

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Donabate Residential
<b>Centre ID:</b>	OSV-0003597
<b>Centre county:</b>	Co. Dublin
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St Michael's House
<b>Lead inspector:</b>	Marie Byrne
<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 renewal 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:
31 January 2018 09:30	31 January 2018 17:15
01 February 2018 09:30	01 February 2018 13:25

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 fourth inspection of the centre by the Health Information and Quality Authority (HIQA). The last inspection was a follow up inspection following levels of non-compliance on the previous inspection.

This was an 18 outcome inspection to inform a registration renewal decision. It was an announced inspection carried out by one inspector over two days. Most actions outlined by the provider in the action plan following the last inspection were satisfactorily implemented.

### How we gathered our evidence

As part of the inspection the inspector met and spoke with five residents and observed staff providing support to these residents. One resident was in hospital and being supported by a staff from the centre during their hospital stay.

The inspector spoke with the person in charge, service manager, six staff members and two family members. The inspector also reviewed questionnaires returned by residents' family members. The provider representative attended feedback at the end of the inspection.

Documentation such as personal plans, risk management plans, minutes of meetings, medicines records, policies and procedures, rosters, staff files and staff training records were reviewed.

### Description of the service

The centre provides residential care for six residents in a house located close to a town centre. The premises was a seven bed roomed bungalow situated in a quite cul de sac. There was a community centre opposite the house which residents were supported to access. The community centre has a gym, library, swimming pool and café. The local village was a 5 minute walk away where there was a supermarket, post office, hardware store, barbers and restaurants. The local hotel was situated on a beach. The centre had a large south facing back garden.

There was a kitchen and dining room in the centre. There was also a multifunctional room with arts and craft supplies, multisensory equipment and space for entertaining visitors.

### Overall judgment of findings

Overall the inspector found that residents in the centre were well cared for. There were adequate risk management procedures, and measures in place to protect residents being harmed or suffering abuse.

It was evident during the inspection that the staff team were knowledgeable in relation to residents support needs. Residents were observed to appear happy, to lead and direct their day, and to engage in meaningful activities of their choosing throughout the inspection.

18 outcomes were inspected against, 14 outcomes were found to be compliant, two outcomes were found to be substantially compliant, and two outcomes were moderately non-compliant.

Good practice was identified in areas such as:

- residents rights
- communication
- governance and management
- risk management
- medication management

The inspection findings are discussed in the body of this report and the regulation which is not being met in the action plan at the end of the report.

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

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

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Overall, the inspector found that residents were consulted with and participated in decisions about their care and the running of the centre. Residents' meetings were held weekly in the centre and residents' opinions were sought as part of the annual review of quality and safety in the centre.

Residents had access to advocacy services and information about their rights. There was a rights folder in place which contained symbol based booklets about rights and information leaflets about advocacy. There was a residents' guide available in the centre in an accessible format.

There was a complaints process and procedure in place. They were available in a format accessible to residents and displayed in a prominent place. There were a small number of complaints on file and evidence that they had been followed up on. The centre had nominated a complaints officer. A log of compliments was also maintained in the centre.

Residents had opportunities to have private contact with their friends and families. The centre was managed in a way that maximised residents' capacity to exercise choice in their daily lives. The inspector observed residents being supported to choose activities they engaged in and meals and snacks they wanted. Residents were observed to choose whether they wanted to attend day service or stay at home.

Residents had opportunities similar to their peers and were engaging in activities which were meaningful to them in line with their interests and capacities. These included home and community based activities. Records were maintained of weekly activities residents

engaged in. At residents' meetings there was an "out and about" resource which included information and pictures on places to go.

Residents' personal communications were respected and their personal information was kept safe and secure in the centre. There was an accessible document in residents' personal plans which detailed where their personal plans were and how to access them.

Staff members were observed to treat residents with dignity and respect. Personal care practices respected residents' privacy and dignity and residents were encouraged to maintain their own privacy and dignity. Residents had intimate care plans and protocols in place.

