

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by St Michael's House
<b>Centre ID:</b>	OSV-0002370
<b>Centre county:</b>	Dublin 5
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St Michael's House
<b>Provider Nominee:</b>	John Birthistle
<b>Lead inspector:</b>	Caroline Vahey
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	6
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
06 January 2016 10:00	06 January 2016 18:30
07 January 2016 08:30	07 January 2016 17:00

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

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

**Summary of findings from this inspection**

This was the first inspection of the designated centre. The inspection took place over two days and formed part of the application by the provider to register the centre.

An application was made to the Authority to register the centre for six residents and as part of that application documents were submitted to the Authority. However, planning compliance remained outstanding on the day of inspection.

The person in charge facilitated the inspection and was supported by a service manager (person participating in management) throughout the inspection and at a

feedback meeting at the end of the inspection. As part of the inspection, the inspector spoke to residents, a family member and staff members, observed practice and reviewed documentation such as personal plans, complaints records, contracts of care, policies and procedures and staff training records. The inspector also reviewed a number of questionnaires submitted to the Authority by relatives.

The centre comprised of a single storey building located in a suburban area close to local amenities. Overall the inspector found the residents received a good standard of care and support consistent with their needs and wishes.

The centre was in compliance or substantial compliance across most outcomes. Moderate non compliances were identified in residents' rights, dignity and consultation, safe and suitable premises, safeguarding and safety and healthcare needs. These non compliances are discussed in the body of the report and included in an action plan at the end of the report.

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

**Outcome 01: Residents Rights, Dignity and Consultation**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Overall the inspector found residents were consulted about how the service was planned. However improvement was required to ensure residents' rights were upheld in relation to the management of residents' finances and to ensure residents' dignity and privacy was maintained at all times.

There was a policy in place on residents' personal property, personal finances and possessions however, the policy was out of date. Residents maintained control over their own possessions. Records of residents' belongings were maintained in personal plans. Staff supported residents to manage their finances. There was a system in place for the management of residents' finances and financial transactions were logged and audited on a daily basis. The inspector reviewed a sample of financial records for three residents for the preceding year. The inspector found residents were contributing on a monthly basis to a communal house fund. This was discussed with the person in charge and the person in charge stated this practice would cease with immediate effect.

The inspector also found residents had paid for painting of their bedrooms. On review of the contract of care for residents in the centre painting of bedrooms was at residents' expense. This was not consistent with previous findings of inspections of designated centres within the St. Michael's House service, in which contracts of care for residents outlined maintenance of the centre, including painting was included in the monthly charge to residents. The inspector discussed the inconsistency with the provider nominee during the inspection. The contract of care also specified charges for residing in the centre were regulated by the Health Services Executive (HSE). The inspector found charging residents for painting of bedrooms was not in line with the HSE patients'

private property guidelines.

Staff members were observed to treat residents with dignity and respect. Personal care practices in the main promoted privacy and dignity however, the inspector observed incontinence wear was inappropriately stored and labelled in the main bathroom. There was also information pertaining to individual residents' continence care requirements displayed on the bathroom wall. The centre also stored keys for up to seven buses used within the St. Michael's House service. This was discussed with the person in charge. Bus keys were collected by drivers at a time which was inconvenient to the centre and in which there was frequent interruptions while staff were providing care to residents.

Residents were consulted about how the centre was planned and run. There was weekly residents meeting in which areas such as activities and menu plans were discussed and agreed and residents informed of practices such as fire evacuation, contracts of care, residents guide and how to make a complaint. Residents with the support of staff had recently arranged a house party.

Each resident had information on accessing an external advocacy service and the information had been made available in accessible format. One resident was availing of the services of an external advocate.

There were policies and procedures for the management of complaint which was also available in accessible format and prominently displayed in the centre. The procedure for the management of complaints was transparent and fair. There was a nominated person to deal with complaints. The inspector reviewed records of complaints and found all complaints had been promptly and appropriately managed. Complainants had been made aware of the outcome of complaints.

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

**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):**

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

**Findings:**

Overall the inspector found residents' communication needs were met however, improvements were required to ensure residents had access to the internet as required.

