Health Information and Quality Authority
Regulation Directorate

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

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

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002384
Centre county:	Dublin 9
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	Maureen Hefferon
Lead inspector:	Anna Doyle
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	2
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:
22 March 2016 09:00	22 March 2016 19:30
23 March 2016 10:00	23 March 2016 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

Background to the inspection

This was an announced inspection and formed part of the assessment of the application for registration by the provider. The inspection took place over two days and as part of the inspection, one resident was met, staff were spoken to, practices were observed and relevant documentation reviewed such as care plans, minutes of meetings, risk assessments and complaints records.

As part of the application for registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider for the purpose of application to register were found to be satisfactory.

Description of the Service
The designated centre is a bungalow situated in a campus based setting that is operated by St Michaels House (SMH) in north Dublin. The centre had been set up in 2014 to provide individualised supports to one resident and later respite services had been introduced to provide support to two residents. One resident resides there on a full time basis and two other residents avail of respite once every four weeks, for a week at a time. The centre supports male residents only.

How we gathered evidence
Two residents' questionnaires and one family questionnaire were received on the day of the inspection. The information recorded on these found that both residents and family members were very satisfied with the services provided and stated that they would know who to make a complaint to. The person in charge was present throughout the inspection. An interview was held during the inspection and the inspector found that the person in charge was knowledgeable of the regulations. The provider nominee attended the feedback meeting.

Overall judgment of our findings
Overall the inspector found that the services provided were in line with the residents' needs. However improvements were required in fire safety, risk management, contracts of care and records maintained in the centre. The action plan at the end of this report outlines the improvements required.

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

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Overall the inspector found that residents' rights and dignity were maintained. However improvements were required in relation to consultation with residents around how the centre was run and one aspect regarding the management of finances.

It was evident from reading one residents personal plan that they were consulted on, and involved in decision making around their care. For example the inspector saw where the resident decided on their menu plan on a daily basis. The resident had also decided that they would like to increase their independent living skills in the centre and this had been facilitated. However there was no evidence of consultation with residents who availed of respite services. The inspector was informed that this was done on an informal basis and not recorded.

There was a complaints policy in place; however it was not displayed in a user friendly format in the centre. There were no complaints on file on the day of the inspection. The resident met by the inspector stated that they would know who to make a complaint to if they had one. This was also recorded by the people who had completed the Authority's questionnaire. However one family member had raised a concern in the questionnaire. This was discussed with the person in charge who intended to address this issue with the family member concerned.

Staff spoken to were very knowledgeable about the residents and treated residents with dignity and respect. One resident had voted in the recent election. In addition one family member noted in their questionnaire how the quality of life for their family member had improved since moving to this centre. Intimate care plans were in place

where appropriate, however they were not detailed enough to guide staff practice.

There was a finance policy in place; however the inspector found that there was no recording system in place around monies that were given to residents from family members or other parties. This was discussed at the feedback meeting with the provider who intended to rectify this matter. The inspector checked the finances for one resident and found that there was an effective system in place to safeguard residents' finances. The resident had a financial passport in place and they signed off on all transactions with staff when monies were spent. The inspector was informed that residents who availed of respite were not required to contribute financially for the services provided.

CCTV was in place in the outer perimeters of the centre and there was a policy in place around the use of this.

Judgment:
Substantially 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):
This was the centre's first inspection by the Authority.

Findings:
Overall the inspector found that residents' communication needs were being met and residents had opportunities to participate in the local community in line with their individual preferences.

There were no specific communication needs highlighted in resident's assessment of need. Residents had access to television and radio. The person in charge informed the inspector that residents had access to the internet if they wished to avail of it and that all residents had their own mobile phones and some had electronic tablets.

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

Findings:
Overall the inspector found that positive relationships between family members and residents were supported and families were actively encouraged to visit the centre and be involved in the residents' lives.

There were no restrictions on visitors to the centre. Residents had their own bedrooms and had access to areas in the centre where they could meet visitors in private. Over the course of the inspection two family members called to the centre to visit a resident.

The questionnaires completed by residents and family members showed evidence that families were actively involved in the residents lives. Family members were invited to attend residents' annual review meetings. One relative spoken to gave positive feedback on the centre in terms of how welcoming the staff were and talked about different events that they attended in the centre including an annual Christmas celebration.

