

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002356
Centre county:	Dublin 5
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	John Birthistle
Lead inspector:	Leone Ewings
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
02 December 2014 10:30	02 December 2014 18:30
03 December 2014 10:00	03 December 2014 14:30

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

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

Summary of findings from this inspection

This was an announced inspection and formed part of the assessment of the application for registration by the provider, and was the second inspection by the Health Information and Quality Authority (the Authority). The inspection took place over two days and as part of the inspection, practices were observed and relevant documentation reviewed such as personal plans, health care records, accident logs, policies and procedures and staff files. The views of residents, relatives and staff members of the centre were also sought. Pre-inspection questionnaires from residents' and relatives also informed the process.

The nominated person on behalf of the provider had made some improvements within the centre since the last inspection, relating to non-compliances found on the last inspection. The fitness of the person in charge was assessed through interview and throughout the inspection process to determine fitness for registration purposes and was found to have satisfactory knowledge of their role and responsibilities under the legislation and sufficient experience and knowledge to provide safe and appropriate care to residents. The fitness of the nominated person on behalf of the provider was determined separately on 11 November 2014 and also found to be satisfactory.

The centre was established to provide care for six residents, on the day of the inspection six residents were living at the centre. The Person in Charge and staff provided social care on a continuous basis, and one staff member provided sleepover cover at night. At the time of the inspection residents both male and female were welcomed following an appropriate admissions process. Six feedback questionnaires from residents/service users were received by the Authority on inspection. The opinions expressed through the questionnaires were very positive, in particular, residents confirmed that their rights were upheld and were very complimentary of the manner in which staff provided support to residents.

The inspector found that the action plans relating to the five non compliant outcomes from the last inspection which took place on 24 June 2014 had been addressed, or were in the process of being addressing by the provider and person in charge. On this inspection evidence of good practice was found across all outcomes, with 16 out of 18 outcomes inspected against deemed to be in substantial compliance with the Regulations.

Non-compliances related to schedule 5 policies and the submission of required documentation. As part of the application for renewal of registration, the provider was requested to submit relevant documentation to the Authority. All documents submitted by the provider for the purposes of application to register were found to be satisfactory. However, two documents one in relation to planning compliance and the other relating to fire compliance remain outstanding and are required to be submitted to the Authority before a recommendation for registration can be made by the inspector.

The action plan at the end of this report identifies one outcome where improvements are required

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents had their rights respected; their dignities maintained, and were consulted with regard to daily living and supports.

Evidence that residents were consulted with and enabled to participate in decisions about their care and about the organisation of the centre was found on this inspection. The centre was found to be managed in a way that maximises residents' capacity to exercise personal autonomy and choice in their daily lives. In practice staff supported a number of residents to attend appointments and events on an individual basis.

Regular weekly meetings took place and minutes of these meetings outlined discussions and decisions taken on activities and included meal planning. Daily routines respected individual choice and preferences such as times for rising or returning to bed. Promotion of independence was strongly supported by staff and was reflected in facilitating residents to access local amenities and services such as going for walks, shopping, cinema or the hairdresser where this was assessed as appropriate and safe. Choices about day trips, outings and holidays were individually facilitated by staff and the residents utilised taxi services, day centre transport and the centre was well located for nearby public transport options.

It was found that resident's privacy and dignity was respected through personal care practices, maintaining private communications and contacts with relatives and friends and maximising independence. For example, residents confirmed they could easily use the telephone when required and were afforded privacy to do so. Visits could take place in a private sitting room with friends and family. Dignity and the importance of

respectful practice was clearly outlined in each residents intimate care plans. Locks were available on all bedroom doors and residents were provided with their own key as required. The use of CCTV or other monitoring devices was not in use the centre at this time. Independence was promoted and encouraged through development and maintenance of life skills.