Each resident had an assessment of their communication needs and systems were developed for residents to support communication needs, for example communication passports and communication guides. There was also a range of accessible information and visual aids available for residents for example, picture task analysis of self help skills, menu plan, user friendly policies.

The centre was part of the local community and residents availed of facilities within the community such as shops, pharmacy and religious services. Residents had access to television, radio and newspapers. Two residents had their own mobile phone. One resident had access to the internet and paid for wireless access. However, the remaining five residents had no access to the internet.

There was a policy in place on communication with residents.

**Judgment:**

Substantially Compliant

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

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

The inspector found residents were supported to develop and maintain personal relationships and links to the wider community.

Positive relationships between residents and their families were supported. Residents had frequent contact with relatives through visits and phonecalls. There was an open visiting policy in the centre and residents could receive visitors in private.

The inspector reviewed family contact records and there was evidence that families were kept up to date on residents' wellbeing. Families were invited to attend review meetings of residents' personal plan and where residents had chosen not to invite families this was respected and supported by staff.

Residents were supported to develop personal relationships and one resident had recently been supported to arrange a social event with a significant other.

Residents engaged in regular activities in the community for example, meals out, cinema, shopping, swimming and shows. Two residents attended a weekly evening

social club at a nearby university. The inspector viewed an activity schedule which was planned at a weekly residents' meeting.

**Judgment:**

Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

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

**Theme:**

Effective Services

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

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

**Findings:**

The inspector found the procedure for admissions to the centre was timely and transparent and in line with the centre's statement of purpose.

There was a policy on admissions to the centre however, the policy did not include details for the temporary absence of residents. The centre maintained a separate policy for discharges and transfers however, this policy was out of date. Actions relating to the admissions policy are outlined in Outcome 18.

The inspector reviewed the admissions policy. The procedure for admissions considered the wishes, needs and safety of the individual and the safety of the other residents living in the centre.

Each resident had a written agreement which set out the services to be provided and the fees to be charged. Additional fees were also set out in the written agreement.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

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



**Theme:**

Effective Services

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

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

**Findings:**

Overall the inspector found residents' wellbeing and welfare was maintained by a high standard of care and support. However, improvement was required to ensure all residents had personal plans available in accessible format.

Each resident had an assessment of need completed in areas such as health, social care, communication, relationships, spirituality and leisure / work. Assessments were reviewed a minimum of annually or sooner if required. Plans of care or support were developed following assessment. Multidisciplinary team members were also involved in assessment and recommendations formed part of residents' care and support plans such as behaviour support plans, nutritional plans and epilepsy plans. Plans of care were updated to reflect changes in residents' circumstances

While some residents had personal plans available in accessible format, further improvement was required to ensure all residents had personal plans accessible in line with their cognitive and communication needs.

The inspector reviewed a sample of four personal plans. Social goals had been developed for each resident in line with their wishes and aspirations. Some residents also had independent skills training/ goals which had been developed in picture task analysis format to support residents understanding. Each resident had intimate care plans in place. Risk assessments had been developed for residents in areas such as manual handling, slips / trips, epilepsy and challenging behaviour. All aspects of personal plans were fully implemented.

Residents were involved in a review of their personal plans through keyworker meetings. Families were invited to attend an annual review of residents' personal plan in accordance with residents' wishes.

Regular contact was maintained between the centre and day services as evidenced in day services contact record.

**Judgment:**

Substantially Compliant

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

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

**Findings:**

The inspector found the location, design and layout of the premises was suitable for its stated purpose and to meet the residents' needs. However, improvement was required to ensure the centre was maintained to an acceptable standard in order to promote the safety and wellbeing of residents.

The design and layout of the centre was in line with the details outlined in the statement of purpose. The centre comprised of a single storey building located in the community close to local amenities. The centre was accessible to residents in the centre and there was suitable heating and lighting throughout the centre.

