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A designated centre for people with disabilities operated by St Michael's House, Dublin 13

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**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002341
Centre county:	Dublin 13
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	John Birthistle
Lead inspector:	Caroline Vahey
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
02 December 2015 10:00	02 December 2015 18:00
03 December 2015 09:00	03 December 2015 16:30

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

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

Summary of findings from this inspection

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

An application was made to the Health Information and Quality Authority (the Authority) to register the centre for seven residents and as part of the application documents were submitted to the Authority. However, some documentation was incomplete. This is discussed in the body of the report.

The person in charge facilitated the inspection. A service manager also attended a

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

The centre comprised of a two storey house which could accommodate six residents and an adjoining apartment which could accommodate one resident. A timeshare facility was available for one residential placement and two residents availed of this service.

Overall the inspector found the care and support provided to residents was safe and in line with residents' needs and wishes. The centre was compliant in a number of outcomes including family and personal relationships, admissions and contract of care, social care needs, medication management, statement of purpose, use of resources and workforce. Substantial compliances were identified in five areas including communication, health and safety and risk management, notifications of incidents, governance and management and records and documentation. Moderate non compliances were found in safe and suitable premises, safeguarding and safety and general welfare and development. One major non compliance in healthcare needs related to access to allied health professionals. These non compliances are discussed in the body of the report and included 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):

No actions were required from the previous inspection.

Findings:

Overall the inspector found the residents were consulted with, and participated in, decisions about their care and the running of the centre however, improvements were required in the management of residents' finances.

There was a policy on residents' personal property, personal finances and possessions however this policy was out of date on the day of inspection. This is actioned under Outcome 18. Residents' personal property including money was kept secure and there were clear and transparent records kept.

However, improvement was required to ensure appropriate use of residents' money. One resident had paid for clinical supplies. This was in conflict with the agreement set out in the contract of care, which stated all care and support needs were covered by the fees charged. Residents contract of care also outlined they must pay for toiletries however, this is not in line with the Health Services Executive (HSE) Patients' Private Property guidelines.

Improvement was also required to ensure there was an agreed defined decision by a clinical team for use of residents' money for services not deemed to be necessary for the residents' direct care, but from which the resident would benefit.

Residents were consulted about how the centre was planned and run. There was a weekly residents meeting in which activities and choice of meals were discussed and pictures were used to support residents' individual communication needs. Fire evacuation, complaints procedure, advocacy and holiday choices had also been discussed at residents' meetings.

Residents had access to an external advocacy service and information was available for residents on how to access this service. The person in charge informed the inspector they had contacted an external advocacy service on behalf of one resident and were awaiting a follow up.

There was a policy, and procedures on the management of complaints which included a fair and objective appeals process. The complaints policy was available in accessible format and displayed on a noticeboard in the sitting room. There was a nominated person to deal with complaints. The inspector spoke to families and reviewed relative questionnaires and families were aware of who they should contact should they wish to make a complaint.

The inspector reviewed the records of complaints in the centre. All complaints had been promptly investigated with the complainant made aware of the outcome of the complaint.

Staff members were observed to treat residents with dignity, respecting their individual choices and communication needs. Personal care practices detailed in intimate care plans outlined support to be provided to ensure residents' privacy and dignity was upheld.

There was a sitting room available for residents to meet their families or friends in private. There was a portable house phone available and residents were encouraged to take phone calls in private should they wish. Personal information in respect of each resident was secured in a locked press.

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

Residents were encouraged to maintain their independence in self help skills and choice was promoted in activities and meal choices. Residents had a range of social opportunities such as going to the cinema or day trips, going to religious services, shopping trips, going for a meal out and attending community exercise classes.

Residents were enabled to take risks within their daily lives such as independent travel and smoking, and information had been given to residents to allow them to make informed choices in relation to risks.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents' communication needs were met however, improvements were required in access to the internet for residents.

There was a policy in place on communication with residents which was available in an accessible format.