Systems to safeguard finances were well established and supports to facilitate residents to safely manage their finances were reviewed. It was found that resident's belongings and finances were fully protected on this inspection, residents confirmed access to their own funds. A robust system which involved a daily individual check on each residents funds, and an in depth management audit which took place monthly was in place. Each aspect of the three records were reconciled for every lodgement, withdrawal or transaction conducted. These were audited by the person in charge monthly. Records indicated full reconciliation and corroboration of purchases/payments with receipts expenditure records and bank statements.

There was a written operational policy and procedure relating to the making, handling and investigation of written complaints. At the time of this inspection one complaint had been received in the centre. The inspector reviewed the relevant records and found that it had been managed in a robust and meaningful way, in line with policy and procedure in place. The procedure identified the nominated person to investigate a complaint and the appeals process. There was a nominated person who held a monitoring role to ensure that all complaints were appropriately responded to and records were kept. The complaints process was clearly displayed, contained photographs of the key people and was specific to the centre. Details of independent advocacy services were available to residents.

Judgment:

Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were able to communicate their needs at all times. Individual communication assessments were in place for all residents. A written draft communications policy was reviewed by the inspector and appeared comprehensive. Inputs from speech and language therapist informed the personal plans of a number of residents, and reflected in practice.

The inspector met with residents all who could communicate verbally, and non-verbally. The inspector saw that all staff spoke with and listened to each resident in a patient and respectful manner. The staff had detailed communication plans relating to appropriate responses when a resident may express a worry or concern which allowed for consistency and reassurance to be offered at this time. For example, one completed questionnaire confirmed that the resident was fully supported and received "lots of encouragement to express his opinions".

The inspector saw residents had access to televisions in their bedroom and living room. There were portable telephones accessible in the house. Residents were observed using the telephone, their own mobile phones and computer. Residents were facilitated to engage with activity with friends from their day service provision, and also planned visits maintain links with their friends in other community houses.

A broadband communication system was accessible by the person in charge, but this was not yet in place for residents who may benefit from this access and required further connection to be put in place by the provider.

Judgment:
Compliant

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

Theme:
Individualised Supports and Care

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

Findings:
Residents were supported to develop and maintain personal relationships and links with the wider community. Families were informed relating to residents wellbeing and significant events, in accordance with the wishes of the residents.

There were no restrictions on visitors. Residents told the inspector that they had visitors of their choice visit them in their home and invited them for lunch or dinner if they so wished. Residents' had chosen for their families to be involved in their care and family members had been invited to attend a meeting to discuss the residents' personal plan for 2014. There was a family contact sheet in each resident's file where staff recorded all verbal communication with family members. Contact via telephone was also maintained. For example, arrangements to meet up or visit relatives. Residents had personal family photographs and mementoes in their own rooms.

Residents used facilities in the local community. For example, the local shops, church, ATM and cinema complex. Healthcare facilities including doctor, dentist and hospitals were all located nearby to the centre. Residents told the inspector they regularly visited the local hairdressers, shops and post office. They walked or used the bus to the local shops to post letters, purchase clothing and items of their choosing.

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):

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

Findings:

The non-compliance relating to contracts of care had been addressed by the provider further to the last inspection. Contracts of care were available for all residents. Three contracts were reviewed were signed and dated by the resident and the person in charge. The contracts included details about the support, care and welfare the resident would be expected to receive, details of the services to be provided and the fees to be charged.

At the time of the inspection there were no vacancies in the centre and the current residents had all lived in the house for a number of years together. All new referrals are considered in line with the new admissions, transfer and discharge policy in place to inform the admissions process. The person in charge was aware of his particular role in the process. Evidence that residents' admissions were largely determined on the basis of criteria in accordance with the current Statement of Purpose was found.

The person in charge was clear that where it was believed a potential residents needs could not be met or would not fit with the existing profile then the placement would not be facilitated. The protocol for filling vacancies also includes assessments associated with the suitability of the environment to meet potential resident's needs; level and skill mix of staff and familiarity with the local community and area. the admissions process considers the wishes, needs and safety of the individual and the safety of other residents currently living in the services. For example, one resident had moved to the centre as her previous home did not have ground floor facilities in place to meet their assessed needs. The resident confirmed that they were happy with their current accommodation.

