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A designated centre for people with disabilities operated by St Michael's House, Dublin 5

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Authors	McKevitt, Sheila
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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-0002351
Centre county:	Dublin 5
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	Eamon de Lacey
Lead inspector:	Sheila McKeivitt
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
21 January 2015 10:30	21 January 2015 17:30
22 January 2015 10:00	22 January 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 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, practices were observed and relevant documentation reviewed such as care plans, medical records, accident logs, policies and procedures and staff files. The views of residents and staff of the centre were also sought.

The nominated person on behalf of the provider had made improvements within the centre since the last inspection. The fitness of the person in charge was assessed throughout the inspection process to determine fitness for registration purposes and

was found to have satisfactory knowledge of her role and responsibilities under the legislation and sufficient experience and knowledge to provide safe and appropriate care to residents. The fitness of the nominated person on behalf of the provider was also considered as part of this process.

Five residents with intellectual disabilities and who have social care needs live in this house. The sixth resident lives in an adjoining self contained unit. On inspection all six residents were met. Residents' were extremely happy and expressed satisfaction with the manner in which staff supported them to live as independent as possible.

Evidence of good practice was found across all outcomes, management had addressed one of the four non-compliances identified on the last inspection in May 2014, partially addressed one and had not addressed the remaining two non compliances. 11 out of 18 outcomes inspected against on this inspection were deemed to be in compliance with the Regulations. Two of these are major non compliances; four are moderate and one substantially compliant. 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 purposes of application to register were found to be satisfactory. However, three documents one in relation to planning compliance, one relating to fire compliance and the other relating to the evidence of the person in charges qualification in social care are required to be submitted to the Authority before a recommendation for registration can be made by the inspector. This resulted in a major non compliance.

The second major non compliance related to no emergency lighting being available in the self contained unit. The interior of the self contained unit required repainting and one resident's bedroom in the house was not an adequate size to meet the residents needs.

The health care records of residents' although improved since the last inspection were not filed in a manner which was easy to retrieve. Records of emergency fire checks completed by technical services staff were not sufficiently detailed. Records, specifically policies outlined in schedule 5 were not available and therefore had not been implemented. The medication policy did not reflect new administration practices and medication errors were not being followed up in a robust manner.

The person in charge did not have enough administration days on the monthly roster to enable her to carry out her role as person in charge. This in turn meant staff did not have supervisory meetings with the person in charge on a regular basis. The permanent staff numbers were not adequate to meet the need of residents therefore relief staff were being used on a frequent basis. Staff did not have refresher food safety training and some did not have up to date safe administration of medication training in place, no staff had been trained on new administration practices.

The action plans at the end of this report identifies the seven outcomes under which improvements are required.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Residents' were consulted with and participated in decisions about their care. They were provided with information about their rights and each resident's privacy and dignity was respected.

Residents had a weekly meeting where they planned their daily evening meal, each of the five residents (in the main house) selecting a meal of their choice to have on an evening of the week. They also discussed and planned group and individual activities, appointments and personal plans for the week and weekend ahead. Visits to and from family homes and pre-arranged visitors/friends calling to the centre were also discussed at these meetings.

Residents' privacy and dignity was respected. Residents answered the front door to their home. All residents had a key for the front door which allowed those who could to maintain their independence to come and go as they pleased. The bathroom/shower room, toilet and personal bedroom doors had privacy locks in place. All windows had blinds and curtains in place.

The rights of residents' were respected. Residents' told the inspector they had choice and retained autonomy of their own life. Residents' told the inspector they were free to make choices about their daily routine and when needed were facilitated by staff. For example, on the day of inspection one resident chose to go out alone for lunch rather than joining staff and other residents in the house. His choice was respected by staff. Residents' confirmed that they were registered to vote and one resident explained how she went to the local school to place her vote at election time.

A resident showed the inspector a copy of the charter of rights published by the National Advocacy Committee which was on display and residents had been informed about the service at a weekly meeting.

There was a policy and procedure for the management of residents' monies by staff and a procedure on personal possessions. One resident went through her finances with the inspector. The resident had clear, concise records and receipts kept to reflect all outgoing and incoming cash. Individual safe and secure storage boxes were available to each resident. The process in place reflected the policy. Staff encouraged and taught residents how to be independent with their finances. Those residents unable to manage their finances independently were facilitated by staff to do so.