Residents' communication needs had been assessed and were highlighted in residents' personal plans. Staff were aware of residents' communication needs and there was a broad use of picture prompts to support residents. For example, one resident had commenced use of a picture exchange communication system, choices for residents such as meals were supported through use of pictures and independent hand washing skills had a picture guide in place.

However, while residents communication needs had been assessed, one resident had an assessed need to be referred to a speech and language therapist in February 2015 and this referral had not taken place. This is further actioned in Outcome 11.

The centre was part of the local community and residents availed of local facilities such as shops, chemist, restaurants and parks. Residents and access to television and radio however, residents did not have access to the internet.

Judgment:

Substantially Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

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

Positive relationships between residents and their families were supported with many families visiting at the weekend. One family member met with the inspector and spoke

of the warm welcoming atmosphere within the house on visits. The inspector reviewed family contact records in residents' personal plans and there was evidence that regular contact was maintained with families in order to keep them up to date on residents' wellbeing. Families were also invited to attend an annual review of residents' personal plan.

There was an open visiting policy in the centre. There was a second sitting room available in the centre for residents to meet family or friends in private. One resident spoke of inviting friends over for dinner.

Residents were actively involved in activities in the community in line with their wishes such as, using the local swimming pool, attending local religious services, going out for meals and going to the cinema.

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):

No actions were required from the previous inspection.

Findings:

The inspector found the admission process to the centre was timely and transparent and in accordance with the statement of purpose.

There was a policy in place for admissions which included details on transfers and discharges however, details on the temporary absence of residents was not included in the policy. This is discussed in Outcome 18.

Admissions to the centre were in line with the statement of purpose. The admissions process took into account the wishes needs and safety of the individual and the safety of other residents in the centre as evidenced in transition plans and house meetings.

Each resident had a written agreement which set out the services to be provided and the fees charged. Residents' written agreements had been signed by the resident and / or next of kin.

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):

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

Findings:

The inspector found that the care provided ensured residents' wellbeing and welfare was maintained. However, one action from the previous inspection relating to continued personal independence and life skills development had not been satisfactorily implemented. This is discussed under Outcome 10.

Each resident had a comprehensive assessment of their health, personal and social care needs identifying supports to meet these needs. Reviews of residents assessment of need took place on an annual basis or sooner if required. Residents and their families were invited to attend annual review meetings.

Each resident had a personal plan which was also available in an accessible format.

There was evidence of multidisciplinary team involvement in assessment and the development of plans of care. For example, assessment of a resident by an epilepsy nurse specialist and subsequent development of an epilepsy care plan and the assessment and recommendations of a dietician forming the basis of a nutritional plans for a residents.

The inspector found most of the residents' assessed needs had plans of care developed for example nutrition plans, mobility plans, pain management plans ,communication plans, social plans and behaviour support plans. However, some improvement was required to ensure timely access to allied health professionals and to ensure the development of health care plans for some assessed needs. This is discussed under Outcome 11.

Personal social goals were developed in consultation with residents and families and were formally reviewed annually with an interim review on a six monthly basis.

Individual risk assessments had been developed for residents in areas such as manual handling, epilepsy and choking with control measures identified to minimise risks.

The inspector reviewed personal plans in which life skills training required for a new living arrangement were in place for residents in areas such as personal hygiene and coping skills.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The inspector found the design and layout of the centre was suitable for its intended purpose and the centre was well maintained overall. Outstanding actions from the previous inspection had been satisfactorily implemented. All repair work had been completed and an alternative appropriate means of evacuation for one resident in the event of a fire had been established. However, improvement was required to ensure equipment recommended was provided.

The centre was a two storey seven bedded house located in a suburban area close to local amenities in the community. The centre also had an adjoining apartment for one resident located to the rear of the property with its own entrance. The centre was clean and well maintained on the day of inspection. The centre was accessible throughout and could accommodate two residents with mobility difficulties on the ground floor.

