will take place during the week of 9/11/15 with a view to commencing in early January, it will take approx 2 weeks to complete.

Proposed Timescale: 31/01/2016

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:

The risk management policy made available to the inspectors in the centre did not include the measures and actions in place to control the risk of self harm

14. Action Required:

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

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

The risk assessment has been amended to include the measures and controls in place to address the risk of self harm.

Proposed Timescale: 14/01/2016

Theme: Effective Services

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

The system of identifying and assessing risks throughout the centre required review to ensure all hazards were identified with actions to control the risks identified put in place.

15. 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:

Individual risk assessments have been completed for Swings, Trampolines and Ligature points. These risk assessments will be included on the annual review of all risks to the centre by the PIC. The PIC met with fire safety officer on 12/11/15 to discuss options of where to place fire fighting equipment and these has been moved on her recommendation.

Proposed Timescale: 14/01/2016

Theme: Effective Services

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

The door to one of the kitchens was wedged open at times, and this practice could compromise the containment of a fire within the centre.

16. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Wedge has been removed form fire door on 28/10/15, staff were informed of same. A meeting has been scheduled with fire safety officer on 12/11/15 to discuss the installation of free door closers. This will be discussed at the staff meeting on 2/12/15 and minutes available for review.

Proposed Timescale: 02/12/2015

Theme: Effective Services

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

The availability of assistive equipment, required review. There were no ski sheets or similar devices within the centre to aid in the quick evacuation of non ambulant residents.

17. 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:

A meeting was scheduled with fire officer on 12/11/15 to discuss the need and availability of assistive equipment to evacuate all persons to a safe location. A ski slide sheet was identified and was purchased on 20/11/15. Staff training in it's usage has been organised for 02/12/15.

The Ski-Slide-Pad is designed for use in areas of restricted space, such as congested

hospital wards, care homes and other buildings with narrow corridors and/or single width fire doors.

The main feature of the Ski-Slide-Pad is the built in slide sheet, which is fitted on both sides of the pad for ease of transfer from bed/floor onto the pad — this is especially useful for individuals who require greater assistance during the transfer process. The slide sheets can also be used as an extra cover, where exterior evacuation is required. In the event of an emergency, the Ski-Slide-Pad is easily removed from its storage bag. The individual is quickly transferred on to the Ski-Slide-Pad, using the slide sheet and then secured onto the device with the seatbelt style straps.

The Ski-Slide-Pad's polyethylene base allows the pad to be pulled easily over most surfaces and is easy to control when going down a staircase.

A copy of the Fire Evacuation Plan for Donabate Respite has been sent to the Fire Safety Officer for review. The PIC is meeting with the Fire Safety Officer on 13th January to discuss the purchase of sufficient assistive equipment for all non ambulant residents.

Proposed Timescale: 02/12/2015

Theme: Effective Services

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

Fire drills in the adult house had not included a simulated evacuation of non ambulant residents from bed during night time conditions. The fire drill records in the adult house did not consistently identify the staff and residents present at the time of the drills.

18. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

A simulated evacuation for non ambulant residents was carried out on 27/11/15. For 2016, night time fire drills will be planned for respite breaks when the centre has the maximum number of non ambulant residents present. Fire safety refresher training has been organized for all staff for 15/01/2016.

Proposed Timescale: 15/01/2016

Theme: Effective Services

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

Personal emergency evacuation plans had been developed for some residents but for the majority of residents the information available related mainly to their mobility, and further development of individual evacuation plans was required.

19. 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 admission protocol will include a system to develop a personal emergency evacuation plan on admission for each resident. This commenced on 09/11/15.

Proposed Timescale: 09/11/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Staff were trained in a model of managing behaviour that challenges but had not been trained in the use of physical restraint including how to hold a child safely.

20. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

All staff will receive appropriate training in the use of physical restraint. This training has been discussed and organised for 28/01/16

Proposed Timescale: 28/01/2016

Theme: Safe Services

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

Some restrictive practices were not adequately reported, reviewed or monitored to ensure they were proportionate, necessary and for the shortest time possible, as staff were not recognising the practices as restrictive.

21. Action Required:

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

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

A copy of the organizational policy on the Use of Restrictive Practice's will be provided to all staff. This will be discussed at the staff meeting on 14/01/16. A member of the Positive Approaches Monitoring Group will be invited to attend this meeting. Training

has been organized for 28/01/2016 which will include instruction on how to monitor and document restrictive practices. Attendance and minutes will be available for review.

Proposed Timescale: 28/01/2016

Theme: Safe Services

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

Staff had not benefited from training in Children First (2011). Staff interviewed were unclear about the process of reporting child protection concerns within their organisation.

22. Action Required:

Under Regulation 08 (8) you are required to: Ensure that where children are resident, staff receive training in relevant government guidance for the protection and welfare of children.

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

Children's First training will be provided for staff working in respite on 21/01/16. An attendance sheet will be completed and available for review.

Proposed Timescale: 21/01/2016

Theme: Safe Services

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

Several incidents of serious inappropriate behaviours were not identified, assessed or reported as potential concerns.

23. Action Required:

Under Regulation 08 (5) you are required to: Ensure that the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child.

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

In accordance with national best practice and statutory requirements, two new policies have been developed and are awaiting organisational approval for implementation: 'St Michael's House Policies and Procedures for Protection of Children' and 'St Michael's House Policy and Procedures for Protection of Adults' these will include a system for staff to identify, assess and report incidents of serious inappropriate behaviour.

Once the policies have been approved there will be a briefing for all staff. It will differentiate between serious inappropriate behaviour, inappropriate behaviours between residents and abuse and when to report them.