Residents were supported to maintain links with their wider community. The inspector reviewed records for one resident which confirmed that the resident attended local coffee shops, restaurants and availed of public transport on a regular basis. The resident spoken to had recently attended a football match and had plans to go on holidays this year.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Overall the inspector found that there was an admission policy in place and each resident had a contract of care. However improvements were required in both areas.

The admission policy in place was in draft format. Two residents had been admitted to the centre last year for respite care; however the respite guidelines for admission to the centre had not been completed as per the service's policy. For example, the guidelines stated that each resident should have a health and safety checklist completed prior to admission to the centre, this had not been completed as verified by the person in charge. In addition there was no evidence to support that the resident residing in the centre had been consulted about new residents being admitted to the centre. The inspector acknowledges that when they spoke to the resident they stated that they had no issues with this, and one family member stated that they felt that this had been a positive move for the resident as they had more opportunities for social interaction. There were also some documents contained on an e-mail that showed evidence of how this transition had taken place; however these were not contained in the resident's personal plan.

Each resident had a contract of care, which had been signed by the resident; however it had not been signed by a representative of the resident where appropriate. While the inspector was informed that all residents could read, it was not clear given that one resident required support with their finances whether they fully understood the information contained in their contract of care.

Judgment:
Non Compliant - Moderate

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Overall the inspector found that the social care needs of residents were being met. However improvements were required in the implementation and review of goals.

The inspector viewed a sample of care plans and found that there was an assessment of need in place for residents. An annual review had taken place for one resident however goals for the year had not been identified. The person in charge informed the inspector that the resident chooses their own goals on an ad hoc basis and it may not be through

the annual review. While the inspector acknowledges this, there was evidence on the residents plan stating a goal that the resident had wanted to achieve. This had not been recorded or reviewed to assess its effectiveness. For example the resident wanted to increase their independence in using their own bank card. This had not been implemented.

Residents were encouraged to take risks to increase their independence. For example on viewing one resident's plan the inspector found that they wanted to start staying on their own at night without staff supports. There was documents contained in the personal plan of how this had been initially introduced on a phased basis and progress notes were maintained to review its effectiveness. This goal had now been achieved for the resident.

The resident informed the inspector that they planned to go on holidays this year and also spoke about many activities that they liked to do. This was evident on the activity schedule maintained on the resident's personal plan.

Judgment:
Substantially Compliant

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Overall the inspector found that the design and layout of the centre was in line with the centre's statement of purpose.

The centre was clean and suitably decorated. One resident had their own bedroom and the residents who availed of respite services shared the use of one bedroom. The bedrooms were small but adequate and the resident who resided their fulltime had an extra room for additional storage of their personal belongings. Residents could have a key to their room if they choose to. There were adequate communal areas where residents could spend time alone or meet with visitors.

There were sufficient toilet/bathing facilities and assistive aids were available where required. The centre had a kitchen/dining area which contained adequate cooking facilities. There was a separate utility room off the kitchen that residents could access.

The premises had suitable heating, lighting and ventilation.

There was a small patio area to the back of the centre that contained garden furniture for residents to use.

There were systems in place for the disposal of general waste in the centre.

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

Findings:
Overall the inspector found that there were policies and procedures in place for risk management and emergency planning, however improvements were required in individual risk management plans, fire safety and the review of incidents in the centre.

Each resident had a personal emergency evacuation plan (PEEP) contained in their personal plans. Suitable fire safety equipment was provided and there was an adequate means of escape, including emergency lighting. Fire exits were unobstructed. Fire records were kept which included details of fire drills, fire alarm tests and the maintenance of fire fighting equipment. However the fire drill records did not record the names of staff and residents involved in the fire drill. In addition there was no evidence that learning from previous drills had been addressed. For example, one fire drill record stated that the resident could not find the key to exit the building, there was no documentation to support that this had been addressed.

There were risk management procedures in place and the inspector saw risk assessments related to the centre. Residents had individual risk management plans on their file, however they were not detailed enough to include all mitigating factors that were in place to reduce risks. For example one resident stayed in the centre during the day for a short period on their own. There was no risk management plan related to this.