One resident had been assessed by a physiotherapist over one year ago for a night time postural support system and an application had been made to the HSE to secure funding. However, funding for the equipment had yet to be secured.

Residents had their own individual bedrooms which were decorated to residents' personal taste. Storage facilities such as wardrobes, lockers and chest of drawers were available in each bedroom. Bedrooms were of suitable size to accommodate assistive equipment such as hoists and profile beds where required. There was also a staff bedroom with ensuite on the first floor.

There were a total of three bathrooms for residents use in the centre. A fully accessible bathroom was available downstairs with aids such as shower trolley, shower chair and handrails fitted for use by residents with mobility issues. Thumb locks were fitted to bathroom doors to promote privacy and dignity for residents.

A small sitting room on the ground floor of the centre was available for visitors if required.

The centre had a large kitchen/dining area and sitting room, with comfortable seating for residents. The kitchen had suitable cooking and food storage facilities. There was a large dining table to accommodate all residents dining together. There was a conservatory to the rear of the sitting room with additional seating.

There was a utility room on the ground floor and residents could launder their clothes if they so wished. Chemicals were securely locked in presses in the utility room.

One resident lived in two bedroom apartment to the rear of the main premises and the resident had their own entrance. The apartment was bright and homely and decorated to the residents' personal choice. There were suitable cooking, dining and laundry facilities in the apartment and two bedrooms to accommodate both the resident and staff. A wet room with shower facilities was also available in the apartment for the resident's use.

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

The inspector reviewed maintenance records for assistive equipment used in the centre such as profile beds, hoists and shower trolley and found all equipment was well maintained and had been serviced within the last year.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The inspector found there were systems in place to promote and protect the health and safety of residents, visitors and staff however, one issue to prevent a fall had not been addressed on the day of inspection. Actions from the previous inspection had been

addressed satisfactorily. Responses to emergencies and fire evacuation plans had been updated to include the adjoining apartment, all staff had received training in fire safety and the centre was clean on the day of inspection.

There were reasonable measures in place to prevent accidents for example, use of manual handling aids to prevent falls, safe storage of chemicals to prevent ingestion and use of wet floor signs to prevent slips. However, one resident had a mattress fitted which was larger than the bed base and the inspector was of the opinion the resident was at risk of a fall. This was discussed with the person in charge and arrangements had been made by the end of the inspection for a new bed base to be supplied.

The inspector reviewed a record of incidents in the centre and where incidents had occurred appropriate measures had been taken to prevent reoccurrence.

There were policies in place for risk management and emergency planning however, there no policy in place in the event a resident goes missing.

There was an up to date risk register which was reviewed on a quarterly basis or sooner if required. The centre also had site specific risk assessment in areas such as manual handling, infection control, transport, medication and food poisoning. Risk assessments were also in place for self harm, aggression and violence, accidental injury and the unexpected absence of a resident. Risk management procedures included the identification of risks and measures in place to minimise or control risks.

There were policies and procedures relating to health and safety. There was an up to date health and safety statement which identified roles and responsibilities of staff employed in the service in the promotion of safety. The safety statement also outlined measures to promote safety in areas such as safe access and egress, food safety, machinery and equipment and manual handling. There were procedures in place for food safety for example, checking of refrigerator, freezer and cooked food temperatures. Colour coded chopping boards were also in use in the centre.

There were satisfactory procedures in place for the prevention and control of infection. Gloves and aprons were in ample supply throughout the centre. There were suitable hand washing facilities fitted throughout the centre with antibacterial soap and paper towels supplied. Colour coded mops were available for use and suitably stored in the utility area.

All staff had received training in moving and handling of residents.

The centre had access to a wheelchair accessible bus. The inspector viewed an up to date certificate of roadworthiness. The wheelchair lift had recently been serviced. Staff were suitably qualified to drive the centre's bus. There was a vehicle check in place completed by staff on a weekly basis.