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):

No actions were required from the previous inspection.

Findings:

Each resident had an individual assessment and personal plan in place.

Care plans were in place with regard to wellbeing and any identified healthcare needs. Residents were found to have been fully supported with healthcare appointments and review from a social and health promotion perspective. The involvement of the majority of residents was confirmed by discussion with residents and information on pre-inspection questionnaires from residents and relatives. Assessments had clinical input from psychology, psychiatry and multi-disciplinary team to identify individual needs and the planning process.

The inspector was satisfied that the care supports provided to the residents were appropriate to meet their assessed needs. Many residents had lived at the centre since it opened in 2008; therefore residents and staff knew each other well. Each resident had a comprehensive assessment in place which reflected their personal interests and preferences and outlined how staff could assist the resident to maximise their opportunities to participate in meaningful activities. Each resident's assessment had been reviewed annually. There was evidence that the resident and their key workers' were actively involved in this assessment and ongoing evaluation. Close links were maintained with residents attending day care services and placements, and communication with staff took place on a daily basis.

Residents had a corresponding outcome based personal plan in place which set individual personal goals they aimed to achieve by the end of 2014. Staff outlined supports in place to achieve the goals set by residents and also adaptations which were facilitated by staff when goals changed. Three short term and three long term goals were in place for each resident. For example, one resident was undertaking a computer course in a local college to complete a qualification in further education.

The staff within the centre encouraged, facilitated and promoted both residents independence by coming up with innovative and practical solutions to meet each residents goals. For example, if it was not possible to go to see an artist singing as no concerts were planned to research and discuss alternative options and concerts planned. Records were maintained of actions taken to assist each resident achieve their goals. For example, one resident showed the inspector a pictorial album of a day spent with his key worker as part of his individual goals for this year.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The location, design and layout of the centre was found to be suitable to meet the current profile of residents' individual and collective needs in a comfortable and homely way. The centre is a two storey domestic six bed roomed detached house which has been extended on the ground floor. The building was well maintained with appropriate furniture fixtures and fittings. En-suite staff accommodation/office was provided on the first floor. The inspector found the premises to be spacious, visually clean and clutter free. Efforts to reflect resident's individuality and preferences in relation to colour and furnishings in bedrooms were noted and photographs pictures and fixtures which reflected interests and hobbies were evident.

The designated centre meets the assessed needs of the current resident profile as determined by the statement of purpose. A utility room was in place, which contained washing machine and drier for completing laundry and storage for cleaning supplies. The communal areas were spacious and included a bright kitchen with dining and living space, a private sitting room and a living room with television which contained sufficient seating for all residents and other visitors.

Full wheelchair access was in place in the assisted bath/shower room. An additional shower room on the ground floor was also available. All toilets and shower/bathrooms were fitted with privacy locks. The main bathroom had sustained a leak and cosmetic painting was required, and the person in charge informed the inspector that the

technical services department would return to complete this task. During the inspection staff were seen undertaking minor works to lights in the kitchen area, and maintenance to fix a printer attached to the computer. The person in charge confirmed that maintenance to the building and grounds was ongoing and the premises were well maintained.

The rear garden was safe and secure, level access from the sitting and dining areas was in place. Car parking spaces were available on the drive to the front of the house, and additional on street parking was available.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

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

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

Findings:

The health and safety of residents, visitors and staff was promoted and protected. Policies and procedures for risk management and health and safety were available and staff were aware of them. Improvements had taken place since the last inspection and the provider had addressed the non-compliance relating to making the safety statement more centre specific. The person in charge had completed training in risk assessment and had been involved in updating the safety statement.