Incidents were recorded on an e-form and copies were maintained on residents personal plans. However there was no evidence that incidents were reviewed to ensure learning from incidents had taken place. For example one resident had an increase in falls recently. While the resident had been referred for additional supports, no other actions were taken in relation to mitigating possible risks. For example the resident had a risk assessment completed on slips trips and falls; this had not been updated to reflect the

increase in falls. This was discussed at the feedback meeting with the provider nominee and the person in charge.

The inspector saw evidence of other risk management practices that included health and safety audits and checklists that were completed by the person in charge.

There was an infection control policy in the centre and systems were in place.

There was a vehicle available to the centre and the records indicated that this was being appropriately maintained.

Judgment:
Non Compliant - Moderate

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

Findings:
Overall the inspector found that there were measures in place to protect residents from being harmed or suffering abuse. However improvements were required in intimate care and behaviour support plans.

There was a policy on, and procedures in place for, the prevention, detection and response to abuse which staff were trained in. The resident spoken to and information from residents questionnaires found that residents felt safe in the centre. Staff spoken to were knowledgeable on what constitutes abuse and were aware of the reporting procedures in place.

There was a policy on intimate care stored in the centre. Residents had intimate care plans where appropriate. However one residents intimate care plan was not detailed enough to guide staff practice. This was discussed at the feedback meeting.

There was a policy on positive behaviour support in the centre. One behaviour support plan was viewed by the inspector. It was found that the resident had access to a psychologist who had just recently reviewed the support plan. There was a behaviour

assessment in place, however recommendations from this had not all been implemented. For example it was recommended that staff should receive training in mental health issues in order to support the resident. This had not been implemented. In addition there was no evidence that one behaviour that had a significant impact on the resident's quality of life had been investigated to identify the cause or function of the behaviour. This was discussed at the feedback meeting. In addition some behaviours of self harm were not listed in the support plan and there was no guide for staff to assist them to support this resident when the behaviour occurred. The plan also stated the use of breakaway techniques; however it did not detail what the prescribed techniques were.

The inspector was informed that there were no restrictive practices used in the centre.

Judgment:
Non Compliant - Moderate

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Overall the inspector found that a record of all incidents occurring in the designated centre were maintained and, where required, 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):
This was the centre's first inspection by the Authority.

Findings:
Overall the inspector found that residents were supported to avail of activities internal and external to the centre that was in line with the residents' personal preferences.

Residents availed of day services provided by St Michael's House. The inspector was informed that if residents did not choose to attend then this was accommodated by day service staff coming to the centre. The inspector reviewed activity schedules for two residents and found that there was access to social activities on a regular basis. Residents had opportunities to experience new opportunities in line with their personal preferences. For example one resident wanted the opportunity to stay in the centre on their own during the day for short periods and this was facilitated.

Judgment:
Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Overall the inspector found that residents healthcare needs were being met, however improvements were required in the assessment of need, timely access to allied health professionals and in the documentation of allied health professional recommendations.

Residents had an assessment of need in place, however it did not reflect some changing needs of residents. The inspector acknowledges that this centre was in the process of updating all assessments for residents through a new format that had been introduced in the service. There were health action plans in place to guide staff and residents plans were reviewed monthly, however the reviews were not assessing the overall effectiveness of the care provided. For example the monthly review recorded activities the resident had participated in and the amount of incidents that occurred for this resident but it did not provide details of how this was impacting on the residents quality of life.

Residents had access to allied health professionals, including psychology, psychiatry and physiotherapy. However one resident did not like to participate in the activities recommended by a physiotherapist, this was not highlighted in the assessment of need and there was no evidence that this had been discussed with the professional who had made the recommendations. In addition one resident was awaiting support from a

dietician. This resident had been referred in 2014. While the inspector did see evidence that the person in charge had followed up on this, the resident remained on a waiting list.

One resident chose their meal preferences on a daily basis and was involved in preparing the weekly shopping list for the centre. However it was not clear how residents who availed of respite made decisions about their meals. The inspector was informed that this was discussed on an informal basis when residents were admitted for respite care.

Judgment:
Non Compliant - Moderate

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Overall there were systems in place on medication management in the centre, however improvements were required in a number of areas.

There was a written operational policy in place which outlined the procedures for ordering, prescribing, storing and administration of medication. The inspector reviewed a sample of prescription and administration records which contained most of the information required however; one PRN (as required) medication prescription did not outline the indications for use and resident's GP details were not written on the prescription sheet.