Residents' personal property was kept safe in the centre through appropriate practices and record keeping. Residents retained control over their own possessions. There was a "my money plan" in an accessible format in residents' personal plans which included pictures of where their money was stored for safety purposes and how to access it.

A log book was maintained of personal items purchased by residents. Residents' financial records and receipts were reviewed daily by the shift leader and the person in charge completed monthly audits on these records. In addition there was a service manager financial audit tool in place. The service manager had completed one for each resident in 2017.

**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):**

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

**Findings:**

Residents were supported to communicate through effective and supportive interventions provided in the centre. There was a policy in place on communication with residents.

Staff demonstrated an awareness of the different communication needs of residents throughout the inspection. There were systems in place to meet the diverse needs of residents including input from a speech and language therapist. There were now and then boards and picture schedules in use. The speech and language therapist had provided sign language training for staff in the centre to support residents to

communicate. Accessible information was available throughout the centre.

Each resident's communication needs were highlighted in their personal plans and reflected in practice. Residents had communication care plans and communication passports in place.

Residents had access to radio, television and the internet. There was information available in the centre about local events which were discussed at residents' meetings.

**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):**

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

**Findings:**

The inspector found that overall residents in the centre were supported to maintain personal relationships. Families were encouraged to get involved in the lives of residents.

Positive relationships between residents and their family members were encouraged in the centre. The inspector spoke with a number of family members and reviewed questionnaires completed by other family members. Family members were very complementary towards staff and the efforts they have made to maintain regular contact.

Arrangements were in place for residents to receive visitors in private. There was a visitor's room available in the centre. There was documentary evidence that residents and their families attend personal plan meetings and reviews.

A family contact review form was in place in the centre. Residents were supported to make and receive regular phone calls to family members and to go on home visits. There was a family contact sheet in place in residents' personal plans.

Through discussions with residents, staff and residents' family members it was evident that residents were engaging in meaningful activities in the community. On reviewing activity records residents were regularly going to the local pub, shops, parks, community centre and local library. They were also going on regular holidays in line with their goals. Key workers who spoke with the inspector described goals they were currently



developing with residents including trips on the ferry and the train, and plans to attend concerts and go on holidays.

**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:**

There were policies and procedures in place for admissions, transfers, discharges and temporary absence of residents in the centre. Residents' admissions were in line with the centre's statement of purpose. The centres' admissions process considered the wishes, needs and safety of the individual and the safety of others currently living in the centre.

Each resident had a written agreement of the terms on which that resident shall reside in the centre. This agreement contained a picture of the resident and the provider representative and a picture of the centre. It detailed the services provided in the centre, information about visitors, personal items, and complaints. Details were in place about charges such as rent and what it includes. There was also a financial assessment form in an accessible format to explain these charges to residents. A list of things residents must pay for with their own money was also in place.

**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):**

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

**Findings:**

Overall, the inspector found that each residents' wellbeing and welfare was maintained by evidence-based care and supports in the centre.

Residents had a comprehensive assessment of their health, social care, and support needs completed. There was evidence of the involvement of residents and their family in the development and review of their personal plans.

There was evidence of multidisciplinary team input in residents' personal plans. There was an assessment of need completed for each resident. There was a section in the assessment of need document for resident and family comments. Care plans and goals were developed in line with the assessment of need document. There was evidence that personal plans and goals were reviewed and updated regularly.

There was a quick reference guide containing important information and emergency contact details for residents. Residents' wellbeing meetings were held regularly and there was documentary evidence that residents, their families, person in charge, keyworker and day service staff were in attendance.

The inspector reviewed a number of personal plans in the centre. Each personal plan reviewed had a table of contents. They were made available in an accessible format and residents had photo books in place relating to goals and important events in their lives. Each resident had an 'all about me' book in place which detailed their likes, dislikes and favourite things, important people in their lives, how they like to spend their day and their goals for the year.

There was a monthly report completed for each resident which reviewed their health needs, accidents and incidents, restrictive measures, complaints, day service, family contact, personal plan progress, safeguarding issues and current medicines.