Where an allegation of abuse perpetrated by a service user is received, a preliminary screening will be carried out as per St. Michael's House policies and procedures.

St. Michael's House provides services to many adults with complex needs and situations also arise where service users can be at risk from the behaviours of others. St. Michael's House staff endeavour to manage these situations through the implementation of guidelines, positive behaviour support plans, and other processes (both managerial and clinical) where the continuing safety and welfare of all service users is considered paramount. However, this cannot always be guaranteed. Where there is an ongoing issue or pattern of behaviour that impact negatively on any person or persons using St. Michael's House Services, despite inputs; this will be screened by the Designated Officer as an allegation of abuse. To this end, frontline staff, clinicians and managers are obliged to report to the Designated Officer if they have concerns regarding ongoing and persistent interactions which are impacting negatively on service user(s).

The reporting system will be in consultation with the social work department.

Proposed Timescale: 31/12/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

The centre did not have up-to-date GP details for every resident.

24. Action Required:

Under Regulation 06 (2) (a) you are required to: Ensure that a medical practitioner of the resident's choice or acceptable to the resident is made available.

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

Request for GP's name has been put on the respite agreement form in order to ensure that they are available to the centre.

Proposed Timescale: 01/10/2015

Outcome 12. Medication Management

Theme: Health and Development

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

A number of prescription and administration sheets did not have a photograph of the residents attached to act as a safety measure for staff administering medicines.

25. Action Required:

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

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

The respite admissions checklist will be amended to include a request for day services and families to provide a photograph of service users. The respite sub committee group are meeting on 26/11/15 to review and amend this checklist.

Proposed Timescale: 26/11/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose requires review as outlined in the body of the report under Outcome 13.

26. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 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:

The statement of purpose is being reviewed and amended to include the information set out in Schedule 1 of the health Act 2007.

Proposed Timescale: 09/12/2015

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:

At the time of the inspection the Authority had not received all of the required documents relating to planning compliance as specified in the Regulations.

27. Action Required:

Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to:

Provide all documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

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

All documents relating to planning compliance were forwarded to the regulators on 06/11/15.

Proposed Timescale: 06/11/2015

Theme: Leadership, Governance and Management

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

The number of non-compliances identified throughout the inspection process particularly in relation to safeguarding, health and safety and risk management and the continued placement of residents within the centre on full time/substantive placements indicated that the management systems in place required review, and the management team within the centre required support to ensure the service being provided was safe, appropriate to resident's needs, consistent and effectively monitored.

28. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

The person in charge and service manager will reassess the resources, structures and supports in the centre to evaluate the effectiveness in providing safe and effective services to residents.

This reassessment will :

- Review the allocation of management supports to the centre to include protected management time for the person in charge to carry out their management role.
- Be informed by the unannounced 6 monthly audits, the annual report and other internal audits carried out in the centre, i.e. : H&S audit, Medication Management audit and Resource Management.
- Be informed by bi-weekly meetings between the person in charge and the service manager.
- Be informed by the current Governance and Management Systems in place including staff supervision and support, performance management, training.
- Consider safeguarding and positive behaviour support needs of the residents and identify if additional safeguarding supports are required.
- All staffing arrangements will be reviewed to identify if the use of agency/relief staff can be minimised.

The person in charge and service manager will commence the meetings on 11/11/2015 and will schedule bi-weekly thereafter.

Proposed Timescale: 11/11/2015

Theme: Leadership, Governance and Management

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

The system for consulting with residents and their representatives when preparing the annual review required improvement, particularly as the centre provided respite for a large number of residents.

29. Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

An improved system of consulting with residents and families will be developed in order to include representative views of respite provision in the centre. A service satisfaction system will be implemented and this will form part of the formal annual review of the service.

Proposed Timescale: 01/03/2016

Theme: Leadership, Governance and Management

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

The annual review had no overall conclusions regarding the accordance of the quality and safety of care and support in the centre, with standards.

30. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

The annual review will include an overall conclusion in order to meet the standards.

Proposed Timescale: 31/12/2015

Theme: Leadership, Governance and Management

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

The annual review had not been made available to residents.

31. Action Required:

Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

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

A copy of the annual review will be made available to service users on completion.

Proposed Timescale: 31/12/2015**Theme:** Leadership, Governance and Management**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The action plan included with the six monthly unannounced visit required review to ensure that plans put in place were structured and identified the resources and actions necessary to address the identified concerns. There was no indication that the corrective actions had been completed as the section on completion dates had not been signed off.

32. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

The 6 monthly unannounced visit will include an action plan to address the identified concerns. This action plan and corrective action required will be discussed at support meetings between PIC and Service Manager. A tracking system for all action plans will be implemented.

Proposed Timescale: 11/11/2015**Outcome 16: Use of Resources****Theme:** Use of Resources**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The resourcing of the centre required review to ensure the effective delivery of care and support.

33. 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:

A full review of resources to ensure effective delivery of care and support will be carried out. This will identify the necessary changes required and it is proposed these will be implemented at the beginning of the next financial year.

Proposed Timescale: 01/01/2016

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 policies that were not available, some of which were under development at the time of inspection included:

- Provision of information to residents (a brief document was available)
- Access to education, training and development for adults

34. 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:

The registered provider is developing a policy on access to education, training and development. This policy is in line with New Directions. The policy will be completed by December 2015.

A policy of provision of information to residents is being developed in consultation with a group of service users. This policy will take some time as the consultation process is extensive. The registered provider is using the guidelines as an interim measure until the policy is developed. The policy will be completed by December 2015.

Proposed Timescale: 31/12/2015