Medications were securely and appropriately stored in a locked press. Out of date or unused medications were stored separate from regular medications in a secure medication disposal bin. However prescribed creams that had been opened were not labelled to indicate the date they were opened.

There were arrangements in place for the audit of medication management practices. For example medication stock takes were completed weekly. Records of medication errors were stored in the centre and there was evidence that advice was sought from a nurse manager on call when a medication error occurred. However it was not evident that all recommendations/ learning from the incidents as recommended by the nurse manager on call had been implemented. This was discussed at the feedback meeting.

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

Residents did not self medicate in the centre.

Judgment:
Non Compliant - Moderate

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Overall the inspector found that the statement of purpose accurately describes the services provided in the centre but does not contain some of the information as required in the regulations.

The statement of purpose was available for the inspector to review and broadly outlined the services provided in the centre, however it required some adjustments regarding the admission criteria, the whole time equivalents available in the centre, the arrangements in place for consulting with residents on how the centre was run and the services provided in the centre. An up to date statement of purpose is to be submitted to the Authority as part of the application to register.

Judgment:
Substantially Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Overall the inspector found that effective management systems were in place to support and promote the delivery of a safe, quality care service.

The person in charge was responsible for another designated centre on the campus and the inspector found that suitable arrangements were in place for this. For example there was a PPIM in the centre who was responsible in the absence of the person in charge and the person in charge had also protected time in order to carry out their roles and responsibilities for this centre. There were clearly defined management structures in place that identified the lines of authority and accountability in the centre. The person in charge reported to the service manager, who is a person participating in management (PPIM). This PPIM reported to the provider nominee.

The person in charge was interviewed at the inspection and was found to be suitably qualified and had the necessary skills to carry out their role. They had a very good knowledge of the residents needs in the centre and were very responsive to any issues that were raised over the course of the inspection. In addition the inspector found that the person in charge was responsive to staff exercising their personal and professional responsibility to deliver safe and effective services. For example, the frequency of staff meetings in the centre had recently been increased as staff primarily worked on their own and felt that insufficient time was available for staff to meet to discuss residents' needs.

Regular staff meetings were held in the centre. The inspector reviewed a sample of these and found that the actions identified were not always followed up on. The person in charge met with the service manager every six weeks.

The provider had nominated a person to complete six monthly unannounced safety and quality audits in the centre. The last one completed was viewed by the inspector and found that the corrective action plan developed from the most recent audit had not been signed off as complete.

An annual review had taken place in the centre and the report was available for the inspector.

Judgment:
Substantially Compliant

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspector was satisfied that the person in charge had not been absent from the designated centre for more than 28 days. There were satisfactory arrangements in place to cover any absences of the person in charge.

The provider was aware of the requirements to notify the Authority in the event of the person in charge being absent.

Judgment:
Compliant

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Overall the inspector found that there were adequate resources to support residents achieving their individual personal plans in the centre.

Judgment:
Compliant

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

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Overall the inspector found that there was a skilled mix of staff to meet the residents' needs in the centre.

In line with residents wishes and the statement of purpose staff supports were available to residents during the day. At night time, residents had access to a nurse on the campus to call for assistance if required. Residents had a mobile phone and access to a walkie talkie at night to avail of this support. There was access to nursing staff as required, through a 24hr on call service for advice and support.

Staff were observed to have a very good knowledge of the residents and their needs and responded to residents in a timely, respectful and dignified manner. The inspector was informed that only regular relief staff who knew the residents were employed within the designated centre in order to ensure consistency in the care and support provided to residents. The staffing levels in the centre had been increased to ensure that there was adequate staff to cover when staff were on leave.

Staff spoken to felt that the centre was adequately resourced to meet the needs of the residents and felt very supported in their role. The person in charge had supervision meetings with staff. The inspector reviewed a number of these records and noted that staff had discussed future training needs. There was no formal appraisal in place for staff. This was discussed at the feedback meeting and the inspector was satisfied that the provider had taken reasonable steps to try and address this issue.

There was a planned and actual roster maintained within the centre. Personnel files were reviewed at an earlier date by the Authority and found to be in line with the regulations.

All staff had completed training in behaviour support, manual handling, safeguarding, the safe administration of medication and first aid. Some staff were awaiting refresher training in these areas and the inspector saw evidence of the dates for this. However staff had no training in mental health issues. This training need had been highlighted in an assessment as being necessary to support one residents needs.