**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:**

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

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

**Findings:**

Overall, the inspector found that the location, design and layout of the premises in the centre were suitable for its stated purpose. There was suitable equipment, aids and appliances in place to support and promote the full capabilities of residents.

There was adequate private and communal accommodation for residents including adequate social, recreational, dining and private accommodation for residents. There was adequate space and suitable storage facilities for the personal use of residents. There were systems in place to ensure that at times when residents require quiet and personal space, that this is facilitated.

Ventilation, heating and lighting was suitable in the centre. There was a kitchen with suitable and sufficient cooking facilities. Showers and toilets were available in sufficient numbers and of a suitable standard in the centre. However, a bath in one of the bathrooms was not in good working order. There was visible rust and the motor was not working. A company had been in to service the bath; however, it had not been fixed at the time of the inspection.

Overall, the centre was found to be clean on the day of inspection. There were cleaning schedules in place and a company was employed to complete a deep clean of the centre as required. The centre was on a whole well maintained. However, there were areas of the centre in need of care and attention including painting. Painting works were planned and the painter had been to the centre to discuss colours and make arrangements to start the painting work.

There was damage to flooring in one room and the hallway in the centre, and the kitchen worktop and presses were worn and in need of repair or replacement. Records of requests sent to technical services and works completed were maintained in the centre.

There were suitable arrangements in place for the safe disposal of general and clinical waste in the centre. There were facilities in place for residents to launder their own clothes if they so wish.

**Judgment:**

Substantially Compliant

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

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

**Theme:**

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

No actions were required from the previous inspection.

**Findings:**

Overall, the inspector found that the health and safety of residents, visitors and staff was promoted and protected in the centre. There were policies and procedures in place for risk management and emergency planning. There was an organisation wide safety statement in place and there was also a site safety statement which had just been reviewed and updated.

There was a health and safety folder in place in the centre. It contained the centres safety statement and local health and safety arrangements. There were health and safety checklists in place and records that the service manager had carried out an audit and action plan following this audit. This folder also contained infection control audits and follow-ups.

The health and safety inspection checklists in the centre were completed monthly. There was an action plan in place following these checklists and they detailed required actions, responsible person and date for completion of actions. There was documentary evidence that both the person in charge and service manager had reviewed these documents.

There were local emergency response procedures in place in the centre for events such as loss of heating, gas/cylinder leaks, power outages, flooding and loss of water.

There was a risk register in place in the centre and evidence that it was reviewed regularly in line with the needs of residents and other risks identified in the centre. Individual risk assessments were in place in line with the risk register. There was evidence of regular review and update of these individual risk assessments.

Satisfactory procedures were in place for the prevention and control of infection in the centre. There was evidence of regular infection control audits and follow-up on the action plans associated with these audits. There were colour coded chopping boards and mops in use in the centre.

Arrangements were in place for investigating and learning from incidents in the centre. The inspector reviewed a sample of incident reports. There was evidence of review and follow-up on all incident reports reviewed. The centre had a local procedure in place relating to incidents when a resident goes missing.

Suitable fire equipment was available throughout the centre. There were adequate means of escape and emergency lighting in place. The procedure for safe evacuation of the centre was prominently displayed and in a format accessible to residents. Each resident had a personal emergency evacuation plan (PEEP) in place which detailed required supports to safely evacuate the centre. There was evidence of quarterly servicing of the fire alarm, and annual servicing of fire safety equipment.

There was evidence of fire drills in the centre at least six monthly. Records were kept of fire drills by day and night and there was evidence of learning and follow-up following drills. Daily fire safety checks were completed in the centre. The fire folder in the centre contained LAMH signs relating to safe evacuation during a fire, and an accessible book with pictures such as pictures of fire, fire brigade, and fire exits. Staff in the centre had received fire safety training.

The vehicle in the centre was roadworthy and suitably equipped. The inspector reviewed maintenance records and there was evidence of regular servicing of the vehicle. There was a weekly bus checklist in place, and a journey log maintained. There was a vehicle deficit report in place which was forwarded to the transport department in the organisation as necessary.