Records were readily available and found to be well maintained regarding the regular servicing of fire equipment and fire officer's visits. Fire escape routes were unobstructed. Fire equipment and alarms were tested and arrangements were in place for the maintenance of the system and equipment. Individual personal emergency evacuation plans for all residents were in place and were sufficiently specific to guide staff. Staff had received annual training in fire safety as required under the legislation and all staff spoken with demonstrated a good knowledge of the procedures to be followed in the event of a fire, and the contents of the emergency plan. Fire drills were documented for day and night time and all residents were aware of the alarm bell and what actions to take.

Arrangements were also in place for responding to other emergencies including procedures and policies covering responses in the event of a resident being absent or missing without staff knowledge. In conversation with them it was found that staff were fully aware of these procedures.

Evidence of effective review of the systems in place to assess and manage all risks associated with response to emergencies was found. A centre specific emergency plan to direct and guide staff in response to any major emergency such as power failure, flooding or other form of emergency was available and had recently been reviewed. The plan identified all resources available to ensure residents safety such as alternative accommodation. Some additional equipment to effectively and safely respond to emergencies was available such as search torches, blankets and lists of emergency numbers, and staff were aware of the location of the equipment and alternative accommodation which may be accessed as part of the plan if necessary.

Accident and incident records reviewed indicated systems were in place to derive learning, improve standards of care and improve safe systems in place to prevent recurrence. A low level of accident and incidents was recorded in the centre. When incidents occurred appropriate actions were taken to mitigate risks and complete up to date risk assessments.

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

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

Judgment:
Compliant

Outcome 08: Safeguarding and Safety

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

Theme:
Safe Services

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

Findings:
Measures were in place to protect residents from being harmed or suffering abuse. There had been one report relating to an allegation of abuse identified since the time of the last inspection. Further to a review of the provider response the inspector found that the safeguarding policy had been followed by all staff and robust measures to ensure all

residents wellbeing had been taken. Additional written information was requested from the provider to confirm the measures taken further to report to confirm compliance with the policy. This information was received on 9 December 2014.

There was a written safeguarding policy which provided guidance for staff to manage incidents of abuse. In conversation with some staff members, the inspector found they were knowledgeable and competent regarding reporting mechanisms within the centre and what to do in the event of a disclosure about actual, alleged or suspected abuse. In conversations with them some residents expressed feeling safe and could tell inspectors the names of the staff team. Although not all residents spoken to were unable to express feeling safe, the inspector observed they appeared comfortable with staff and did not exhibit behaviours associated with distress or anxiety. The pre-inspection questionnaires confirmed that all residents felt comfortable living in their home, and felt able to express their feelings and be listened to.

A restraint-free environment was observed to be promoted within the centre in line with best practice. Behavioural supports to manage behaviour that challenges were observed and appropriate verbal responses and re-direction worked well. It was found further to recent quarterly notifications that no restrictive measures were in use. Records of positive behavioural support plans clearly documented triggers and appropriate individual supports to be implemented if a resident exhibits any behaviours of concern. For example, one resident was observed coming into the personal space of a member of staff and was gently redirected using a calm tone of voice, and reminded not to come so close.

Judgment:
Compliant

Outcome 09: Notification of Incidents

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

Theme:
Safe Services

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

Findings:
A record of all incidents occurring in the designated centre was maintained and where required notified to the Chief Inspector. The inspector reviewed all notifications prior to this inspection. Quarterly reports had been submitted to the Chief Inspector in a timely manner. One incident notifiable within three working days had occurred to date, and the follow up from this and quarterly notifications was found to be satisfactory from a governance perspective.

Judgment:
Compliant

Outcome 10. General Welfare and Development

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

Theme:
Health and Development

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

No actions were required from the previous inspection.

Findings:

Residents confirmed that they enjoyed opportunities for new experiences, social participation, education and training and were facilitated and supported by staff. Residents had a full individualised weekly schedule which included work, attending college or day centre/care facilities. Residents expressed their life at the house in the following terms; "lively", "good", and "happy living here".