While the centre was suitably decorated, communal areas required cleaning and maintenance. For example, the kitchen press doors had visible grease and dust on them, there was a significant collection of dust on the skirting boards in the kitchen, and the internal shelf in one kitchen press was broken. The person in charge informed the inspector there was a cleaning schedule in place however, on review of this schedule it was evident that not all areas in the centre were subject to regular cleaning. The kitchen also had a dining area and the inspector was not assured, given the lack of cleanliness of this area that safe food hygiene practices could be maintained. Cleaning of these areas was completed by the end of the inspection. The person in charge also informed the inspector a request for a new kitchen had been submitted to management.

The centre had a large sitting room of suitable size and fitted with a television and DVD player. Further maintenance and cleaning was also required in this area. Mould was observed on the inside of the patio doors. One resident had a chair with extensive damage to the covering and another armchair used by a resident was torn on the armrest. The inspector was not assured, given the needs of these residents that suitable measures were in place to prevent the spread of infection.

Residents had access to two accessible bathrooms. Both bathrooms were fitted with adaptive equipment such as handrails, shower chairs and modified toilet seat. The inspector found the main bathroom had extensive mould on the walls and ceiling. There was also a changing table in the main bathroom however, the protective side rails on the changing table had rusted. The person in charge informed the inspector that while the residents did use this table as seating, it was not required as part of their care and alternative appropriate seating would be sourced. The bathroom had an overhead shelf fitted above the toilet, however the inspector was not assured that the location of this shelf was safe to prevent injury. The second bathroom was also observed to have mould on the wall tiles.

The centre had a laundry room and residents could launder their own clothes if they so wished. The laundry room was suitably equipped however, improvement was required in the cleaning and maintenance of this room. A blind fitted to the laundry exit door was broken and in need of repair and the internal of storage presses required cleaning. The inspector also observed food items inappropriately stored in the laundry room next to personal cleaning products. The person in charge subsequently removed these food items to a more suitable storage area.

Residents had individual bedrooms decorated to their preferences which were homely, of suitable size and fitted with ample storage facilities. Residents displayed personal items in their bedrooms such as family pictures and personal interest items.

There was a large patio / garden area to the side of the centre. A storage shed contained seating and a barbeque used by residents during the summer period.

There were suitable arrangements in place for the disposal of general and clinical waste.

**Judgment:**

Non Compliant - Moderate

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**

Effective Services

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

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

**Findings:**

The inspector found the health and safety of residents, visitors and staff in the centre was promoted and protected. Some improvement was required to ensure risk assessments were developed for all identified risks in the centre.

There were policies and procedures in place for risk management and emergency planning. The person in charge had developed risk management plans which included the identification of risk and control measures to be implemented to reduce the risk and prevent reoccurrence. These site specific risk management plans included areas such as challenging behaviour, fire, slips/trips/falls, medication management and use of chemicals. However, risk management plans had not been developed for accidental injury to a resident, visitor or staff, unexplained absence of a resident, or lone workers.

There was an up to date health and safety statement which identified roles and responsibilities of personnel throughout the St. Michael's House service. The safety statement also contained risk management plans in areas such as fire, electricity, manual handling, infection control, machinery and equipment and chemical hazards. In

addition, the safety statement outlined safety management systems in place for accidents and incidents, bullying and harassment, first aid and pregnant employees. The inspector reviewed records of incidents occurring within the centre. Incidents were well managed with appropriate immediate and preventative follow up.

Overall the inspector found there were satisfactory arrangements in place for the prevention and control of infection. There was ample supply of personal protective equipment throughout the centre and the centre was fitted adequate hand washing facilities.

Measures were in place to prevent accidents for example, chemicals were locked away, assistive equipment to aid mobility and prevents falls was available for residents where required and one resident had a call bell system in place to alert staff to assist him with mobilising.

All permanent staff in the centre had received training on moving and handling of residents.

The vehicle used within the centre was insured and had an up to date certificate of roadworthiness. The vehicle, including the wheelchair lift had been serviced within the last year. Staff who drove the centre vehicle were suitably qualified to do so.