One resident showed the inspector the complaints policy in place. The resident explained it was accessible in a pictorial format readable to residents and the inspector saw that a copy was included in the residents guide. The written complaints policy had been updated since the last inspection and now met the legislative requirements. There were no complaints since the last inspection..

Judgment:

Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents' communication needs were met.

Residents had their communication needs outlined in their assessment. All six residents could communicate verbally. Staff were observed communicating with residents' in a kind, patient and sensitive manner.

Residents' had access to personal and communal televisions, music systems and radios. All information relevant to residents such as the complaints policy, different meals, fruit, drinks were all available in pictorial format and accessible to them.

Residents had access to two portable house telephones and one resident with impaired eyesight had a telephone with large numbers enabling her to make telephone calls independently. Three residents had personal mobile telephones.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were supported to develop and maintain personal relationships and links with the wider community.

There were no restrictions on visitors. Residents' had written and implemented their own visitor's policy. They had visitors of their choice visit them in their home and confirmed they had access to a quiet room where they could receive visitors in private. Residents' told the inspector that they visited their family and siblings homes, some independently others in the company of staff.

Residents' spoken with confirmed they not chosen for their families to be involved in their assessment and care plans as they could speak for themselves. There was a family contact sheet in each resident's file where staff recorded verbal contact with the residents' family.

Residents used numerous facilities in the local community which most of them accessed independently. One resident told the inspector how he regularly visited the local coffee shop, bank and pharmacy. Another described how he enjoyed taking walks in the local area and availed of the local bus routes and dart station when needed.

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:

Contracts of care were now available for each resident and admission to the centre was in line with the admissions policy.

The admissions policy in place outlined the procedure to be followed prior to a resident being admitted to the centre. It included the involvement of the person in charge, the resident to be transferred and his/her next of kin. It stated that residents would be facilitated to visit the centre prior to their admission.

The two contracts reviewed were signed and dated by the respective resident and the person in charge. The contracts included details about the supports, care and welfare the resident would be expected to receive, details of the services to be provided and the fees to be charged. They also referred to additional costs that may be charged such as charges for personal mobile telephone.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Residents' wellbeing and welfare was maintained by a high standard of evidence based care and support.

The inspector reviewed three residents' personal files. Two residents talked the inspector through their personal files, each confirming that they, their key worker from the centre and their day care facility had been involved in the completion of this assessment. The assessment reflected the residents' interests and preferences and outlined how staff could assist the resident to maximise individual abilities and opportunities to participate in meaningful activities. Assessments had been reviewed within the past year. Residents who had clinical needs identified on assessment had a care plan in place to reflect this need.

Each resident had a corresponding outcome based personal plan which outlined three personal outcome based goals set in April 2014. For example, one resident had a goal to have a massage every three weeks. There was written evidence of the dates the resident had accessed a massage which indicated the resident was achieving her goal. The resident was happy she was going to achieve this goal. Although, her second goal had not yet been addressed the inspector was satisfied that residents were receiving support from staff to achieve their personal goals within the year time frame set.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The location, design and layout of the centre was suitable for its stated purpose and met some of the residents' individual and collective needs in a comfortable and homely way. The semi detached two storey house was home for five residents some of whom had lived there since the house opened in 1981. One resident lived in the adjoining one bedroom self catering unit.

The inspector saw that house was well-maintained with suitable heating, lighting and ventilation. It was clean, tidy and suitably decorated.

Each of the five residents in the main house had their own bedroom. They showed the inspector their bedrooms all were decorated to the individuals liking and were personalised by the resident. One resident expressed dis-satisfaction with his bedroom, he stated it was too small to meet his needs and on viewing it the inspector agreed. It was a small box room containing a single bed with minimum vacant floor or storage space. He had brought his concerns to the attention of the person in charge who stated various options were being explored.

The communal areas included a well equipped kitchen/dining room, a bright sitting room and a smaller sitting/private room. The laundry and cleaning storage room contained all required equipment. There was a large assisted shower room containing a parker bath, an assisted toilet and wash hand basin downstairs. There were two bathrooms upstairs both contained a shower, toilet and wash hand basin and one contained a domestic type bath.