There were no volunteers in place in the centre.

Judgment:
Substantially Compliant

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Overall the inspector found that most of the documentation required by the regulations was maintained in the centre, however improvements were required to ensure that all of the policies and procedures as per Schedule 5 of the regulations were in place and in ensuring that the records maintained are complete and up to date.

Residents' records were safely stored in the centre and were available to the inspector. However gaps were evident in some of the personal plans. For example there was no transition plan in place for residents availing of respite, the review of residents support plans were not contained in their personal plans and agreed actions from meetings were not signed as completed.

The policies and procedures outlined in Schedule 5 of the regulations were not all available in the centre for example the policy on admissions to the centre was in draft format.

An up to date insurance policy was in place for the centre which included cover for resident's personal property and accident and injury to residents in compliance with all the requirements.

The information required under regulation 21 and listed in Schedule 4 were maintained in the centre.

A resident's guide and directory of residents were maintained in the centre, which included all the required information.

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:

Anna Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

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

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002384
Date of Inspection:	22 March 2016
Date of response:	14 June 2016

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no evidence of consultation with residents who availed of respite services in the centre.

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

1. Action Required:
Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

Please state the actions you have taken or are planning to take:
• The P.I.C will organise weekly informal house meetings for residents commencing 06/06/2016. Minutes of these meetings will be kept and recorded and all staff and residents will sign when read and any actions that need to be followed up on will be and then signed when completed.

Proposed Timescale: 06/06/2016

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no recording system in place around monies that were given to residents from family members or other parties.

2. Action Required:
Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

Please state the actions you have taken or are planning to take:
• The PIC has discussed this issue with service manager and service provider and it was agreed that in future these family donations are best managed through the fund raising policy.
• The PIC will ensure that all donations are filed through fundraising and that all staff are familiar with this policy.

Proposed Timescale: 06/06/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspector was not satisfied that residents understood the details contained in the contracts of care. These contracts were not signed by a family representative.

3. Action Required:
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:
• The PIC will ensure that a family member signs the contract of care on behalf of the resident.

Proposed Timescale: 30/06/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The admission criteria for the provision of services for respite care were not in line with the centres admission policy.

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

Please state the actions you have taken or are planning to take:
• The PIC will discuss the admission policy at the next staff meeting and ensure staff have signed as read and understood. The sign sheet will be available for review.
• The PIC will ensure the Admission policy will be adhered to in relation to all further respite admissions.
• PIC will ensure policy is followed in regard to health and safety checklists and admission checklists in line with the Admission policy.

Proposed Timescale: 06/06/2016

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A goal identified by a resident in their personal plan had not been recorded or reviewed to assess its effectiveness.

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

Please state the actions you have taken or are planning to take:
• The PIC will discuss Goal planning with residents at residents meetings and PIC will develop a system that monitors and evaluates goals for each resident in conjunction with the organisations all about me policy and needs assessment tool.

• Goals will be identified and staff will receive training on policy on 28/06/2016
• Following training, a tracking system will be put in place to record and evaluate steps taken to achieve goals.
• Effectiveness of goals will be reviewed monthly with resident.

Proposed Timescale: 30/06/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no evidence that incidents were reviewed to ensure learning from incidents had taken place.

Risk assessments were not reviewed to reflect changing needs of residents.

Individual risk management plans were not in place for some areas of risk identified.

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

Please state the actions you have taken or are planning to take:
• The PIC will review and update all risk assessments in the centre.
• Lock was changed on back door to eliminate use of key and a thumb lock is in place.
• PIC will put in new risk assessments for identified risk(residents staying alone in house) and add in additional controls where they needed, including a falls risk assessment.

Proposed Timescale: 30/06/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The fire drill records did not record the names of staff and residents involved in the fire drill.

There was no evidence that learning from previous drills had been addressed.

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

Please state the actions you have taken or are planning to take:
• Following each fire drill the PIC will review for any learning, update fire risk assessments or additional control measures if required.
• The Service Manager will review all fire drills at the 6 monthly unannounced audit and review in relation to reoccurring themes.
• The PIC will instruct all staff to include the names of staff and residents involved in fire drills.