There were adequate precautions in place against the risk of fire. There was a fire evacuation plan which was prominently displayed in the hallway. Each resident had a personal emergency evacuation plan. There were adequate means of escape and all exits were unobstructed on the day of inspection. Staff members spoken to were clear on what to do in the event of a fire and the evacuation plan to be followed. The inspector reviewed a record of fire drills for the preceding year. Regular fire drills had taken place including two night time drills. Where issues were identified during fire drills corrective action had been taken to prevent reoccurrence.

The centre was adequately equipped with fire fighting equipment such as a fire alarm, emergency lighting, fire extinguishers and a fire blanket. The inspector reviewed service records for fire equipment and all had been serviced within the last year.

**Judgment:**

Substantially Compliant

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

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

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

**Findings:**

The inspector found measures were in place to protect residents from abuse. However, improvement was required to ensure all staff employed in the centre had received training on abuse and to ensure the use of one restrictive procedure was in line with the details set out in the centre policy on restrictive practice. Residents were provided with emotional, therapeutic and behavioural support which promoted a positive approach to challenging behaviour.

There was a policy in place on the prevention, detection and response to abuse and all permanent staff employed in the centre had received training on safeguarding. There were a number of agency staff, from two separate agencies employed to fill vacant shifts in the centre however, documentary evidence to confirm these staff had received training in safeguarding was not available on the day of inspection. A confirmation letter was subsequently forwarded to the inspector to confirm all staff from one of these agencies had received training in safeguarding however, confirmation from the other agency remained outstanding.

The inspector spoke to a number of staff during the inspection and staff were knowledgeable on what constitutes abuse and the actions to take in the event of abuse occurring. The inspector reviewed family questionnaires received and spoke to a family member and families outlined they felt their relative was safe in the centre. Staff were observed to treat residents in a respectful and sensitive manner.

There was a policy in place on the provision of behavioural support. All staff had received training in positive behavioural support. Behaviour support plans had been developed following assessment by a psychologist. Plans identified triggers, proactive and reactive strategies. There was evidence of regular review of behaviour support plans with multidisciplinary involvement and ongoing support. Staff were observed during the inspection and demonstrated knowledge and skills in the implementation of individual support plans.

There was some restrictive practices in use in the centre for example, use of lap-straps on wheelchair and shower chair and use of bed-rails for one resident. The use of all restrictive procedures was overseen by a service monitoring group which assessed the appropriateness of the use of restrictive procedures prior to implementation. There were clear guidelines in the centre policy on what constituted a restrictive practice. However, one restrictive practice i.e. use of bedrails had not been referred to the service committee and this was in conflict with the centre policy on use of restrictive practice

**Judgment:**

Non Compliant - Moderate

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

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

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

**Findings:**

The centre maintained a record of all incidents occurring in the centre and where required incidents had been notified to the Authority.

Quarterly notifications had been submitted to the Authority in respect of incidences and practices in the centre.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

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

**Theme:**

Health and Development

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

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

**Findings:**

The inspector found residents' opportunities for new experiences, social participation and training were facilitated and supported through practices in the centre.

There was a policy in place on access to education, training and development.

Residents training opportunities had been assessed with individual goals outlined in personal plans. Training plans had been developed to support residents in achieving goals for example, money management plans, personal self help skills, learning to use the laundry facilities and independent shopping. To support residents learning and communication style, training plans were available in task analysis format using pictures.

Residents also had individual goals for new experiences in line with their wishes for

example, going on a spa break and going on a helicopter journey. Goals were reviewed on a regular basis.

Residents were engaged in a range of social activities both internal and external to the centre. Social activities included holiday breaks, cinema, shopping, attending a social group in a nearby university, attending shows and meals out with friends.

**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):**

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

#### **Findings:**

The inspector found residents were supported to achieve and enjoy good health however, improvement was required to ensure timely access to appropriate treatment.

Residents healthcare needs had been assessed with healthcare plans developed for most assessed needs for example, epilepsy plans, bone disorder plans, and skin integrity plans. However, one healthcare plan had not been developed for an assessed endocrine disorder and one healthcare plan for mental health needs was not detailed enough to guide practice. A referral to an external professional had not been sought for one resident on their admission to the centre a number of years previously. This resident was receiving medical treatment in the centre, the purpose of this intervention had not been clearly established and was therefore the reasons for the use of the treatment remained unclear to staff. The person in charge had made arrangements for the resident to be seen by an external professional a number of years following admission and this appointment was due to take place in January 2016.