Suitable fire equipment was provided in the centre for example, a fire alarm system, emergency lighting, exit signs, fire extinguishers and a fire blanket. All fire equipment had been recently serviced.

There were adequate means of escape and all exits were unobstructed on the day of inspection. A fire evacuation procedure was prominently displayed in the hallway of the main house and in the porch of the apartment.

Each resident had a personal emergency evacuation procedure in place. All staff had completed fire safety training and staff spoken to were knowledgeable on what to do in the event of a fire. The inspector reviewed records of fire drills. Fire drills and taken place on a two monthly basis, with two fire drills carried out at night when a waking staff and a sleepover staff were on duty. Appropriate follow up action had been taken where issues had arisen during fire drills.

Judgment:

Substantially Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that measures were in place to protect residents however, some improvement was required to ensure all staff working in the centre had received training in safeguarding and to ensure the use of restrictive practice was in line with service policy.

There was a policy on, and procedures in place for the prevention, detection and response to abuse. Permanent staff employed in the centre had received training in safeguarding however, documentary evidence was not available on the day of inspection for a number of agency staff who work in the centre, to confirm they had received training in safeguarding. A training record for one agency staff was subsequently submitted to the Authority confirming the staff had completed safeguarding training.

There was a policy in place for the provision of personal intimate care.

Staff were observed to treat resident respectfully and communicated with residents in a warm and appropriate way. A number of staff spoken to during the inspection were clear on what constitutes abuse and the procedure to follow in the event an allegation of

abuse being made.

A family member spoken to said they felt their relative was safe in the centre.

There was a policy in place for the provision of behavioural support. Behaviour support plans had been developed following consultation with a psychologist and there were regular review of plans. A sample of behaviour support plans for residents were reviewed by the inspector and contained details on trigger controls, proactive strategies and reactive strategies to guide staff on the prevention and response to incidences of challenging behaviour. However, one resident's reactive strategy did not contain any details on the use of PRN medication which formed part of the response to challenging behaviour. This is actioned under Outcome 18.

There was some use of restrictive practice within the centre such as lap straps and bedrails for safety reasons, and locking of cupboards to prevent ingestion of inanimate object. The use of restrictive practices in the centre had been reviewed by a service committee and approval sought prior to implementation. Review dates for most restrictive practices were in place. However, one restrictive practice, namely use of bedrails had not been reviewed by the service committee. This was in conflict with the service policy and procedures on the use of restrictive practice.

Family members had been made aware of the use of restrictive practice as it pertained to their relative.

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):

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the centre was maintained.

The inspector reviewed the record of incidents and where required most incidents had been notified to the Authority. However, one incident of chemical restraint had not been notified to the Authority.

Judgment:

Substantially Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found residents had opportunities for new experiences and social participation however, improvement was required to ensure educational or training goals were established for all residents with clear guidance on implementation of goals.

There was no policy on access to education, training and development.

All residents attended a day centre and one resident had a part time job in a café. Educational and training achievements were valued and supported through practices in the centre. For example, one resident was doing a computer course and kept a display book of work completed to date. Another resident had arranged and completed independent bus route training with a transport provider. Residents had chosen to display certificates of achievement throughout the centre.

There was evidence that some residents were supported in the centre to learn new skills for example, personal hygiene tasks or coping skills and there were clear guidelines to guide staff on the teaching of these new skills. However, while the maintenance of skills learned was promoted for all residents, opportunities for some residents to develop new skills had not been explored.

Residents engaged in a range of social activities specific to their interests for example, social clubs, art classes, shopping, cinema and going to restaurants.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

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

While residents healthcare needs had been assessed through the assessment of need process there were some occasions where additional assessment had not been provided for.

The assessment of needs process had identified the need for assessment by allied professionals for some residents however, these assessment had not taken place either because referrals had not been sent or the skills required to complete specific assessments were not available in the service.

Healthcare plans had been developed for residents in areas such as epilepsy management, mobility and gastrointestinal disorders. However, improvement was required in the development of mental health plans reflective of residents' assessed needs. This is actioned under Outcome 18.