Residents were also facilitated to go on holiday by staff as part of their personal plan. For example, one resident described a beach holiday he had spent with other residents. Day trips were planned with residents' involvement, and individual goals such as going with a key worker to a planned day out were discussed. Residents told the inspector that they liked attending concerts and local events in the community. Some residents liked the location of the house as it was close to family members' homes and facilitated contact both at the centre and visits to relatives.

Judgment:
Compliant

Outcome 11. Healthcare Needs

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

Theme:
Health and Development

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

No actions were required from the previous inspection.

Findings:

The health care needs of residents were being met and records reflecting this were available for review in each resident's file. The residents informed the inspector evidence that they were facilitated to access and to seek appropriate treatment and therapies from allied health care professionals when required. They were satisfied that the allied health services were availed of promptly to meet their needs. For example, a resident was attending an appointment with his General Practitioner (GP) during the inspection. Written evidence of relevant reviews including clinicians from St Michael's House team were available and informed care planning. All residents' had visited their GP recently and the Influenza vaccine had been offered, accepted and been administered. Evidence of this was available in residents' files, and communication sheets. For example, residents' had recently been reviewed by psychologist, dentist and attended hospital outpatient's appointments.

The inspector saw that residents had access to adequate quantities and a good variety of nutritious food to meet their dietary needs. No residents had particular dietary requirements, other than individual likes and dislikes which were also catered for. For example, one resident had a preference not to eat mince meat and an alternative was agreed at the residents Sunday meeting to plan for the weekly menu.

All residents were encouraged and actively involved in planning, preparing, cooking, serving and cleaning up after their meals with varying supports in place from staff. Residents actively used facilities in the kitchen area, and fruit, drinks and snacks such as yogurts were available and accessible to residents. Shopping took place weekly and some residents assisted a staff member with this task. A hot meal was planned for each evening and residents and staff ate their meals in a sociable environment. A large dining table and chairs with adequate space for wheelchair users was used each day for meals at the centre. The kitchen was well equipped and staff had received training in basic food hygiene.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

Improvements had taken place since the time of the last inspection and had been implemented in full by the provider. The original prescriptions or in house prescription

Kardex with GP or medical officer original signature was in place for every medication prescribed. The inspector noted that no residents were formally involved with self medication at this time.

Evidence that the processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation were found and systems were in place for reviewing and monitoring safe medication practices. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and appropriate procedures for the ordering, storing and returning medication including unused and out-of-date medicines.

Medication was being administered by social care staff who received 'safe administration of medication' training and had been assessed as competent. The inspector found evidence of safe medication management practices with policies in place being implemented in practice. No residents had been charted for as required psychotropic medications, and dates of recent medication review were documented.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

A written statement of purpose was available was submitted which reflected the service provided in the centre. Improvements had been made since the time of the last inspection relating to the information about the qualifications of the person in charge, local organisational structure and criteria used for admission to the centre. The updated statement of purpose was substantially compliant the information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There was a clearly defined management structure that identified the lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced social care worker who has been nominated as the person in charge, with authority, accountability and responsibility for the provision of the service. He was the named person in charge, employed full-time to manage this centre. The inspector observed that the person in charge was involved in the governance, operational management and administration of the centre on a consistent basis. He had a good knowledge and understanding of each resident having worked with them for a number of years. All residents knew him well.

During the inspection the person in charge demonstrated sufficient knowledge of the legislation and of his statutory responsibilities. Records confirmed that he was committed to his own professional development. He was supported in his role by a team of social care workers who worked between the two centres. Three of whom have been nominated to manage both centres in his absence. He reports directly to a service manager who report to a regional director (also nominated person on behalf of the provider). The inspector was informed by the person in charge and saw evidence that regular scheduled minuted meetings took place with the service manager. The nominated person on behalf of the provider attended the centre occasionally.

The fitness of the person in charge was determined by the inspector further to interview and during the course of the two day inspection and additionally the regulatory response to date. The service manager had been interviewed and found that her fitness to undertake her role was determined on another monitoring event.