Residents attended general practitioners in the community and all residents had an annual medical review completed. Residents also had access to a range of allied healthcare professionals including speech and language therapist, physiotherapist, psychiatrist, psychologist, dentist and dietician.

There was ample supply of fresh and nutritious food. Residents choose meals and residents' requests for alternative meal choices were accommodated. Residents were supported to prepare meals and the inspector observed a resident and staff preparing ingredients for an evening meal. The inspector observed a meal being served and the mealtimes was observed to be a sociable and positive experience.

The inspector also observed the advice of dietician and speech and language therapist formed part of residents' nutritional plans and were implemented in practice.

**Judgment:**

Non Compliant - Moderate

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

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

**Findings:**

The inspector found residents were protected by safe medication practices in the centre however, improvement was required in the maintenance of medication administration records.

There was a written operational policy in place which outlined the procedures for ordering, prescribing, storing and administration of medication. The inspector found the procedures within the centre for ordering, and administration of medication were safe and in line with national guidelines.

The inspector reviewed prescription and administration records which contained most of the information required however, one PRN medication prescription did not outline the indications for use, and one medication prescribed did not have a maximum dose stated. One resident required two medication prescription sheets however, the second prescription sheet did not outline the residents' personal details as required.

Medications were securely and appropriately stored in a locked press in the staff room. Out of date or unused medications were stored separate from regular medications in a secure medication disposal bin.

Residents availed of the services of a local pharmacy in the community and the person in charge informed the inspector that residents knew the pharmacist well.

There were no controlled medications in use in the centre on the day of inspection.

There were arrangements in place for audit of medication management practices. Medication stocks were audited on a weekly basis. The person in charge had recently commenced a medication management audit system.



**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):**

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

**Findings:**

There was a written statement of purpose in the centre however, improvement was required to ensure it contained all of the information required by Schedule 1 of the Health Act (Care and Support of Residents in Designated Centres (Children and Adults) With Disabilities) Regulations 2013.

The statement of purpose set out the aims, objectives and ethos of the designated centre and the facilities and services to be provided to the residents. However, the statement of purpose did not contain information on the arrangements for residents to access education, training and employment.

The statement of purpose was reviewed on a regular basis as required.

**Judgment:**

Substantially Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

Overall the inspector found there were effective management systems in place to ensure the delivery of safe and quality care services. An application was made to the Authority to register the centre for six residents. Documentation in relation to planning compliance remained outstanding.

There was a clearly defined management system that defined the lines of authority and accountability. The person in charge reported to a service manager (person participating in management). The inspector reviewed minutes of meetings between the person in charge and the service manager for the preceding year. Three meetings had taken place and where issues had been identified action plans to address shortcomings had been developed. The service manager was available to the person in charge for support on a daily basis.

The person in charge also met with the service manager and peer group on a quarterly basis as part of the larger St. Michael's House management support system. An out of hours nurse management system was also available.

The service manager met with the provider nominee on a regular basis and outstanding issues pertaining the centre were discussed at these meetings.

A six monthly report on the quality and safety of care had recently been completed by the service manager on behalf of the provider nominee. An action plan had been developed and actions had either been completed, or there was a plan in place to complete actions.

An annual review of the quality and safety of care had also been completed by the service manager on behalf of the provider nominee. The annual review took into account the views of residents, families and staff. The report also identified areas of good practice and areas for improvement with an action plan developed to address these areas.

Arrangements were in place for staff supervision and the person in charge met individual staff twice a year. The service had recently developed a performance management system which was proposed to commence in the near future. Staff members spoken to, said they felt supported by the person in charge.

The person in charge was interviewed by the inspector and demonstrated sufficient knowledge of the legislation and her statutory responsibilities. The person in charge was suitably qualified with the experience and knowledge to fulfill her role. The person in charge was employed on a full time basis.

