

# eDeposit Ireland

## A designated centre for people with disabilities operated by St Michael's House, Dublin 9

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**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by St Michael's House
<b>Centre ID:</b>	OSV-0002373
<b>Centre county:</b>	Dublin 9
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St Michael's House
<b>Provider Nominee:</b>	John Birthistle
<b>Lead inspector:</b>	Nuala Rafferty
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	6
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration 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:
25 February 2015 10:00	25 February 2015 18:30
26 February 2015 08:00	26 February 2015 14:30

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

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

**Summary of findings from this inspection**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision 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 members were also sought.

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.

The fitness of the person in charge was assessed through interview and throughout the inspection process to determine fitness for registration purposes and was found to have satisfactory knowledge of their role and responsibilities under the legislation and sufficient experience and knowledge to provide safe and appropriate care to residents. The fitness of the nominated person on behalf of the provider was previously considered as part of this process.

A number of residents' and relatives questionnaires were received by the Authority during and after the inspection. The opinions expressed through both the questionnaires and in conversations with inspectors on site were all satisfactory with services and facilities provided and complimentary on the manner in which staff deliver a good standard of care.

Overall, evidence was found that residents' healthcare needs were broadly met. Residents had access to general practitioner (GP) services and a full time medical officer as part of the overall services provided by St Michael's House Group. Access to allied health professionals such as physiotherapy speech and language therapists and to community health services were also available.

The inspector found there were aspects of the service that needed improvement such as admissions, medication management and care planning.

The Action Plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the Authority's Standards.

**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:**

There was some evidence that residents were consulted in the everyday running of the centre, but there was a lack of consultation in relation to new admissions and complaints.

Resident house meetings took place each week. These were minuted by one of the residents of the centre and were on display on the notice board in the kitchen. The food options for the week, the activities that each resident wished to participate in and any issue that a resident wished to raise were discussed by the residents at these meetings. The promotion of independence was supported by staff and over the space of the inspection a number of the residents with lower support needs were observed to have left the centre alone to travel to work or visit local amenities such as the library and travel to sporting clubs.

A lack of consultation with existing residents was found in relation to admissions and is referenced in full under Outcome 4

Residents' privacy and dignity was respected. Each resident had their own room and this personal space was observed to be respected by both staff members and other residents. There was no CCTV in operation in the centre.

Systems to safeguard residents' personal finances were in place. A number of residents were encouraged to maintain control of their own finances and support was being provided by staff to aid residents to understand how to manage money. A detailed recording, balancing and auditing system was in place for three residents who needed

assistance with their finances. Expenditure records and receipts were kept for all cash transactions and each resident's bank statement was compared to the centre's record of every deposit, withdrawal and debit transaction. Two residents' financial records were reviewed and were seen to be accurate and up to date.

There was a written policy relating to the making, handling and investigation of written complaints. The complaints procedure was on display in an easy to read and pictorial format throughout the house, The inspectors also viewed evidence that the complaints procedure was explained to residents at the house meeting at regular intervals. At the time of inspection there was only one complaint on file which documented that this had been investigated however, there was no information on the outcome of the complaint, nor evidence that the complainant had been informed of the outcome. There was also a lack of consultation with the residents involved in the complaint. The inspectors were told that the residents had not been consulted about the issue raised in the complaint, nor informed that a complaint had been lodged despite the fact the issue raised in the complaint directly involved the residents.

**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:**

There was evidence that the staff were aware of the different communication needs of each of the residents.

There was a large activities board on display in the kitchen with details of each resident's weekly activities which were planned in the house meeting. There was also a notice board with various information for residents including, the minutes of the house meetings and a pictorial version of the complaints procedure, among others. A number of other pictorial aids were on display throughout the centre, including an explanation of how to evacuate the house due to an emergency and a guide to assist residents to wash their hands in the bathroom.

Residents were seen to have access to any form of media that they requested including radio, television and newspapers. Although there was internet access in the centre at the time of inspection no resident had requested to use it.

**Judgment:**

Compliant

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**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 it was found that residents in the centre were encouraged to maintain links with the community and families were actively involved in the lives of the residents.

