Health Information and Quality Authority
Regulation Directorate

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

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

Centre name:	Kilbarrack
Centre ID:	OSV-0002358
Centre county:	Dublin 5
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	Michael Farrell
Lead inspector:	Anna Doyle
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
27 October 2016 10:00	27 October 2016 20:00

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:
This was the third inspection of the designated centre. The purpose of this inspection was to monitor ongoing compliance with the regulations.

Description of the Service:
The centre is operated by St. Michaels House (SMH) and is situated in North Dublin. It comprises of a large seven bedroom bungalow located, close to local shops and transport links. The centre provides care to both male and female residents who have an intellectual disability, some of whom have mobility issues, healthcare needs and behaviours that challenge. Care is provided using the social care model of support, with nursing supports available as required through an on call system.

How we gathered evidence:
Over the course of this inspection the inspector met all of the residents. One resident met with the inspector for a short time and others were met informally. Residents were observed to appear happy living in the centre and informed the inspector that they were happy living there. The inspector observed practices, met with staff, reviewed documentation such as: care plans, risk assessments, policies and procedures and fire records. The person in charge attended the centre was on the day of the inspection. The service manager, the person in charge and the provider

attended the feedback meeting.

Overall findings:
Overall the inspector found that residents were well cared for in the centre and staff were observed to treat residents with respect. The centre was clean and maintained to a good standard. Two of the actions from the last inspection had not been fully implemented under social care and documentation. This inspection also found that the provider had not put adequate measures in place to ensure that appropriate staffing levels were in place over the last number of months.

Three moderate non compliances were found in relation to social care needs, governance and management and workforce. The remaining outcomes were found to be substantially complaint. The action plan at the end of this report addresses the improvements required.

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

Outcome 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 inspector found that resident's wellbeing and welfare was being maintained. However, improvements were required in the assessment of residents' needs and the development and review of social care needs. In addition, one of the actions from the last inspection had not been implemented.

Since the last inspection the provider had undertaken to ensure that an identified health plan would be in place for residents assessed needs and they would be specific enough to guide practice. The inspector found that there was a plan in place for identified needs; however some of them required more detail. In addition, the provider had undertaken to ensure that residents' representatives, where appropriate, would be involved in the development of the residents plan. The inspector found that this had been implemented.

Each resident had a personal plan. From the sample viewed the inspector found that the assessments of need had not been reviewed since 2014, however all of them were in the process of being updated using a new template that had been introduced by the provider.

Some residents had an annual review completed and the inspector was informed that other residents were in the process of completing theirs. Residents had goals set, however, there were no records to evaluate how goals were progressing for some residents and some of these goals had been set for over a year.

The inspector found that some parts of residents' plans had been developed into an accessible format for residents.

All residents attended a day service in line with their personal preferences. On the day of the inspection two residents had decided to remain home from day services and this was respected.

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

Findings:
The inspector found that the actions from the last inspection had been implemented and that there were measures in place to protect residents, visitors and staff in the centre. However, some improvements were required.

Since the last inspection the provider had undertaken to ensure that a risk management policy was in place, which detailed the requirements under the regulations. This was now available in the centre.

The centre had a health and safety statement in place. Risk assessments were completed. However, one risk identified within the centre that had been highlighted at an unannounced quality and safety review of the centre had not been completed. This was discussed at the feedback meeting.

Incidents were recorded on a computer generated form. The inspector was informed that four incidents had been recorded since the beginning of the year. The incidents had been noted at an unannounced quality and safety review of the centre. However, there was no formal review of incidents in the centre so as to identify trends and review control measures implemented.

Suitable fire fighting equipment was provided in the centre, with records maintained of the regular testing and servicing of fire extinguishers, alarms and emergency lighting. Daily fire checks were completed and a fire safety checklist was completed every three months. The centre was furnished with appropriate procedures and illuminated signage for emergency exits. Fire drills had been completed in the centre. There were fire doors in place as outlined in the statement of purpose for the centre.

There was an emergency plan, which outlined the procedures to be followed in the event of emergency; including an identified temporary alternate accommodation should returning to the centre not be a viable option. The inspector reviewed the personal emergency egress plans (PEEPs) of the residents and found that one had not been updated to reflect the supports in place. This was discussed at the feedback meeting.