Residents had access to a general practitioner and all residents had an annual medical review completed. Residents availed of the services of a chiropodist, dentist and optician in the community. Residents had access to a psychiatrist where required. Access to allied health professionals such as speech and language therapist, physiotherapist, occupational therapist and psychologist was available in the service by referral.

The care provided enabled residents to make healthy living choices. Residents were encouraged to take responsibility for their own health needs for example, supporting and guiding residents in specific nutritional requirements and informed risk taking in relation to smoking.

End of life plans where required were in place to support the residents' needs.

The centre was well stocked with varied and nutritious food. Meal plans were reviewed by the inspector a varied and healthy choice was available. The inspector observed a meal being served to residents and the mealtime was positive and social.

The advice of a dietician formed part of the plans for residents with specific nutritional requirements.

Judgment:

Non Compliant - Major

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:

Each resident was protected by the centres' policy and procedures for medication management.

There was a policy and procedures relating to the ordering, prescribing, storing and administration of medication. Each resident had a medication prescription for each medication prescribed signed by the prescribing doctor. Administration of medication was recorded on an administration sheet and contained the signatures of staff administering the medication. Where medication was crushed advice had been sought from the pharmacist and approved by the prescribing doctor.

Medications were secured in a locked press and the key was held securely by a staff on duty. Medications received were accounted for in a stock taking sheet.

PRN medications prescribed had a maximum dose stated on the prescription. All PRN medication prescribed had been reviewed recently.

There were no controlled medications in use in the centre.

There was a system in place for the disposal of out of date or unused medications and these medications were kept secure from other medicinal products.

There was a weekly medication stock check carried out by staff in the centre. A medication management audit was carried out on a three monthly basis covering storage, prescriptions, receipt of medications, administration and medications errors.

The inspector reviewed records of medication errors within the centre. Appropriate follow up action had been taken, additional control measures implemented to prevent reoccurrence and review date set to assess the effectiveness of control measures.

Medications were supplied by a local pharmacy within the community.

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 which accurately described the service provided in the centre.

The statement of purpose set out the aims, objectives and ethos of the designated centre and the facilities and services to be provided. The statement of purpose was reflective of the care provided within the centre and the diverse needs of the residents.

The statement of purpose contained all the information required by Schedule 1 of the Health Act (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013.

The statement of purpose was available in accessible format and each resident had been given a copy.

The statement of purpose was kept under review a minimum of annually.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found effective management systems were in place to ensure the delivery of safe and quality services. However, a complete application to register the centre had not been made to the Authority and documents remained outstanding including floor plans for the adjoining apartment and floors plans submitted had not clearly outlined private and communal accommodation throughout the centre. A planning compliance form had been submitted to the Authority however, the adjoining apartment had not been included.

There was a defined management structure with clear lines of authority and accountability. The person in charge reported to a service manager (person participating in management) and meetings were scheduled every six to eight weeks. The inspector reviewed minutes of these meeting and where issues were identified, action plans were developed to address these shortcomings. The service manager called regularly to the centre.

The service manager reported to the provider nominee and meetings took place every month in which issues pertaining to the centre were discussed. The service manger also facilitated group meeting on a monthly with house managers (persons in charge) as part of the larger St. Michael's House management support system.

There was an annual review of the quality and safety of care carried out by the service manager on behalf of the provider nominee. The annual review involved consultation with key stakeholders including residents, families and staff. An action plan had been developed as a result of the review with clear timeframes for completion of actions.

There was a six monthly report produced on the safety and quality of care of care provided in the centre. The inspector reviewed two reports completed to date and all actions developed as a result of the report had been completed.

The inspector interviewed the person in charge during the inspection. The person in charge demonstrated knowledge of the legislation and their statutory responsibilities. The person in charge was employed on a full time basis and was engaged in the governance, operational management and administration of the centre on an ongoing basis for example, budgeting and staff resources. Staff members spoken to said they felt supported by the person in charge. The person in charge was engaged in ongoing professional development and had recently completed a certificate in autism awareness and a course on positive behavioural support.