The centre had an open door policy for visitors however, many of the residents would go out to visit their relatives. The centre had adequate facilities to allow residents to receive visitors in private if they wished with two sitting rooms available. Communication between staff members and the families of residents was good, and staff showed a depth of knowledge of each resident's family and the level of involvement members had in residents' lives.

The inspectors observed that residents had good links with the community. A number of residents were independently involved in social groups and were employed by local businesses. Residents who required support from staff were also involved in some community activities such as sports, cinema and bowling. Staff told inspectors that many of the residents were known in the locality and were greeted by name by members of the community.

**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:**

Although it was found that admissions to the service were broadly in line with the statement of purpose and the organisations admissions and transfers policy, some improvements were found to be required.

A vacancy existed in the centre and this was currently being filled through the provision of respite to a number of persons on a time share basis. Evidence was found that the person in charge was involved with the organisations referral committee in determining the suitability of the centre to meet the needs of potential residents and it was noted that the person in charge identified the level of need the centre could meet, took account of the health and social needs of the existing residents and advocated for all residents regarding the development of positive interpersonal relationships.

Although the inspectors were told that opportunities were given to the prospective residents and/or their family to visit the centre prior to accepting a placement and that these offers were availed of, supporting documentation to evidence that this occurred was not available. It was also found that existing residents had not been provided with an opportunity to meet the prospective residents and although they were informed at a house meeting that new people were coming to stay on a regular basis, evidence that there was a full consultation process which included opportunities to meet and get to know the person prior to their stay over coffee, dinner or a trial overnight stay were not provided. An action in relation to this finding is included under Outcome 1.

It was noted that the organisations policy was not specific enough to guide staff in this regard or in relation to the documentation of the decision making basis for offering or refusing a service to referred persons.

On a sample of those reviewed it was found that each full time resident had a written contract agreed within a month of admission. The contract set out the services to be provided and all fees were included in the contract. Where additional charges pertained these were also included. However, a contract was not agreed with those persons availing of the respite service.

**Judgment:**

Non Compliant - Moderate

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

All lines of enquiry were reviewed on the last inspection and improvements were required.

Overall there was some evidence that resident's well being and welfare was maintained by a good standard of evidence-based care and support. However, actions required from the previous inspection were not implemented and a number of improvements continue to be required to ensure the assessed needs of all residents were being fully met.

Most elements of the care planning and assessment process required to be improved including;

- personal or healthcare needs were not assessed and plans were not devised for recent admissions to the centre, this is further referenced under Outcome 11
- care plans were not in place for every identified healthcare need such as nutritional needs, and it was found that personal plans to support continued personal independence and life skills development were not being updated
- where personal plans were in place they did not contain enough detail to inform staff on the actual process to follow to ensure the eventual outcome for example, how residents individual personal goal would be achieved. The lack of detailed phased processes to support the achievement of outcome based goals was found in relation to identified goals to improve independence such as; improve writing skills; increase level of physical activity or improve independence in personal care, meant that these goals were not yet achieved
- where plans were in place they were not always specific enough to manage the need for example plans for weight reduction did not include a baseline weight, did not identify a target weight or include a plan or diet to achieve the goal weight
- although plans in place were regularly reviewed these reviews did not include determination of the effectiveness of interventions to manage the needs identified.

However, it was noted that the care planning system with some evidenced based risk assessment tools was only recently introduced into the centre and staff including the person in charge were trying to become familiar with the system.

It was also noted that some plans were detailed, person centred and regularly reviewed. In particular it was noted that staff were vigilant, closely monitoring residents for signs of deterioration in health or behaviours and where these were noticed, responded swiftly ensuring reviews by relevant allied health professionals and actioning their recommendations.

Evidence that all residents, their next of kin or nominated advocates were consulted and involved in the development of personal or healthcare plans was available

**Judgment:**

Non Compliant - Moderate

**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:**

Overall the design and layout of the centre was found to meet the needs of the current resident profile in line with the Statement of purpose. The centre was a two storey terraced house in a mature urban neighbourhood. The house was of traditional design but had a large extension to the rear. In general the centre included required health and safety aspects and appropriate security. Appropriate equipment for use by residents or staff was available and maintained in good working order.