The inspector viewed the rear garden accessible to residents' via patio doors. The garden contained a paved area with table and chairs where residents could enjoy dining outside. The garden was secured by closing the side gate entrance leading from it. Car parking spaces were available to the front of the house.

The staff office had ensuite facilities which included a shower, toilet and wash hand basin.

The self contained unit met the needs of the resident residing there. However, it had chipped wall paint in a number of areas.

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):

No actions were required from the previous inspection.

Findings:

The health and safety of residents, visitors and staff was promoted and protected. The risk management policy in place met the legislative requirements as it included measures in place to identify and manage risk and outlined procedures to follow in the event that specific risks did occur. The person in charge completed risk assessments on a monthly basis and all staff signed to say they had read the report on a monthly basis. There was an up-to-date local health and safety statement in place. The emergency plan in place was detailed and included the procedures to be followed in the event an emergency. Staff had an emergency pack in place.

Records were available to confirm that fire equipment including fire extinguishers, the fire blanket, emergency lighting and the fire alarm had all been tested by professionals within the required time frame. However, the records of emergency lighting checks in the house were not detailed enough, this is discussed in more detail under outcome 18. Also, the inspector noted there was no emergency lighting in the self contained unit.

All staff had completed fire training within the past year and those spoken with had a clear understanding of the procedure to be followed in the event of a fire. The inspector saw that each resident had an individual fire evacuation plan in place and records reviewed showed that fire drills were practiced on a regular basis during the day and night by both staff and residents. These included evacuation of the resident in the self contained unit.

Judgment:

Non Compliant - Major

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.

<p>Theme: Safe Services</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Measures were in place to protect and safeguard residents which included a policy on, and procedure in place for, the prevention, detection and response to abuse. Staff had up-to-date mandatory safe guarding vulnerable adults training in place and those spoken with had a clear understanding of the reporting structure and procedure to follow in the event of actual or suspected abuse of a resident.</p> <p>Measures were in place to protect and safe guard residents. The five residents living in the house had their own front door key. The resident living in a self contained unit attached to the house, had a separate front door and front door key. Residents' spoken with told the inspector they felt safe and secure in their home. They had a large enclosed rear garden, all the exit/entry doors could be secure by locking and the house was alarmed. This house alarm included a perimeter alarm for added security. Residents told inspectors that they could lock their bedroom door if they wished; they had access to bedroom door keys. The inspector saw bathroom and toilet doors had secure locks and there were curtains on bedroom windows.</p> <p>Communication between residents and staff was respectful. One resident who at times displayed behaviours that may be challenging had detailed, up-to-date behavioural support plans in place. One resident used a form of restraint when mobilising with mobility aids, this resident had a risk assessment and care plan in place to reflect when, how and for what period the restraint should be used.</p>
<p>Judgment: Compliant</p>

<p>Outcome 09: Notification of Incidents <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i></p>
<p>Theme: Safe Services</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: A record of all incidents occurring in the designated centre was maintained. Quarterly reports had been submitted to the chief inspector in a timely manner. No incidents' notifiable within three working days had occurred in the centre to date.</p>
<p>Judgment: Compliant</p>

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

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

Findings:

Resident's opportunities for new experiences, social participation, education and training were facilitated and supported by staff.

Five residents attended day care centres, three travelled independently and two were collected by the organisations transport. Some residents attended day services five days per week others had reduced to two or three days for personal reasons. Two residents' explained to the inspector how they were in paid employment, one worked five days the other two days per week. They both expressed job satisfaction.

Residents were encouraged to maintain the skills which they had when they lived independent of staff. They had a weekly schedule which included the buying of food, the preparation and cooking meals, housework/chores, sorting and attending to washing of personal clothing. Residents' informed the inspector that staff did not have time to spend with them on an individual basis. Staff confirmed to the the inspector that this was the case.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The health care needs of residents were being met. All residents had full assessments completed. Multi-disciplinary team members had been involved in these assessments'.

The inspector reviewed three residents' files and saw evidence that they were facilitated to access their General Practitioner (GP) and to seek appropriate treatment and therapies from health care professionals when required. The inspector was satisfied that

the allied health services were availed of promptly to meet residents' needs. Completed referral forms were available for review in residents' files and written evidence of relevant reviews were also available. For example, one resident explained how he had a medical review in 2014 and records were available to confirm this review.