**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):**

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

**Findings:**

Overall, the inspector found that measures were in place to protect residents. There were policies and procedures in place for the prevention, detection and response to abuse.

Measures to safeguard residents included safeguarding risk assessments, plans and protocols. The person in charge and the service manager were responsive to any incidents in the centre. Staff had completed training in understanding and responding to abuse. Staff described to the inspector what to do if they witnessed abuse, or if an allegation, suspicion or a disclosure of abuse was made to them.

Staff members were observed to treat residents with respect and warmth. Residents had intimate care plans and personal care guidelines in place.

There was a policy in place for the use of restrictive measures. The restrictive measures in the centre had been reviewed by members of the multidisciplinary team and

there was evidence that families had been informed of restrictive measures in place.

There was a policy in place for the provision of behaviour support in the centre. Residents had the support of relevant members of the multidisciplinary team in relation to the provision of behaviour support. Positive behaviour support plans reviewed by the inspector were detailed, guided staff practice, and were reviewed and updated regularly. They clearly identified strategies to protect some residents' privacy and dignity. There was documentary evidence that efforts were being made to alleviate the underlying causes of behaviour for residents.

Behaviour support plans were reviewed regularly to assess the impact of behaviours on residents' quality of life. The staff team were making every effort to ensure that the behaviours of some residents were not impacting on other residents in the centre. The person in charge and service manager were closely monitoring the implementation of behaviour support plans to ensure consistency in support for residents.

**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:**

The inspector found that a record was maintained of all incidents occurring in the centre and that where required these incidents were notified to HIQA.

**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):**

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

**Findings:**

Overall, the inspector found that residents in the centre had opportunities for new experiences, and for social participation. There was a policy in place in relation to education, training and development for residents.

Residents were engaged in social activities, internal and external to the centre. Five residents attend day services and one resident had a 1:1 individualised day service programme. During the inspection residents made a choice whether to attend day services or not. Those who made a choice not to attend day services were observed to plan their day and engage in activities of their choice either at home or in the community.

**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:**

Overall, the inspector found that residents in the centre were supported to achieve and enjoy best possible health.

Residents had access to allied health professionals in line with their assessed needs. The inspector reviewed a number of residents' personal plans and there was evidence of appropriate assessments and care plans in place. Residents in the centre were supported to access a general practitioner in their local community. Each resident had a my hospital transfer booklet in place.

Due to changing needs of some residents in the centre there had been comprehensive nursing needs assessments carried out with the involvement of the person in charge, service manager and director of nursing. This assessment identified a need for more nursing input for a number of residents in the centre. The updated needs assessments and nursing needs assessments had been reviewed by all relevant parties and plans were in place to recruit nurses for the centre.

One resident in the centre was in hospital during the inspection. They had a number of recent hospital admissions and were soon due for discharge. Staff in the centre were supporting the resident whilst they were in hospital. Due to their current needs and the existing staff vacancies in the centre a decision was made for the resident to be discharged to another centre with 24/7 nursing cover. A detailed transition plan was in place for when the resident transfers to the other centre temporarily. Plans were in place that once the residents' health improved they would be supported to return to the centre.

Residents in the centre were supported to buy, prepare and cook their meals in line with their wishes and preferences. Food in the centre was nutritious, and there were plenty of snacks and drinks available. Residents who required support to eat and drink were supported in a sensitive and appropriate manner. The advice of specialists was implemented in line with residents' personal plans.

**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):**

No actions were required from the previous inspection.

**Findings:**

There were organisational policies and procedures in place for ordering, storing, administration and disposal of medicines in the centre. There were systems in place for the safe handling and storage of medicines.

There were systems in place for reviewing and monitoring safe medicines management practices in the centre. Medicines audits were completed weekly in the centre for each resident. The inspector reviewed a number of medicines audits completed in the centre and there was evidence of follow-up on actions identified in these audits.

The inspector reviewed a number of medication error report forms in the centre. There was evidence that the person in charge was responsive to medication errors and that there was follow up in relation to these errors. The follow up on errors included review of the errors by a clinical nurse specialist and safe administration of medicines trainer in the organisation.