Efforts to provide furnishings, fixtures and fittings which created a personalised comfortable living space which also promoted residents' safety, dignity, independence and well being were noted. Adequate private and communal accommodation included; six single residents bedrooms, five without ensuite and one staff bedroom. 1 bedroom with ensuite which included toilet, wash hand basin and non accessible shower.

There was a large fully fitted kitchen cum dining room; 2 sitting rooms; one large accessible shower room with toilet and wash hand basin downstairs and 1 enclosed shower with wash hand basin and toilet upstairs; 1 separate non assisted toilet; laundry facilities and small enclosed garden with safe access and egress available.

The maintenance both internal and external was found to be of a good overall standard with suitable heating, lighting and ventilation. There was a good standard of hygiene and the centre was found to be visually clean and hygienic. The kitchen was fully operational with sufficient cooking facilities and equipment and was well organised. Appropriate assistive equipment was in place and available for use, service records were found to be up to date and maintenance contracts including domestic and clinical waste were in place. Adequate storage was found and corridors were uncluttered and safe for residents mobilising.

Transport for the centre in the form of a small mini bus which could accommodate mobile and wheelchair users was available and was appropriately insured, taxed and passed roadworthy by the Department of Environment.

**Judgment:**

Compliant

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

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

**Theme:**

Effective Services

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

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

**Findings:**

Systems for the management, detection and prevention of risk were in place however, some improvements were found to be required.

Accident and incident records indicated that the risk management systems in place in the centre promoted staff learning, and the improvement of safe systems. This aided the prevention of re-occurring risk.

Since the last inspection there was evidence of improved fire prevention measures within the centre. The organisation's fire prevention policy was noted to be implemented with six fire drills (two and night, four during the day) carried out in 2014.

A detailed evacuation plan for the centre was viewed which described how to evacuate both day and night. An emergency fire bag was located in the staff bedroom which had a torch, foil blankets and a mobile phone in the case of an emergency evacuation. Individual fire evacuation plans had been drawn up for each resident. In conversation with staff it was found they were knowledgeable of these plans.

The local fire brigade had been informed of the centre's evacuation plan in order to locate staff and residents in case of a fire. All staff had received up to date fire training.

A path had been installed in the back garden to improve access for residents to the evacuation point that was located in the back garden. Fire exits were observed to be marked and unobstructed. There had been a magnetically controlled fire door installed to compartmentalise the centre in the case of a fire. However, intumescent smoke seal strips had not yet been installed on all internal doors despite being identified as an action further to the previous inspection in the centre.

Service records for all fire equipment, emergency lighting and fire alarms/smoke detectors were reviewed; they had all been serviced within the last six months. and were in working order. The wheelchair lift in the bus had also been serviced in the last six months.

**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 inspectors observed that the centre was a safe environment for the residents and that there were measures in place to protect residents from abuse. In conversation with staff it was found that they were knowledgeable on the five different types of abuse, and were aware of the reporting mechanisms in place if abuse was reported or observed.

In conversation with residents inspectors were told they felt safe in the centre. A warm, respectful and friendly relationship between the staff and residents was evident and in one case a resident became visibly excited and happy to see a staff member who was arriving on duty.

The centre promoted a restraint free environment. Restraint was not observed to be in practice in the centre at the time of this inspection.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

A record of all incidents that had occurred in the centre was maintained and where appropriate all notifiable incidents had been submitted to the Chief Inspector. All quarterly notifications had been submitted to the Authority within the appropriate time frame.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and*

*employment is maintained for residents in transition.*

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

Evidence that an assessment process to establish each residents educational, employment or training goals in accordance with their wishes and capacities was found.

All residents were engaged in social activities internal and external to the centre to the extent that they had capacity or wished to be. All attended day centres where they were supported to avail of a variety of classes which developed or maintained independent life skills such as; personal care; shopping skills; food preparation; literacy and financial management.

Community involvements were actively supported by staff with some residents attending computer classes in the local college and others involved in local sport gyms, special Olympics and advocacy groups. Supported employment opportunities were also in place for some.