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:
Safe Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that there were measures in place to keep residents safe and protect them from abuse. However, improvements were required in resident's behaviour support plans.

Staff spoken with were knowledgeable about what constitutes abuse and what to do in the event of an allegation of abuse. However staff had not received refresher training in line with the Health Service Executive (HSE). Residents said that they were happy living in the centre and appeared relaxed and comfortable with staff members.

There was a policy in place for the provision of behavioural support. A psychologist was available in the centre by referral. The inspector reviewed a sample of behaviour support plans in place and found that one had not been reviewed since 2014. In addition some of the information contained in a resident's assessment of need that outlined the possible function of a behaviour did not have this contained in their behaviour support plan. The use of an as required medication was also not referenced in the behaviour support plan in order to guide practice. However, staff were clear when to administer the medication.

There was a restrictive policy in place. One resident was prescribed an as required medication for the management of behaviours that challenge. This was discussed at the feedback meeting. The service manager agreed to follow this up with the resident's doctor to confirm whether this was prescribed as part of the resident's mental health.

The inspector received confirmation from the service manager the following day to confirm that it was not considered a restrictive practice as the medication was prescribed for anxiety.

Residents had intimate care plans in place. The inspector saw one example of where staff were developing a plan to ensure that they were respecting one resident's rights in terms of personal care. Staff were observed to treat residents with dignity and respect throughout the inspection.

Judgment:
Substantially 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:
The inspector found that each resident was being supported to achieve good health outcomes. However, some healthcare support plans required more detail.

Residents had an assessment of need in place and while some had not been reviewed since 2014 and did not reflect changing needs there were support plans in place to guide practice for all healthcare needs. However, some of them required more detail including; pain management plans and the management of constipation in order to guide practice.

Residents had timely access to a range of allied health professionals.

Mealtimes were not inspected at this inspection, but the inspector did observe how menus for the day had been developed into an accessible format for residents. For example residents were observed using talking buttons that could be pressed to hear a voice recording of what was being prepared for dinner that day.

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:
The inspector found that there were policies and procedures in place for medication management in the centre. However, some improvements were required.

Medications were stored in a locked press. A refrigerator was in place for the storage of medication as required. There were no controlled drugs stored in the centre. The staff informed the inspector about the practice for the disposal of medications that were discontinued or not in use in the centre, records of which were maintained in the centre.

All staff had been trained in the safe administration of medication in the centre. A sample of medication administration sheets and prescription sheets were viewed and contained the appropriate information. Staff were clear about what medications were prescribed for. There were protocols in place for the administration of as required medication. However, some of them required improvement as they did not reflect the practice in the centre. For example the inspector was informed that one medication was administered by a 'nurse on call' staff if it was required. This was not reflected in the protocol.

Medication errors were recorded in the centre. The inspector was informed that only one medication error had occurred in the centre and this had been followed up with the nurse manager on call.

There were no residents self medicating in the centre.

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):
No actions were required from the previous inspection.

Findings:
The inspector found that there were systems in place to monitor and review the quality and safety of care in the centre. However, improvements were required

There was a clearly defined management structure in place. The person in charge reported to the service manager who in turn reported to the provider nominee. The inspector was informed that the person in charge and service manager met regularly to discuss the quality of care provided in the centre. The person in charge said that they felt supported in their role. Both the provider and the service manager attended the feedback meeting in the centre.

The person in charge attended the centre on the day of the inspection. They had been interviewed at an earlier date by HIQA and were found to be knowledgeable of the regulations. They were fulltime in their role and were allocated eight hours protected time each week in order to ensure effective oversight of the centre. However, over the last number of months this had not always been possible due to insufficient staffing levels in the centre due to staff vacancies. This was having an impact on the person in charges oversight of the quality of services being provided in the centre.

A person participating in the management of the centre was present on the morning of the inspection. They were found to be very knowledgeable of the residents needs in the centre and had a good knowledge of the regulations.

Two unannounced quality reviews had been completed. However, no annual review had been completed for the centre.

Judgment:
Non Compliant - Moderate

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

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that there were adequate staff in place in the centre; however, improvements were required to ensure that staffing levels in the centre were adequate to meet residents assessed needs.