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
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector found suitable arrangements were in place for the absence of the person in charge.</p> <p>The Authority had been notified on the occasion the person in charge was absent for greater than 28 days and suitable arrangements were in place in their absence.</p> <p>The service had appointed a staff nurse as a person participating in management to deputise in the absence of the person in charge. In addition a service manager had been appointed as a person participating in management and was available in the absence of the person in charge.</p>
<p>Judgment: Compliant</p>

<p>Outcome 16: Use of Resources <i>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</i></p>
<p>Theme: Use of Resources</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The centre was resourced to ensure the effective delivery of care and support in accordance with the centre's statement of purpose.</p> <p>The inspector found there were sufficient resources to support residents in achieving their personal goals and plans. Flexibility was demonstrated in the use of resources to respond to changing needs of residents and to individual tailored care to support identified needs of residents.</p> <p>The facilities and services were reflective of the details set out in the centre's statement of purpose.</p>
<p>Judgment: Compliant</p>

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:

There were sufficient staff employed in the centre with appropriate skills, experience and qualifications to meet the assessed needs of the residents. The action from the previous inspection to include all staff names on the roster and to use the 24 hour clock on the roster had been completed. Staff had completed training to meet the assessed needs of residents.

Staffing levels were appropriate to provide the care and support as outlined in the statement of purpose. The centre was staffed by nurses, social care workers and care staff on a 24/7 basis. There was some use of relief and agency staff in the centre however, the person in charge ensured that only staff familiar to the residents needs were employed for relief shifts.

There was a planned and actual staff rota in place.

Care was provided in a timely and consistent manner and staff were observed to be respectful in their interactions with residents.

The inspector reviewed records of staff training and training provided was reflective of the statement of purpose and the needs of the residents. Staff had received training in areas such as fire safety, food hygiene, safeguarding, manual handling and hand hygiene. Most staff had received training in positive behaviour support with a date confirmed for two new staff to receive this training. A training needs analysis was completed by the person in charge on an annual basis.

The person in charge had also ensured that staff were kept up to date with new developments / best practice. For example, the person in charge had recently sourced a national guide on care planning and had made this available for staff use.

Staff spoken to were aware of the Regulations and of the policies and procedures to protect residents.

There were arrangements in place for staff supervision, with the person in charge meeting

staff every six months. The inspector reviewed minutes of staff supervision meetings in which themes were discussed and actioned if required, in order to improve practice.

Staffing records were previously checked at the main service headquarters and all the requirements of Schedule 2 in relation to staffing records had been met. Where required staff members had up to date registration with the relevant professional body.

There were no volunteers employed in the centre.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

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

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

Records maintained in the centre were secure and easily retrievable.

There were policies and procedures in place as per Schedule 5 of the Regulations reflecting practice within the centre. However, some improvement was required. There were no policies in place for access to education, training and development for residents, the provision of information to residents and staff training and development. The policy on the recruitment, selection and Garda vetting of staff had no implementation or review date. The policy for admissions did not include details for the

temporary absence of residents.

There was a guideline but no policy in place for incidents where a resident goes missing.

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

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

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

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002341
Date of Inspection:	02 and 03 December 2015
Date of response:	29 February 2016

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

One resident paid for clinical supplies. This was not in line with the agreement set out in the contract of care.

Residents paid for toiletries, which was not in line with the HSE guidelines on Patients' Private Property.

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 12 (4) (a) and (b) you are required to: Ensure that the registered provider or any member of staff, does not pay money belonging to any resident into an account held in a financial institution, unless the consent of the resident has been obtained and the account is in the name of the resident to which the money belongs.

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

The new contract of care has been reviewed and will be issued to all residents for signing and will be available to view in their personal file

Proposed Timescale: 14/02/2016

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Residents did not have access to the internet.