Proposed Timescale: 30/06/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The recommendations from the behaviour assessment reviewed were not all implemented.

As outlined in the report the behaviour support plan was not detailed enough to guide staff practice

There was no evidence that a behaviour that was having an impact on one residents quality of life, had been investigated fully so as to establish the cause or function of the behaviour.

8. Action Required:
Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Please state the actions you have taken or are planning to take:
• An ICM (individual clinic meeting) will be held with relevant clinicians and a plan will be developed to manage behaviour and its impact on quality of life of the resident.(Scheduled on 31/05/2016)
• PIC to organise medical examination and document results.
• Function analysis to be carried out on identified behaviour with staff and psychologist and support plan developed following results.
• PIC will develop a support plan around self-harm with psychologist and staff team.
• Training on mental health to be organised for staff.
• PIC to consult with Training DEPT and to add specific details of break away techniques to Behaviour support plan.

Proposed Timescale: 30/07/2016

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Intimate care plans were not detailed enough to guide staff practice.

9. Action Required:
Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

Please state the actions you have taken or are planning to take:
• PIC will review and update all intimate care plan immediately and address concerns.
• PIC will ensure support plans are reviewed and amended where necessary in order to guide best practice.

Proposed Timescale: 06/06/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
One resident who had been referred for support from a dietician in 2014, was still awaiting this support.

One resident who did not like to participate in the activities recommended by a physiotherapist, did not have this highlighted in their assessment of need and there was no evidence that this had been discussed with the professional who had made the recommendations.

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

Please state the actions you have taken or are planning to take:
• PIC to contact Dietician immediately and seek support for residents.
• PIC will make referral to physiotherapist to review and update residents support plan.

Proposed Timescale: 30/06/2016

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The assessment of need did not include some residents changing needs.

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

Please state the actions you have taken or are planning to take:
• The PIC will review and update all assessments of need.
• The PIC to ensure all support /care plans are reviewed and updated.
• PIC to review support plans monthly at staff meetings and review their effectiveness.

Proposed Timescale: 31/07/2016

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
One PRN (as required) medication prescription did not outline the indications for use and resident's GP details were not written on the prescription sheet.

Prescribed creams that had been opened were not labelled to indicate the date they were opened.

It was not evident that all recommendations/ learning from medication errors, as recommended by the nurse manager on call had been implemented

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

Please state the actions you have taken or are planning to take:
• The PIC will arrange for the review and update of all MAS to include PRN.
• The PIC will ensure all MAS have GP details on prescription sheet.
• The PIC will develop a system to ensure that all creams are dated when opened and disposed of within best before date.
• The PIC to ensure all drug errors are discussed at staff meetings in relation to learning from drug errors.
• The PIC will implement a system to include an audit of the medication system.

Proposed Timescale: 30/06/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some of the information as outlined in this report pertaining to Schedule 2 of the regulations were not reflected in enough detail in the statement of purpose.

13. Action Required:
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
• PIC will review and amend SOP and will send a copy to the Authority when completed.

Proposed Timescale: 07/07/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The action plan from the six monthly unannounced quality review had not been signed off as completed.

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

Please state the actions you have taken or are planning to take:
• The PIC along with Service manager will ensure that audits are signed off when completed.
• The PIC and Service Manager will develop a system to track actions from the 6 monthly audit to ensure actions are completed within the agreed time frames.

Proposed Timescale: 06/06/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff had not received training in mental health issues specific to residents needs.

15. Action Required:
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:
• The staff team will receive training in relation to Mental Health will be completed 30/07/2016

Proposed Timescale: 30/07/2016

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all policies and procedures as per Schedule 5 of the regulations were in place in the centre.

16. 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:
• PIC will review policies in house and ensure all relevant policies are available for inspection.
• PIC will ensure policy on admissions is available and followed regarding respite admissions.
• The Provider Nominee will ensure all schedule 5 policies are made available to the designated centre by 30/12/2016

Proposed Timescale: 30/12/2016

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were gaps evident in resident's personal plans.

The review of residents' support plans was not contained in their personal plans.

17. Action Required:
Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

Please state the actions you have taken or are planning to take:
• The PIC will ensure all support plans are reviewed and updated in each residents personal plan.
• PIC will develop a system to ensure agreed actions are followed up and signed when completed.

Proposed Timescale: 30/06/2016