Residents' spoken with told the inspector they had a choice of food and it was generally good. Resident and staff did the cooking, but as mentioned under outcome 10 residents' often assisted with the shopping and the preparation of meals. Residents' told the inspector they planned their weekly evening meal menu, each selecting an evening meal of their preference. The inspector saw that residents' had access to adequate quantities and a good variety of nutritious food to meet their dietary needs. The inspector saw that residents preferred foods was reflected in their individual assessment records. Snacks were available.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

There was a new operational policy available in which included the ordering, prescribing, storing, administration and prescribing of medicines. There was a separate policy on self administration of medicines. The inspector found that practices regarding drug prescribing had improved since the last inspection. Prescribed medications were now individually signed and each medication chart contained the name of the residents' GP. Medication administration was now being carried out by use of pre-prepared blister packs however, these were not referred to in the medication policy.

The practices in relation to ordering, storing and disposal of medication were in line with policy. There was a safe system in place for the ordering and disposal of medications and the inspector saw records which showed that all medications brought into and out of the centre were checked. An audit of each resident's medications was completed on a weekly basis by staff; any discrepancies were identified and reported to the nurse manager on call by completion of an error form. The inspector found that there had been a number of medication errors over the past month. The recommendations made by the nurse manager on call and fed back to the person in charge were reviewed. The recommendations made were not robust enough to ensure the prevention of a repeat of the error.

Safe Administration Medication (SAM) guidelines were available in draft format. All staff did not have up-to-date SAM training in place and none had received training in the use

of blister packs.

The inspector saw that each of the residents had their prescribed medications reviewed by the Medical Officer within the past week.

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):

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

Findings:

A copy of the statement of purpose had been submitted to the Authority and was reviewed prior to the inspection. It included the details of all the facilities and services provided and contained most of the information that is required in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013. For example, the measurement of each room was

Residents said they had seen a copy of the statement of purpose and the inspector saw that a copy on display in the hallway.

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):

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

Findings:

There was a clearly defined management structure that identified the lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced social care worker with authority, accountability and responsibility for the provision of the service since the 16 December 2014. She was the named person in charge, employed fulltime to manage the centre. The inspector observed that she was involved in the governance, operational management and administration of the centre on a consistent basis. However, she was limited to two management days per monthly staff roster which was not enabling her to complete all her management roles. For example, supervisory meetings with staff. This issue had not been addressed since the last inspection.

During the inspection the person in charge demonstrated sufficient knowledge of the legislation and of her statutory responsibilities. Records confirmed that she was committed to her own professional development. She was supported in her role by a team of social care workers, one of whom was nominated to manage the centre in her absence. She reported directly to a Service Manager who reported to a Regional Director (also nominated person on behalf of the provider). The inspector was informed by the person in charge and saw evidence that regular scheduled minuted meetings took place with the service manager.

Management systems had been developed to ensure that the service provided were safe, appropriate to residents' needs, consistent and effectively monitored. A review of the health and safety and quality of care and support provided to residents' had been completed. It identified 14 different areas for improvement and issues which required follow-up within a concise time line. The inspector saw evidence that issues identified had been followed up on. The inspector was informed that this information would be used to inform the annual review of the service, a format for which was being developed by management.

As part of the application for renewal of 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 purposes of application to register were found to be satisfactory. However, three documents one in relation to planning compliance, one relating to fire compliance and the other relating to the evidence of the person in charges qualification in social care remain outstanding and are required to be submitted to the Authority before a recommendation for registration can be made by the inspector.

Judgment:

Non Compliant - Major

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: As mentioned under Outcome 14, a social care worker met on inspection had been appointed to manage the centre in the absence of the person in charge. She demonstrated a good clinical knowledge of residents' and had the required experience and qualifications to manage the centre.</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 sufficiently resourced to ensure the effective delivery of care and support to residents' in accordance with the Statement of Purpose. The resources available within the centre were appropriately managed by the person in charge to meet the needs of residents'. For example, the person in charge ensured that there was enough staff allocated to the centre to meet the needs of residents'.</p>
<p>Judgment: Compliant</p>

<p>Outcome 17: Workforce <i>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.</i></p>
<p>Theme: Responsive Workforce</p>
<p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings:</p>

There was adequate staff numbers and skill mix on duty to care for residents' during this inspection however, the centre remained short 1.5 full time equivalent staff. Relief staff were currently being employed to cover these vacant shifts. The inspector reviewed the last monthly staff roster and found that 21 shifts were covered by six different social care workers. This lead to a lack of continuity of care for residents'. The person in charge explained that the centre had changed from night staff sleeping over to being awake two years previously and additional staff had not been employed to resource this change.