The person in charge had been in post for two years and was well known to the residents. The person in charge could avail of protected time one day per week to fulfill administrative duties. The person in charge had engaged in continuous professional development and had recently completed a degree in Applied Social Studies.

**Judgment:**

Substantially Compliant

**Outcome 15: Absence of the person in charge**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

There were suitable arrangements in place for the absence of the person in charge.

There had been no occasion in which the person in charge had been absent for 28 days or longer.

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

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

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

**Theme:**

Use of Resources

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

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

**Findings:**

The inspector found the centre was resourced to ensure the effective delivery of care and support in accordance with the details set out in the centre's statement of purpose.

There were sufficient resources in the centre to support residents in achieving their individual personal plans. Additional staff resources had recently been allocated to the

centre to support the delivery of an individualised service for a resident. The centre also had transport available to support residents accessing a variety of activities in the community.

The facilities and services in the centre reflected the details set out in the statement of purpose.

**Judgment:**  
Compliant

**Outcome 17: Workforce**

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

**Theme:**  
Responsive Workforce

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

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

**Findings:**

Overall there were sufficient staff and an appropriate skill mix to meet the assessed needs of residents, ensuring the safe delivery of services and continuity of care.

There were sufficient staff employed in the centre with the right skills, qualifications and experience to meet the assessed needs of residents. The centre was staffed by social care workers on a 24 hour basis. Where vacancies arose due to staff leave this was filled by regular relief staff or agency staff.

There was an actual and planned roster.

Staff were observed to provide assistance to residents in a sensitive and safe manner respecting the individual communication methods of residents.

The inspector reviewed a record of staff training. Staff had completed all mandatory training enabling them to provide care that reflected evidence based practice. Examples of such training included medication training, food safety and safeguarding. Staff had also received training to enable them to support residents with specific needs for example, positive behaviour support training and epilepsy training.

The person in charge facilitated staff supervision, meeting individual staff approximately twice a year. The inspector reviewed records of staff supervision and found the supervision facilitated discussion in relation to staff responsibilities, issues / concerns

and areas for development. The person in charge had identified the need to increase the frequency of supervision meetings for staff and had a plan in place to facilitate these meetings in the upcoming year.

The recruitment procedures within the centre included the checking and recording of all the required information.

Staff records had been previously been checked at the main service headquarters and all the requirements of Schedule 2 had been met.

There were no volunteers employed in the centre.

**Judgment:**

Compliant

**Outcome 18: Records and documentation**

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

**Theme:**

Use of Information

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

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

**Findings:**

The inspector found that most of the documentation required by the regulations was maintained in the centre however, some improvement was required to ensure all the policies and procedures as per Schedule 5 of the Regulations were in place and subject to review.

Records maintained within the centre were stored securely but easily retrievable.

There was a residents' guide available in accessible format for residents. A directory of residents was maintained in respect of each resident in the centre.

There were policies and procedures in place as per Schedule 5 of the Regulations. However, some improvement was required. There were no policies in place for, the provision of information to residents and staff training and development. .

Most of the required records as per Schedule 3 of the Regulations were maintained in the centre however, as outlined in Outcome 11 some improvement was required in the development of some healthcare plans.

All general records as per Schedule 4 of the Regulations were available and complete on the day of inspection.

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

**Judgment:**

Substantially Compliant

**Closing the Visit**

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

**Acknowledgements**

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

***Report Compiled by:***

Caroline Vahey  
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 report<sup>1</sup>**

<b>Centre name:</b>	A designated centre for people with disabilities operated by St Michael's House
<b>Centre ID:</b>	OSV-0002370
<b>Date of Inspection:</b>	06 January 2016 & 07 January 2016
<b>Date of response:</b>	15 February 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:**

Some practices within the centre compromised the privacy and dignity of residents.

**1. Action Required:**

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living

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

space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

The contract of care has been amended to ensure it is consistent across the Organisation, the provision of maintenance (including painting) of the centre will be in line with the HSE private property guidelines.

Identifying labels were removed from communal area's storing continence wear.