**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:**

Some evidence that residents' health care needs were being monitored through timely access to GP services and other allied health care services and were provided with appropriate treatment and therapies was found. It was noted that staff endeavoured to encourage and enable residents to make healthy living choices, were familiar with residents needs and could identify, recognise and manage signs of clinical deterioration particularly in frail or aging residents was found. This was also referenced under Outcome 5

However, the current resident group were noted to have a variety of health and social needs. Staff endeavoured to meet these needs and it was noted that some residents

with complex healthcare needs and underlying medical issues had recently been reviewed and following clinical re assessments were referred to the multi disciplinary team for additional supports.

Although the system to make sure healthcare plans reflected the care delivered and were amended in response to changes in residents' health was in place it was not implemented for all residents and all plans were not being checked regularly to make sure they were effective enough to maintain or improve a resident's health. An action in relation to this is included under Outcome 5

In particular it was noted that records did not give a complete and accurate picture of each residents' health care status and in the case of recent admissions evidence that these residents were reviewed by the healthcare team to establish a baseline of current medical condition was not available.

Residents were provided with food and drink at times and in quantities adequate for their needs. All meals were prepared in the centre and residents were encouraged to be involved in the preparation of evening meals as appropriate to their ability and preference. Food was properly served and was hot and well presented. The evening meal was found to be a relaxed and sociable affair. Residents were facilitated to enjoy their meal independently, privately and at their own pace, where assistance was required it was offered in a discreet and sensitive manner.

**Judgment:**

Non Compliant - Moderate

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

The administration of medication to residents was observed, and it was noted that staff were familiar with each resident's medication and facilitated residents to take their medication at the prescribed time as part of their daily routine. Details of all medicines administered were correctly recorded

A closed single dose, individualised medication administration system was recently established and systems were in place for safe disposal and return of unused or out of date medications.

However, improvements were found to be required to practices in place in relation to the policies for reviewing and monitoring safe medication practices.

Improvements to the systems in place to ensure safe disposal and return of unused or out of date medications were also found to be needed. Although staff could explain in detail the system in place and being followed, records to show when medicines were returned to the pharmacist which were dated and signed by either the nurse returning the medications or the pharmacist to show they were received were not in place. The organisations medication management policy nor the centre specific guidelines for medication ordering and auditing did not include clear instructions on the process to be followed to ensure good stock rotation, numbering of the weekly individual dispensing packs or the auditing systems in place to minimise risk of errors.

Staff were supporting some residents to self medicate and to date this was proving successful. However, due to an absence of guidance in the overarching organisational policy and lack of individualised guidelines in the centre to direct and support staff on safe processes inspectors found risks associated with the current process specifically;

- absence of documented risk assessment of suitability or capacity of residents currently self medicating
- absence of a documented process to assess suitability or capacity
- absence of supervision process
- suitable storage for medication of residents self medicating
- lack of review process
- absence of process for documentation of medication taken or omitted by the resident.

Staff were aware that there was a new operational policy which included the ordering, prescribing, storing and administration of medicines, although a copy of the new policy was not available in the centre. This lack of awareness was found to contribute to the absence of appropriate protocols in relation to the self administration of medication. Staff had not been provided with training or guidance on the policy.

**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):**

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

**Findings:**

A written statement of purpose was available which broadly reflected the service provided in the centre. On review it was found that although the document contained all of the information required by Schedule 1 of the Regulations further improvements were required to clarify aspects of the information in the document.

Clarifications required included;

- total staffing levels and numbers of staff reflective of the whole time equivalent of all staff grades differed from the actual roster in the centre
- the arrangements to support residents access education training and development were not outlined
- conflicting information in relation to the range of care needs the centre is designed to meet required to be clarified. The document alluded to the availability of nursing supports yet also stated that nursing needs could not be met
- clarify the inclusion of the person in charge in the determination of suitability for admission of residents.

It was also noted that aspects of personal information was included in the document which may identify resident's or staff and may represent a potential breach of their privacy, dignity and rights to protection of confidentiality under the Data Protection Act 1988 & 2003.

**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):**

No actions were required from the previous inspection.

**Findings:**

Evidence that management systems within the centre were in place to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored was found

The person in charge engaged with the process to determine fitness as part of the inspection and demonstrated sufficient knowledge of the legislation and statutory responsibilities associated with the role. It was found that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis, provided good and consistent leadership to staff, support to families and was clearly resident focused.