Two residents informed the inspector that there were no staff in the house between 10:00hrs and 13:00hrs on Tuesdays and Thursdays and they were not happy with this arrangement. They had concerns that there was no one in the house if they got sick and had to come home. This concern had not been fully addressed by the provider. This issue was identified in the last inspection report however, then the hours with no one in the house were from 10.00hrs to 14.00hrs so there had been some improvement.

There were no volunteers or students working in the house.

Staff informed the inspector and training records reviewed confirmed that staff had up-to-date mandatory staff training in place. However, none of the staff had up to date food safety training in place. One staff did not have any SAM training and two staff had out of date training in place. Three staff files reviewed contained all the required documents as outlined in schedule 2.

Staff were not having regular supervisory meetings. The person in charge stated that the organisational policy was to complete these with individual staff members once every 4-6weeks. However, she had not managed to complete any since commencing as person in charge on 16 December 2014. The inspector noted that on average each staff member had two supervisory meetings with the previous person in charge in 2014.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Residents and Adults) with Disabilities) Regulations 2013 were maintained in a manner so as to ensure ease of retrieval. However, a number of schedule 5 policies were not finalised and therefore not implemented. Also, some records were not completed accurately.

An insurance certificate was submitted as part of the registration pack and it showed that the centre was adequately insured against accidents or injury to residents, staff and visitors. It also confirmed that the bus used to transport residents was adequately insured.

There was an electronic and paper based system both of which contained some elements of what is required within the directory of residents however, not all information as required by regulations was contained in either directory.

The centre had some of the written operational policies as outlined in schedule five available for review. However, the following were not available

- access to education, training and development
- communication with residents'
- monitoring and documentation of nutritional intake.
- provision of information to residents'.
- the creation of, access to, retention of, maintenance of and destruction of records'.

The inspector noted that the medication management policy was not reflecting current administration practices as detailed under Outcome 12.

The inspector found that resident health care records together with staff records were not easy to retrieve. The records of emergency lighting checked completed by technical services staff were not detailed enough.

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:

Sheila McKeivitt
Inspector of Social Services
Regulation Directorate

**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-0002351
Date of Inspection:	21 January 2015
Date of response:	06 March 2015

Requirements

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

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

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The walls of the self contained unit were not suitably decorated.

Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

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

a). The PIC in consultation with the resident and the Maintenance Dept will organise to have the chipped walls of the Self Contained Flat repaired and painted to the residents choosing and satisfaction.

b). The resident will be asked if he would like to go shopping with his key worker to choose paintings, pictures, wall hangings, furniture and plants etc to make the self contained flat more homely.

c). The key worker in consultation with the resident of the self contained flat will organize photographs of Family members (if in agreement) to be framed and placed around the self contained flat, thus giving a sense of security and home from home type of living environment.

Proposed Timescale:

a). To be completed by the 30th April 2015.

b). To be completed by the 31st March 2015.

c). To be completed by the 31st March 2015.

Proposed Timescale: 30/04/2015

Theme: Effective Services

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

One bedroom did not provide enough space for furniture, personal storage or personal space.

Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

The PIC in consultation with the resident and the Maintenance Dept., will organise for the resident to move to a larger bedroom to provide enough space for their furniture, personal storage and belongings to improve the amount of floor space to meet the residents needs.

Proposed Timescale: 30/04/2015

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 emergency lighting in the self contained unit.

Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

- a). The PIC in consultation with the Maintenance Dept had Emergency lighting installed above the exit door of the self contained flat.
- b). The PIC will convene an emergency meeting with the fire officer and a representative from the maintenance department to ensure that in the event of a fire in the self contained flat that there is another identifiable means of escape for the resident residing in the self contained flat.
- c). The PIC will ensure that records of emergency lighting checks in the self contained flat and the main house contain detailed prescriptive information and are completed accurately and in a timely fashion. All Staff will be informed at the next staff meeting.

Proposed Timescale:

- a) Completed 31st January 2015.
- b) 31st March 2015
- c) 30th April 2015.