A bathroom press will be sourced to ensure all intimate care items are not on view in bathrooms.

A key-box with key pad for bus keys will be sourced and fixed externally to the house to ensure staff are not interrupted by bus drivers requesting keys.

The policy on residents' personal property, personal finances and possessions is due for review early in 2016. The authors of the original policy will complete this review to ensure the policy reflects best practice and is in line with regulatory requirements.

Going forward the PIC will ensure the privacy and dignity of all residents is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

**Proposed Timescale:** 31/03/2016

**Theme:** Individualised Supports and Care

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

Residents paid for painting of their bedrooms which was not in line with the HSE patients' private property guidelines.

**2. Action Required:**

Under Regulation 12 (4) (c) you are required to: Ensure that the registered provider or any member of staff, does not pay money belonging to any resident into an account held in a financial institution, unless the account is not used by the registered provider in connection with the carrying on or management of the designated centre.

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

The contract of care has been amended to ensure it is consistent across the Organisation, the provision of maintenance (including painting) of the centre will be in line with the HSE private property guidelines.

**Proposed Timescale:** 05/02/2016

**Outcome 02: Communication**

**Theme:** Individualised Supports and Care



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

Access to the internet was not available for all residents in the centre.

**3. 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:**

The PIC has liaised with the SMH IT dept and will source external providers of WiFi for general usage by all residents in the centre.

**Proposed Timescale:** 01/04/2016

**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:**

Personal plans were not available in accessible format for all residents.

**4. Action Required:**

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

Two staff have been assigned to ensure that residents' personal plans are updated and made accessible in a format that will suit the level of understanding to each individual resident

**Proposed Timescale:** 05/08/2016

**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 a number of areas which required cleaning on an ongoing basis to ensure the safety and wellbeing of residents was maintained. The cleaning schedule did not take into account all areas within the centre which required regular cleaning.

**5. Action Required:**

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and

suitably decorated.

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

A deep cleaning has been carried out on the premises by an external cleaning company. The PIC has reviewed the cleaning schedule to ensure the premises is clean on an on-going basis and the safety and wellbeing of residents is maintained

**Proposed Timescale:** 05/02/2016

**Theme:** Effective Services

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

Two chairs used by residents were damaged and residents were at risk of the spread of infection.

The changing table in the main bathroom had rust on the protective side rails.

**6. Action Required:**

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

The PIC will ensure the chair with a torn armrest is repaired. The other chair will be reviewed by the Occupational Therapy Dept and Infection Control Dept and replaced/ re-covered as appropriate.

The changing table in the main bathroom will be removed and replaced with suitable assistive equipment for residents. The PIC will liaise with the Occupational Therapy Dept to ensure the residents individual needs are met.

**Proposed Timescale:** 18/03/2016

**Theme:** Effective Services

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

There were areas within the centre which required maintenance to ensure the safety and wellbeing of residents was maintained - mould in two bathrooms and on the patio door in the sitting room, a broken blind in the laundry room, a broken shelf in a kitchen press and a shelf in the bathroom inappropriately placed.

**7. 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:**

The blind in the laundry room has been repaired.  
The PIC is liaising with the Technical Services Dept/ Health and Safety Dept and Infection Control Dept to combat the growth of mould on the walls and ceiling in the main bathroom, and on the wall tiles in the small bathroom.  
A proposal/ quote has been submitted to the registered provider for the replacement of the existing kitchen fittings.  
The broken shelf in the kitchen press has been replaced.  
The inappropriately placed shelf in the bathroom will be reviewed by the Technical Services Dept and moved to a more appropriate location.

**Proposed Timescale:** 05/08/2016

### **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:**

A risk assessment for lone workers specific to the centre had not been developed.

**8. Action Required:**

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

A lone worker risk assessment has been completed by the PIC to ensure the safety of staff and residents, and is available for review on the centre.

**Proposed Timescale:** 05/02/2016

**Theme:** Effective Services

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

There was no risk assessment in place for the unexplained absence of a resident.

**9. Action Required:**

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

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

A risk assessment for the unexplained absence of a resident has been completed by the PIC and is available for review on the centre.