The inspector found from speaking with staff and from reviewing staff rosters that there were times that the staffing levels as outlined in the statement of purpose were not available in the centre some days. For example, staff leave was not always fully replaced and the full staff compliment was not available in the centre. There were a number of examples where only one staff was on duty for parts of the day when all the residents were present in the centre. The inspector found that while staff had endeavoured to ensure that the needs of the residents were met, other areas of responsibilities could not be met. This was discussed at feedback and the inspector acknowledges that the provider was addressing this issue.

Staff were knowledgeable about the needs of residents in the centre. Supervision was in place for staff and the staff spoken to felt supported in their role.

Staff had access to the advice and support from nursing personnel on a 24hour basis.

All staff had completed mandatory training. However, staff had not received refresher training in the revised HSE policy on safeguarding vulnerable adults.

Personnel files were not reviewed as part of this inspection.

The inspector was informed that there were no volunteers employed in the centre.

Judgment:
Non Compliant - Moderate

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

Findings:
The inspector found that one of the actions from the last inspection had not been fully implemented. No other aspects of this outcome were inspected.

Since the last inspection the provider had undertaken to ensure that all of the policies and procedures set out under schedule 5 of the regulations would be available in the centre. One of the policies on the provision of information for residents was still not in place.

In addition the provider had undertaken to ensure that a directory of residents was maintained in the centre. This had been completed.

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:

Anna Doyle
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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002358
Date of Inspection:	27 October 2016
Date of response:	12 December 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 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Resident's assessment of need had not been updated since 2014.

1. Action Required:
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and

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

social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

Please state the actions you have taken or are planning to take:
The PIC together with key workers and families are in the process of updating the new Assessment of Need template developed by St. Michael's House.

Proposed Timescale: 15/02/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were no records to evaluate how goals were progressing for some residents.

2. Action Required:
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

Please state the actions you have taken or are planning to take:
The organisation has recently introduced new systems to support key workers to track the effectiveness of individual personal plans /goals. The PIC together with Keyworkers are in the process of implementing this.

Proposed Timescale: 15/02/2017

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:
One risk assessment had not been completed in the centre.

There was no formal review of incidents in the centre.

3. Action Required:
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:
The risk assessment identified relates to transport. This assessment has been completed. The risk has been assessed as low.

All incidents and accidents are recorded electronically and forwarded to the service

manager for review. Currently these are reviewed as part of PIC / Service Manager Support Meetings and Six Monthly Audits. In 2016 there were 4 were unrelated incidents. The organisation is in the process of putting in place systems that will enable the information recorded on individual electronic reports to be analysed for trends and patterns.

Proposed Timescale: 30/01/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One resident's behaviour support plan had not been reviewed since 2014.

The use of an as required medication was not referenced in the behaviour support plan in order to guide practice.

4. Action Required:
Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

Please state the actions you have taken or are planning to take:
The PIC and the house's psychologist is in the process of amending the above plan.

Proposed Timescale: 22/01/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Information contained in a resident's assessment of need that outlined the possible function of a behaviour did not have this contained in their behaviour support plan.

5. Action Required:
Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

Please state the actions you have taken or are planning to take:
The resident's Key worker together with the house's psychologist is in the process of reviewing the above plan.

Proposed Timescale: 22/01/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some healthcare plans in place required more detail in order to guide practice.

6. 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:
The PIC together with keyworkers and allied health care professionals are in the process of reviewing all health care plans.

Proposed Timescale: 22/02/2017

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The details contained in one medication protocol was not reflected in practice.

7. 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 medication protocol identified has been amended and is now consistent with practise.

Proposed Timescale: 01/12/2016

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:

No annual review had been completed for the centre.

8. 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 organisation has put in place a system to ensure that Annual Reviewer's are completed for 2016

Proposed Timescale: 30/01/2017

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Protected time allocated to the person in charge had not been facilitated over the last number of months in order to ensure oversight of the centre.

9. 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 Service Manager together with the PIC will monitor the house's roster to ensure that management time is protected

Proposed Timescale: 30/12/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The staffing levels as outlined in the statement of purpose were not available in the centre some days.

10. Action Required:
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
The PIC and Service Manager will endeavour to ensure that staffing levels are at all

times consistent with the Statement of Purpose. This will include implementing a system to track and evaluate any gaps.

Proposed Timescale: 15/12/2016

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A policy on the provision of information for residents was not in place.

11. 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 Organisation is the process of finalising a policy on Information to Residents.

Proposed Timescale: 30/01/2017