All residents had an accessible medication support plan in place which detailed how they like to take their medications. It also included pictures of medicines they were



prescribed and why they were taking them.

**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:**

There was a written statement of purpose in place which accurately described the facilities and services provided in the centre.

It outlined the aims, objectives and ethos of the centre. It was reviewed in line with the time frame outlined in the regulations and contained all the information required in Schedule 1 of the regulations.

**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):**

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

**Findings:**

Overall, the inspector found that the quality of care and experiences of the residents in

the centre was monitored on an on-going basis.

There was an annual review of the quality and safety of care in the designated centre which provided for consultation with residents and their representatives. During the annual review the service manager sat with the residents and discussed what it was like to live in the centre, and questionnaires were sent to and completed by family members. Achievements for the year and plans for the following year were included in the annual review. Actions were developed following the annual review. Regular meetings between the person in charge and service manager were held to track these actions.

The inspector spoke with the person in charge and the service manager at intervals during the inspection. They were both knowledgeable on the needs and abilities of residents, and displayed a good knowledge of the legislation and their statutory responsibilities. The residents could clearly identify the person in charge and the service manager.

Regular meetings were held between the person in charge and the service manager. The inspector reviewed minutes of some of these meetings. There was evidence of discussions in relation to staffing levels, review of incidents, and safeguarding issues. A monthly governance report was completed by the person in charge for the service manager. The inspector reviewed a sample of these reports and they included topics such as the quality improvement plan for the centre, review of personal plans, incident analysis and tracking, safeguarding referrals and plans, complaints, rights restrictions, restrictive practices, staff supervision, risk and the risk register, and human resource issues.

The provider or their representative visited the centre at least once every six months and produced a report on the safety and quality of care and support provided in the centre. There was evidence of follow up on actions following these six monthly reviews.

A number of audits were completed regularly in the centre. The inspector reviewed a number of these audits and there was evidence of review and follow up on actions outlined in these audits.

There were clearly defined management structures which identified the lines of authority and accountability in the centre. The staff team reported to the person in charge who in turn reported to the service manager.

There was evidence that regular staff meetings were held in the centre. There was good attendance recorded at these meetings.

**Judgment:**

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):**

No actions were required from the previous inspection.

**Findings:**

The person in charge has not been absent from the centre for 28 days or more since commencing in their post.

There were suitable arrangements in place should the person in charge have planned or unplanned leave.

**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):**

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

**Findings:**

Overall, the inspector found that the centre was not sufficiently resourced to meet the needs of the six residents in line with the statement of purpose.

At the time of the last inspection the provider had identified the need for additional staff, both social care workers and nursing staff. The provider had filled the social care worker vacancy however nursing vacancies still remained.

There was sufficient transparency in the planning and deployment of resources in 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):**

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

**Findings:**

While overall the centre operated at sufficient staffing levels, with the allocation of regular relief staff to fill the vacancies, the skill mix was not meeting the needs of residents as two vacancies for nursing posts remained.

As with the previous inspection vacancies remained, however the provider had converted the two vacancies which were previously social care to nursing posts. As a result the inspector found that the level of nursing at the time of this inspection was not sufficient to meet the needs of the residents. However, plans were in place to recruit staff to fill these vacancies. The provider was acutely aware of the need for additional nursing support and at the time of inspection a recruitment drive was ongoing.

Although there was a heavy reliance on relief and agency staff in the centre, there was regular panel of staff who were availed off to cover shifts. The inspector found, at the time of this inspection, continuity of care was not negatively impacted on. There was a detailed relief/agency staff orientation list and checklist in place. Residents were observed during the inspection to receive assistance and care in a respectful, timely and safe manner.

There were a lot of staff changes in the centre in the months preceding the inspection. However, the workforce was now stabilising and a number of new staff had received induction and commenced working in the centre.

The inspector spoke with a number of family members. They reported that there had been a period last year where they were concerned about the volume of staffing changes in the centre, however; they now feel that the staffing changes were for the better. They were very complimentary towards the new members of the staff team and how they have taken the time to get to know residents.