Proposed Timescale: 30/04/2015

Outcome 12. Medication Management

Theme: Health and Development

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

The systems in place did not ensure the right resident got the right drug as the policy did not reflect practice.

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:

- (a). The PIC will inform the chairperson of the medication management committee that the medication policy needs to include a section on the administration of medication using pre prepared blister packs.
- (b). All staff have been put forward for up to date refresher Safe Administration of Medication (SAM) training which will include training in the use of blister packs.
- (c). The PIC in consultation with the Organisation's Head of the Medical Department will

implement a sign off system which staff will complete each time they come on shift to check any changes to the medical administration sheets (MAS) to ensure that the named resident gets the named drug/s.

d). The PIC will review individually with all staff members their administration of medication to residents to ensure that all medicine which is prescribed is administered appropriately and correctly as prescribed to the resident for whom the medication is prescribed for.

Proposed Timescale:

- (a). Completed 24th February 2015.
- (b). Course booked for the 19th March 2015.
- (c). Implemented the 6th March 2015.
- (d). 31st March 2015.

Proposed Timescale: 31/03/2015

Theme: Health and Development

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

The follow-up recommendations post analysis of individual medication errors were not robust enough to prevent re-occurrence.

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:

a). The Organisation is amending the Drug Error Policy to reflect a robust response to drug errors. If there is a pattern of drug errors, and where deemed necessary the safe administration of medication Clinical Nurse Specialist will carry out individual/team refresher training.

b).The PIC will also meet with an individual staff member to provide support if there is a pattern of Drug Errors. This support will include coaching and mentoring as well as observation by the PIC.

c). The PIC will liaise with the Nurse Manager on Call (NMOC) to review the recent recommendations that (NMOC) made which were not robust enough to prevent a repeat of a drug error occurring. Following this meeting the PIC will discuss drug errors at the next available staff meeting.

Proposed Timescale: 30/04/2015

Theme: Health and Development

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

All staff did not have up-to-date SAM training and none had been trained on how to administer medications safely from blister packs.

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:

a). All staff have been put forward for up to date refresher safe administration of medication (SAM) training which will include training in the use of blister packs.

Proposed Timescale: 19/03/2015

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:

The statement of purpose did not contain all the information outlined in schedule 1.

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:

a). The PIC will amend the Statement of Purpose to ensure that all of the information is contained as outlined in Schedule one of the Statutory Instruments 367.

Proposed Timescale: 13/02/2015

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:

Two documents relating to planning and fire compliance remain outstanding.

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:

a). Correspondence received from HIQA on the 13th. January 2015 states: Applications that have been submitted without the above documentation will be processed up to the point of "proposed decision" and then after 1st March 2015, assuming all else is in order, a notice of proposal will be issued.

Proposed Timescale: 01/03/2015

Theme: Leadership, Governance and Management

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

Evidence of the person in charge social care qualification had not been submitted with the application to register.

Action Required:

Under Regulation 14 (5) you are required to: Obtain the information and documents specified in Schedule 2 in respect of the person in charge.

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

a). The PIC to submit her Social Care Qualification.

Proposed Timescale: 12/02/2015

Theme: Leadership, Governance and Management

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

The number of management days allocated to the person in charge did not allow her time to ensure the service and staff were effectively monitored.

Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

a). The PIC in consultation with Service Manager will submit a proposal to Senior Management proposing that the roster is amended to ensure that the required amount of adequate management days are allotted on the roster. to ensure service and staff are effectively monitored and safe.

b). These extra management days will provide the PIC with adequate time to set up regular individual supervision meetings with each member of the staff team.

c). The Organisation is in the process of distributing an annual review template to be

used in the designated centre to assess the quality and safety of the care and support each resident receives ensuring that it is in line with the HIQA standards. This new annual review template will incorporate best practice from the six Monthly audits conducted by the Service Managers. It will also put in place supports to address any deficits identified in the designated centre.

Proposed Timescale:

- a) Four management days of eight hours duration will commence on the 9th March 2015.
- b) 31st March 2015.
- c) 30th April 2015.

Proposed Timescale: 30/04/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staffing levels on Tuesdays and Thursdays between 10:00hrs and 13:00hrs are not meeting the needs of all residents.