An annual review of the quality and safety of care in the designated centre had not yet been conducted although a report on a six month quality review by the service manager

was carried out in conjunction with the person in charge. This incorporated aspects of service such as; staff training; equipment maintenance; emergency procedures and planning; transport maintenance; restrictive practice review; nurse manager on call supports; safeguarding and medication management.

An action plan on areas identified for improvement was incorporated. It was noted that this was the first review conducted to comply with the regulations and efforts to improve the quality and safety of care were ongoing.

**Judgment:**

Compliant

**Outcome 15: Absence of the person in charge**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge.

A senior experienced and qualified social care worker was identified to replace the person in charge and was noted to be familiar with residents' social and healthcare needs and aware of the responsibilities of the role in relation to notifications and protection of residents.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

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

**Theme:**

Use of Resources

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

No actions were required from the previous inspection.

**Findings:**

Evidence that resources were available and directed towards supporting residents to

achieve the goals set within their individual personal plans was available. Examples include the flexibility of staff rosters to support residents on a regular basis to enjoy special events such as concerts and also to go on holidays abroad with staff resources made flexible and available.

Overall, the facilities and services in the centre reflect those outlined in the statement of purpose.

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

No actions were required from the previous inspection.

**Findings:**

An actual and planned rota was in place and although absences were covered primarily by agency staff, these were usually the same people to provide consistency and security for residents. However, the twenty four hour clock was not used on the roster as recommended to ensure clarity of shift, start and end times.

The inspector found supervision of staff practice by the person in charge in conjunction with supports to provide learning and development were reviewed and monitored on an ongoing basis. The person in charge worked alongside staff on a regular basis and regular team meetings to discuss improvements and ongoing developments were held.

The levels and skill mix of staff were sufficient to meet the needs of the current resident profile on this inspection and staff were supervised appropriate to their role. The inspector observed staff and residents interactions and found that staff were respectful patient and attentive to residents needs. It was noted that staff provided reassurance to residents by delivering care to them in a quiet confident manner.

Recruitment processes were not reviewed on this inspection however; the inspector had reviewed staff files on the last inspection and was satisfied that the requirements of Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) Regulations 2013 had been met.

Evidence that all staff received up-to-date mandatory fire training, moving and handling

and vulnerable adult protection was viewed and also additional training provided such as; basic food hygiene management of dysphagia and first aid.

**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 inspectors found that all of 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) were not being maintained in the centre.

It was found that all of the general records listed in Schedule 4 of the regulations were being maintained in the centre, such as the centre's statement of purpose, the residents' guide, a copy of the previous inspection report and all notifications required under Regulation 31. However, it was found that all of the records listed in Schedule 3 and Schedule 5 were not being maintained.

All information required in Schedule 3 was not being maintained. Although a directory of residents was held in the centre it was found that there was no information on what date each resident had been transferred in and out of the centre. Although contact information on a number of clinicians was available for each resident, it was unclear which clinician was the residents' GP, as required under the regulations.

All information required in Schedule 5 was not being maintained. The inspectors found that there was a number of the operational policies and procedures not in place in written format in the centre and all staff were not familiar with the most up to date policy or where they could be located, examples included:

- visitors policy
- provision of information to residents
- complaints Policy

The inspectors also found that some policies were not specific enough to guide staff

such as the medication management policy and three policies did not include a date of implementation nor a date of review.

**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:***

Nuala Rafferty  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

**Health Information and Quality Authority  
Regulation Directorate**

**Action Plan**



**Provider's response to inspection report<sup>1</sup>**

<b>Centre name:</b>	A designated centre for people with disabilities operated by St Michael's House
<b>Centre ID:</b>	OSV-0002373
<b>Date of Inspection:</b>	25 and 26 February 2015
<b>Date of response:</b>	12 May 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 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:**

The rights of existing residents to be consulted and participate in the organisation of the centre were not upheld in that a full consultation process was not in place on new admissions to the centre.

Residents had not been consulted with nor informed of a complaint made which directly

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

involved them.

**Action Required:**

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

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

- Going forward all residents will be consulted if a complaint is made that involves them.
- Before any future admission to the designated centre every resident will be consulted to participate in the admissions process.
- The rights of the residents will be respected in relation to the compatibility of any new potential admission.
- All residents will be encouraged and supported to participate in the day to day organisation of the designated centre.