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

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

Judgment:
Non Compliant - Major

Outcome 15: Absence of the person in charge

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

Theme:
Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The Chief Inspector had not been notified of the proposed absence of the person in charge of the centre to date and the inspector was satisfied that arrangements were in place for the management of the centre during his absence. A social care worker who the inspector met on inspection demonstrated a good clinical knowledge of residents', and had the required experience and qualifications to manage the centre in the absence of the person in charge.

Judgment:
Compliant

Outcome 16: Use of Resources

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

Theme:
Use of Resources

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

No actions were required from the previous inspection.

Findings:

The centre was found to be sufficiently resourced to ensure the effective delivery of care and support to residents in accordance with the Statement of Purpose. The resources available within the centre were appropriately managed by the person in charge to meet the needs of residents. For example, the person in charge ensured that there was enough staff allocated to ensure the social care needs of residents were met. Overall, resources were deployed to be person centred, and the facilities and services reflected the current 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):

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

Findings:

Staff numbers and skill mix were adequate to meet residents' needs. Staffing levels and skill mix were reviewed by the person in charge to ensure the safe effective delivery of quality care to the current number and profile of service users. The staff roster was now fully maintained to accurately reflect staff on duty each day. Since the last inspection staff had not been allocated to the day services as residents' needs had changed and staffing had been amended to reflect the changes.

There were no volunteers or students working the house. Social care workers were supervised by social care leader also the person in charge. Staff informed the inspector and training records reviewed confirmed that staff had up to date mandatory training in place. Staff files reviewed at the human resources department confirmed that they were fully compliant with the requirements of Schedule 2.

There were six residents living at the centre with a mix of dependency levels. Each requiring individual social supports and some were independent with some aspects of their care. Some, though not all required assistance by two staff with some activities of daily living and most required assistance by one staff. The inspector observed staff and residents interactions and found that staff were respectful and attentive to residents at all times. It was noted that staff provided reassurance to residents by delivering care to them in a quiet confident manner. The person in charge confirmed that unanticipated

leave was covered internally, or through the use of occasional agency staff who would not take overall charge of a shift.

Judgment:
Compliant

Outcome 18: Records and documentation

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

Theme:
Use of Information

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

No actions were required from the previous inspection.

Findings:

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

The inspector found that general records as required under Schedule 4 of the Regulations were maintained including key records such as, accident and incidents, nursing and medical records. All records required under Schedule 3 of the Regulations were maintained in the centre and all clinical records kept in accordance with professional standards.

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

The centre had some of the written operational policies as outlined in schedule 5 available for review. Evidence of updating was found, for example, the medication management policy had been updated in October 2014, and staff had confirmed they had access to the revised policy. Work was ongoing and some policies were in draft format and the person in charge provided an update as to time frames when the policies would be finalised.

Those not finalised to date included the following:

- communication with residents'/provision of information to residents'
- nutritional policy
- creation of, access to, retention of, maintenance of and destruction of records'

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Leone Ewings
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002356
Date of Inspection:	02 December 2014
Date of response:	06 January 2015

Requirements

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

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

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Documents in relation to fire compliance and building regulations remain outstanding.

Action Required:

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

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

documentation prescribed under Regulation 5 the Health 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:

Documents relating fire compliance and building regulations have been forwarded to the Authority for inspection.

Proposed Timescale: 06/01/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

All policies and procedure set out in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were not prepared in writing.

- communication with residents'/provision of information to residents'
- nutritional policy
- creation of, access to, retention of, maintenance of and destruction of records'

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The registered provider is in the process of developing a Communications Policy and a Provision of information to residents policy as required in the legislation. The first draft was completed on the 15/12/14 and the final draft will be completed by the 31/03/15

The registered provider has developed a nutrition policy. This was completed on the December 15th 2014.

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

Proposed Timescale: 31/03/2015