2. Action Required:

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.

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

Requisition for wireless internet installation for the unit has been submitted.

Proposed Timescale: 30/04/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

One resident had been assessed over one year ago as requiring a night time postural support system. An application for funding was made to the HSE at this time, however funding had not been secured to date.

3. Action Required:

Under Regulation 17 (5) you are required to: Equip the premises, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.

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

Equipment needed is no longer necessary as resident concerned passed away.

Proposed Timescale: 29/02/2016

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:

One resident was at risk of a fall due to an ill fitting mattress on their bed.

4. 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:

A new bed was ordered 18/1/2016. The expected delivery time of this bespoke bed is in 4 weeks

Proposed Timescale: 18/02/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

One restrictive practice namely use of bedrails had not been reviewed by the service committee. This was in conflict with the service policy on use of restrictive practice.

5. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

Application made on 03/1/2016 to Positive Approach Monitoring Group for the use of bedrails.

Proposed Timescale: 29/02/2016

Theme: Safe Services

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

Documentary evidence to confirm all agency staff working in the centre had received training in safeguarding was not available.

6. Action Required:

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

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

Documentations available in the unit in relation to the Agency staff training records for Safeguarding Residents and Prevention of Abuse.

Proposed Timescale: 29/02/2016

Outcome 09: Notification of Incidents

Theme: Safe Services

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

One incident of chemical restraint had not been notified to the Authority.

7. Action Required:

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

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

All incidences of the use of chemical restraint will be notified to the Authority in the future.

Proposed Timescale: 29/02/2016

Outcome 10. General Welfare and Development

Theme: Health and Development

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

Opportunities for some residents to develop new skills through educational or training goals had not been explored.

8. Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

The annual assessment of need review will include discussion on opportunities for education, training and employment with the resident or their representative.

Proposed Timescale: 31/03/2016

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:

Access to allied health professional had not been facilitated as either referrals had not been sent, or the specific skills required for assessment were not available in the service.

9. 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:

Sensory support assessment scheduled on 14/03/2016

Proposed Timescale: 14/03/2016

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:

Documents submitted to the Authority by the provider as part of the application to register the centre were incomplete.

Floor plans for the adjoining apartment were not included.

Floor plans for the centre were not marked to outline private and communal accommodation.

The planning compliance form submitted to the Authority did not include the adjoining apartment.

10. Action Required:

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

Regulations 2013.

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

The floor plan for Grangemore Rise was submitted September 2015 and the floor plan for Grangemore Rise Flat resent 05/02/2016

Architect has been instructed to prepare new Planning Application for the Flat, process will take 4-5 months to complete.

Proposed Timescale: 31/07/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

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

The policy for admissions did not include details for the temporary absence of residents.

There was a guideline but no policy in place for incidents where a resident goes missing.

11. Action Required:

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

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

The Registered Provider is developing a Policy on Access to Education Training and Employment. It is at final consultation stage and will be available for review in the designated centre by 31st Jan 2016.

The Registered Provider is reviewing the admissions policy and it will be updated to include the temporary absence of a resident. this will be completed by end Feb 2016.

The organisational Policy on missing persons will be developed by end March 2016.

Proposed Timescale: 31/03/2016

Theme: Use of Information

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

The policy on the recruitment, selection and Garda vetting of staff had no implementation or review date.

12. 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:

HR department has reviewed Recruitment Policy & Procedure last 21/12/2015 and there are no changes to policy since original implementation.

Proposed Timescale: 29/02/2016

Theme: Use of Information

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

Mental health care plans were not in place for some residents.

A reactive strategy for one resident did not contain any details on the use of PRN medication which formed part of the response to challenging behaviour.

13. 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:

For a resident that requires Mental Health Care Plan, this have now been completed and is available to view in their personal file.

Positive Behaviour Support Plan has been reviewed and now include the use of PRN medication.

Proposed Timescale: 29/02/2016