**Proposed Timescale:** 31/03/2015

**Theme:** Individualised Supports and Care

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

There was no record of the outcome of the complaint nor of any action taken following the complaint.

**Action Required:**

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

- The PIC will keep a written record of all complaints made which will include the details of the investigation into the complaint, the outcome of the complaint, and any action taken on foot of a complaint
- The residents will also be consulted to ensure that they are satisfied with the outcome of the complaint.

**Proposed Timescale:** 31/03/2015

**Theme:** Individualised Supports and Care

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

Evidence that the complainant had been informed of the outcome of their complaint was not available

**Action Required:**

Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

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

- The PIC will inform the complainant of the outcome of their complaint and establish if they are satisfied or not with the outcome.
- The PIC will also inform the complainant of the appeals process if necessary

**Proposed Timescale:** 20/04/2015

**Outcome 04: Admissions and Contract for the Provision of Services**

**Theme:** Effective Services

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

A written agreement outlining the terms on which the person will reside in the centre was not in place for residents availing of respite services.

**Action Required:**

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

- The PIC will write up a contract of care prior to accepting any new admissions to the designated centre with the provider nominee.
- The contract of care will outline the terms on which the resident shall reside in the designated centre.
- For the two existing residents availing of respite currently in the designated centre a contract of care will be written up in consultation with the social work department.
- Prior to accepting a new admission/respite/timeshare the PIC will ensure that supporting documentation is in place to highlight that prospective resident and or families can visit the centre prior to accepting the placement.
- The PIC will ensure that the current residents will have an opportunity to meet with the prospective resident prior to them accepting the placement, over coffee, dinner or for a trial overnight stay.

**Proposed Timescale:** 20/04/2015

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

Personal or healthcare needs were not assessed and plans were not devised for recent admissions to the centre

**Action Required:**

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive

assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

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

- The PIC will ensure that a comprehensive assessment will be completed involving information on any personal, social and healthcare needs, prior to new admissions to the designated centre.

**Proposed Timescale:** 20/04/2015

**Theme:** Effective Services

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

Plans were not in place which reflected the assessed personal development or healthcare needs for all residents.

Where plans were in place, all were not sufficiently specific to manage the needs identified.

**Action Required:**

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

- The care plans will reflect the assessed personal development and healthcare needs of all residents.
- All Care plans that are in place will be reviewed and be more specific to ensure that they contain a baseline, timescale and periodic review to highlight the stage the resident is at and the level of support required.
- The PIC will prepare a plan for any new admissions into the designated centre no later than 28 days after admission.

**Proposed Timescale:** 20/04/2015

**Theme:** Effective Services

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

All plans in place to support personal development were not being reviewed or updated to reflect changes in need or circumstances.

Where plans were reviewed it did not include determination of the effectiveness of interventions to manage the needs identified.

**Action Required:**

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need

and circumstances, but no less frequently than on an annual basis.

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

- In the event of future respite being used the PIC will ensure that an assessment of need and a personal plan is completed within the correct time frame not exceeding 28 days for any new admissions into the designated centre using the comprehensive assessment tool in collaboration with the social work department.
- For the two existing residents availing of respite in the designated centre their personal plans are near completion and have involved consultation with the individual, day services, family and clinicians.

**Proposed Timescale:** 20/04/2015

**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:**

Adequate arrangements for the containment of fires was not available such as the provision of intumescent smoke seal strips on all internal doors

**Action Required:**

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

- In consultation with the technical department the PIC will ensure that the intumescent smoke seals will be installed on all internal doors downstairs.

**Proposed Timescale:** 30/04/2015

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

All residents were not assessed prior to or since admission to determine an up to date medical status on which to base future clinical care decisions.

**Action Required:**

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

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

- The PIC will ensure that a comprehensive assessment will be completed for any new admissions or respite in the designated centre, which will include a baseline up to date healthcare medical status on which to base future clinical care decisions

- For the existing two residents availing of respite in the designated centre the PIC will request a comprehensive healthcare plan in consultation with a Saint Michaels house Doctor or residents local GP.
- The PIC will carry out periodic reviews to ensure that the health care plans are effective enough to maintain or improve the resident's health.