The inspector reviewed staff training records in the centre. All staff had completed training in line with residents' needs. A training needs audit had been completed for 2017 by the person in charge, and a planner was in place for staff training in 2018.

Staff who spoke with the inspector demonstrated a good awareness of the policies and procedures related to the general welfare and protection of residents. They were aware of their responsibilities in relation to the regulation and standards.

Staff in the centre were supervised appropriate to their role. The inspector reviewed a number of supervision records in the centre including those completed by the person in charge, and the person in charges' supervision completed by the service manager. They were detailed and focused on how to best support residents, working with families, working as part of a team and learning from incidents. They gave staff an opportunity to discuss new ideas, issues arising, or any concerns they may have.

The inspector reviewed a number of staff files and they were found to contain all documents required by schedule 2 of the regulations. All relevant members of the staff team had an up-to-date registration with the relevant professional body.

**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):**

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

**Findings:**

Overall, the inspector found that complete records were maintained in the centre. However, a number of policies in the centre had not been reviewed in line with the timeframe identified in the regulations. These policies were discussed with the person in charge and service manager during the inspection and the provider nominee at the feedback following the inspection.

There was a residents' guide in place which was in an accessible format and contained all the information required by the regulations. The directory of residents reviewed during the inspection met the requirement of the regulations.

Records reviewed by the inspector were up-to-date, secure and easily retrievable. Residents had a my file document in their personal plan which was in an accessible format which outlined where their personal plans were stored and how to access them anytime they wished to do so.

There were organisation wide policies and procedures available in the centre, and there were also area specific procedures, guidelines and protocols in line with residents' needs. Staff who spoke with the inspector demonstrated a good knowledge of how to implement some of the policies and procedures in practice.

The centre was adequately insured against accidents or injury to residents, staff and visitors.

**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:***

Marie Byrne  
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-0003597
<b>Date of Inspection:</b>	31 January & 01 February 2018
<b>Date of response:</b>	26 February 2018

### 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 06: Safe and suitable premises

**Theme:** Effective Services

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

One of the baths in the centre was in need of repair or replacement.

#### 1. 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

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

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:**

An application for funding has been submitted to repair / replace parker bath.

**Proposed Timescale:** 30/04/2018

**Theme:** Effective Services

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

There were areas in the centre in need of painting.

**2. 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:**

Funding has been secured for painting of the house.

**Proposed Timescale:** 12/03/2018

**Theme:** Effective Services

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

There were areas in the centre in need of repair including flooring in the hallway, a radiator cover in the living room, the countertop in the kitchen, and the kitchen presses.

**3. 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:**

Radiator cover has been repaired

Funding has been secured to repair the flooring in the hallway

Quote requested for replacement of kitchen counters and kitchen presses.

**Proposed Timescale:** 30/04/2018

**Outcome 16: Use of Resources**

**Theme:** Use of Resources

**The Registered Provider (Stakeholder) is failing to comply with a regulatory**



**requirement in the following respect:**

The centre was not adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

**4. Action Required:**

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

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

Assessment of nursing needs completed by the Director of Nursing on 19/01/2018  
There is currently an on going recruitment drive to increase the number of nurses on the staff team to a WTE of 6.5 nurses.  
Open day for recruitment of Nurses completed on 23/01/2018  
General recruitment of nurses on going

**Proposed Timescale:** 30/04/2018

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The number of nurses in the centre remained insufficient to meet the needs of residents.

**5. Action Required:**

Under Regulation 15 (2) you are required to: Ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.

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

Assessment of nursing needs completed by the Director of Nursing on 19/02/2018  
There is currently an on going recruitment drive to increase the number of nurses on the staff team to a WTE of 6.5 nurses.  
Open day for recruitment of Nurses completed on 23/01/2018  
General recruitment of nurses on going

**Proposed Timescale:** 30/04/2018

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

A number of policies in the centre had not been reviewed in line with the timeframe identified in the regulations.

**6. 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:**

All policies and procedures have been reviewed in line with schedule 5

**Proposed Timescale:** 26/02/2018