Action Required:

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

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

- a). The PIC in consultation with the Service Manager submitted a proposal to the Administration Manager that was approved. This ensures that the staffing levels on Tuesdays and Thursdays meet the needs of all residents. Staff will be on duty between 10:00am and 13:00pm on Tuesdays and Thursdays.

Proposed Timescale: 17/02/2015

Theme: Responsive Workforce

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

Residents' are not receiving continuity of care as relief staff are being used to cover 1.5 full time posts for over two years.

Action Required:

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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

a). The Registered Provider have sanctioned one whole time equivalent Social Care Worker (SCW) to be added to the existing roster to ensure continuity of care for all residents. The PIC will also ensure that there is a team of Social Care Workers or permanent staff available to choose from to fill any gaps in the roster.

Proposed Timescale: 30/04/2015

Theme: Responsive Workforce

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

Three staff do not have up to date SAM training in place and no staff have received training on the use of the blister pack drug administration system.

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:

a). The PIC in consultation with the Training Department will complete a systematic review of any outstanding training that is required for the designated centre. The PIC will put forward the names of all staff who require full, mandatory or/and refresher training to the training department thus meeting full compliance.

Proposed Timescale: 05/05/2015

Theme: Responsive Workforce

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

Staff do not have refresher food safety training in place, current training is out of date.

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:

a). The PIC in consultation with the Training Department will organise Food Safety training and refresher Food Safety training for staff working in the designated centre.

Proposed Timescale: 19/03/2015

Theme: Responsive Workforce

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

Staff are not receiving sufficient supervision.

Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

a). The PIC will commence individual staff supervision for each staff member working in the designated centre.

Proposed Timescale: 09/03/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

The medication management policy has not been updated although there has been a change in administration practices. It did not therefore reflect administration practices.

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:

a). The Registered Provider is currently amending Safe Administration Policy to reflect the use of blister packs.

Proposed Timescale: 31/03/2015

Theme: Use of Information

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

All 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 were not available and not implemented. They included:

- access to education, training and development
- communication with residents'
- monitoring and documentation of nutritional intake.
- provision of information to residents'.
- creation of, access to, retention of, maintenance of and destruction of records'.

Action Required:

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

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

The PIC has been informed by the Organisation's HIQA co-ordinator acting on behalf of the Registered Provider that:

- (a). Access to Education, Training and Development is under development and will be available by the 30th June 2015.
- (b). Communication with Residents – Draft Form available 31st March 2015.
- (c). Monitoring and Documentation of nutritional intake – The policy will be available on the 21st March, 2015.
- (d) Provision of Information to Residents – Guidelines for Provision of Information to Residents is currently available.
- (e) Creation of access to retention of maintenance and destruction of records – Completed and available for review in the designated centre.

Proposed Timescale: 30/06/2015

Theme: Use of Information

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

One directory of residents needs to be maintained containing all the required information.

Action Required:

Under Regulation 19 (1) you are required to: Establish and maintain a directory of residents in the designated centre.

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

- a). The HIQA co-ordinator on behalf of The Registered Provider has designed a Template of the Directory of Residents and will ensure that all staff in the designated centre adhere to completing and updating this as is required.

Proposed Timescale: 31/03/2015

Theme: Use of Information

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

Detailed records of emergency light checks were not available for review.

Action Required:

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 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:

a). There is an updated template for the recording of lighting checks and maintenance checks available in the designated centre. The PIC will ensure in consultation with the Maintenance Dept that there are regular lighting checks carried out and recorded.

Proposed Timescale: 30/06/2015

Theme: Use of Information

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

Records outlined in schedule 2 were not maintained in a format which was easily retrievable.

Action Required:

Under Regulation 21 (1) (a) you are required to: Maintain, and make available for inspection by the chief inspector, records of the information and documents in relation to staff specified in Schedule 2 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:

a). The PIC in consultation with the HR Department will ensure that all staff files are in a format which is easily retrievable and assessable for future inspections.

Proposed Timescale: 31/08/2015

Theme: Use of Information

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

The health care records of residents' were not maintained in a format pertaining with easy retrieval.

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:

a). The PIC will ensure that all health care records of residents in the designated centre are maintained in a format pertaining with easy retrieval. The PIC will discuss this at the next staff meeting within the designated centre to insure compliance.

Proposed Timescale: 31/03/2015