**Proposed Timescale:** 05/02/2016

**Theme:** Effective Services

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

There was no risk assessment in place for accidental injury to residents, visitors and staff.

**10. Action Required:**

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

A risk assessment has been completed by the PIC for accidental injury to residents, visitors and staff and is available for review on the centre.

**Proposed Timescale:** 05/02/2016

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

One restrictive practice, namely use of bedrails for one resident had, not been referred for review to the service committee. This was in conflict with the procedure set out in the centre's policy on use of restrictive practice.

**11. 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 referral has been sent to the Positive approaches monitoring group for approval on the use of the bedrail for this resident. A bed rail assessment has also been completed by the PIC/ keyworker.

**Proposed Timescale:** 05/03/2016

**Theme:** Safe Services

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

Documentary evidence of safeguarding training for some agency staff was not available.

**12. Action Required:**

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

Letters of compliance are available for review in the centre from external agencies used, in respect of safeguarding and other mandatory training. These letters have also been forwarded to the Authority.

**Proposed Timescale:** 05/02/2016

**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:**

Referral to an external professional had not been sought for one resident in a timely manner.

**13. Action Required:**

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

A referral was made 18months ago by staff to external professionals in relation to one specific healthcare need for a resident. The relevant appointment took place on 22-01-2016, and the issue will be reviewed yearly going forward. Going forward the PIC will ensure that all referrals to an external professional are done in a timely manner.

**Proposed Timescale:** 05/02/2016

**Theme:** Health and Development

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

Some health care plans were not sufficiently detailed to guide practice as detailed within the body of this outcome.

**14. Action Required:**

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

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

All health Care Plans have been reviewed to ensure all information required is within the plan to guide good and effective practice. Plans have also been developed for any healthcare need where a plan was not in evidence.

**Proposed Timescale:** 05/02/2016

## **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:**

One PRN medication prescribed did not have the maximum dosage stated.

One PRN medication prescribed did not outline the indications for use.

One medication prescription sheet did not contain the residents' personal details as required.

### **15. 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:**

All medication administration sheets have been amended to ensure that all details are recorded and correct including but not limited to; Maximum dosages

Clear indications for use.

An individuals required personal Details.

The PIC will ensure going forward that all practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medications is in line with current policy.

**Proposed Timescale:** 05/02/2016

## **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 did not contain information on the arrangements for residents to access education, training and employment.

### **16. 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 PIC has updated the statement of Purpose to include information on the current policy arrangements for residents to access education, training and employment. The updated statement of purpose has been forwarded to the Authority.

**Proposed Timescale:** 05/02/2016

**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:**

Planning compliance remained outstanding as part of the application to register the centre.

**17. 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:**

The registered provider is in the process of contracting the services of an external Architect as a consultant to undertake a site visit/ review on 26-02-2016. This will then inform a decision on planning compliance. Once this is available it will be forwarded onto the Authority.

**Proposed Timescale:** 01/04/2016

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

There were no policies in place for the provision of information to residents or staff training and development.

The centre's policy on admissions did not include details on the temporary absence of residents.

**18. 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:**

A policy for the temporary absence of residents is currently in consultation and will be available by 30-04-2016

The staff training and development policy is also currently under review and will be available by 30-04-2016

A policy is now available on the centre for the arrangements for residents to access education, training and employment.

A policy is currently being developed on the provision of information to service users. This work is currently in consultation with service users and due to its complexities will not be available until the end of 2016. Until the policy is developed there is a guidance document which should be used by all staff to inform their work with service users.

**Proposed Timescale:** 15/12/2016

**Theme:** Use of Information

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

The centre policy on discharges and transfers was out of date.

The policy on residents' personal property, personal finances and possessions was out of date.

**19. Action Required:**

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

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

The policy on residents' personal property, personal finances and possessions is due for review early in 2016. The authors of the original policy will complete this review to ensure the policy reflects best practice and is in line with regulatory requirements.

The policy on discharges and transfers of residents is currently under review and will be available by 30-04-2016.

**Proposed Timescale:** 30/04/2016