**Proposed Timescale:** 20/04/2015

## **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:**

Appropriate practices and centre specific policies relating to the ordering, prescribing, storing and administration including self administration of medicines to residents were not in place.

### **Action Required:**

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

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

- The PIC will improve the centre specific policy on the ordering receipt, prescribing, storing, disposal and administration of medication by carrying out the following procedures,
  - The PIC will reduce the amount of medication pods from a monthly supply to a weekly supply.
  - Every Friday one-week supply of medication pods will be dispensed by the pharmacist to staff on duty.
  - The PIC will ensure a weekly drug audit is completed in receipt of any new medication pods.
  - Having one weeks supply of medication pod in the designated centre at any one time will make the staff team competent in making sure that medication is dispensed on the right day at the right time, and is dispensed to the right person.
- At the next staff meeting the PIC will inform all staff about the correct procedure for the disposal of medication so that it is in line with best practise.
- The PIC will purchase a suitable storage box with a lock for the medication to be stored safely in the respite resident's bedroom.
  - A spare set of keys to this box will be kept by staff.

**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:**

Evidence that residents who were being supported to self medicate were risk assessed for suitability or capacity was not available.

**Action Required:**

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

- The PIC will risk assess all residents that are deemed suitable to self medicate in consultation with members of the multidisciplinary team and will have nursing input.
- The multidisciplinary team will assess their capacity to self medicate and the level of supervision necessary.
- The PIC will regularly review the process for documentation of medication taken or omitted by the resident who is self medicating.

**Proposed Timescale:** 20/04/2015

**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:**

All of the information contained in the statement of purpose did not clearly or accurately reflect the services provided in the centre.

**Action Required:**

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

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

- The PIC has amended the Statement of Purpose and the total staffing now reflects the whole time equivalent.

Residents that want to access education, training and employment:

- For residents who want to access education, training and employment they will be facilitated in collaboration with staff in the designated centre and/or their respective day centres.
- Both the residential and day centre will work in collaboration with each other to provide the best supports available. Additional staff support will be put in place if the resident requires it.
- The Residents key worker will be responsible for monitoring and implementing any changes in their personal plan and reporting back to the residential team at a staff meeting.

Range of care needs:

- The designated centre is a two-story house within a community residential setting.
- There is wheelchair accessibility on the ground floor.
- The designated centre provides care & support for individual's daily needs.
- We do not provide nursing care but clinical input is provided.
- We provide care for a broad spectrum of needs, ranging from high support to low support requirements.
- Individual needs of service users are continuously changing and support is offered in accordance with these needs.
- The PIC is now included in the determination of suitability for admissions of residents. All personal information has now been removed from the statement of purpose.

**Proposed Timescale:** 31/03/2015

### **Outcome 18: Records and documentation**

**Theme:** Use of Information

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

Staff were not familiar with up to date policies and procedures and where they were located.

**Action Required:**

Under Regulation 04 (2) you are required to: Make the written policies and procedures as 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 available to staff.

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

- All staff will be informed of the up dated policies
- The PIC will allocate and rotate a number of policies for each staff member to become familiar with and the PIC will assess their knowledge at the individuals monthly support meeting and at monthly staff meetings.
- The PIC will write up a number of operational policies and procedures specific to the designated centre, such as the visitors policy etc

**Proposed Timescale:** 30/04/2015

**Theme:** Use of Information

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

Three of the written policies were missing dates of implementation so it was unclear as to when they were last reviewed.

**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:**

•The PIC will inform the provider nominee that policies are missing dates of implementation in order to ensure an appropriate review of the policies. These will include the policy and procedures for the protection of Children and Adults from abuse and neglect and the medication management policy.

**Proposed Timescale:** 31/03/2015

**Theme:** Use of Information

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

The directory of residents did not contain the dates of residents' transfer in/out of the centre, and the contact details of the residents' GP were not clear.

**Action Required:**

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 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 will update the directory of residents to ensure it contains the dates of transfer in and out of the centre  
•Also the PIC will ensure that all the residents GP names are listed in the directory of residents

**Proposed Timescale:** 31/03/2015