



Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	St Michael's House - Cara
Name of provider:	St Michael's House
Address of centre:	Dublin 17
Type of inspection:	Announced
Date of inspection:	16 May 2018
Centre ID:	OSV-0002349
Fieldwork ID:	MON-0021308

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Cara is a purpose built residential home for adults with an intellectual disability, dementia and/or a life limiting condition. The building comprises a residential unit, memory clinic, and an administration area. These are arranged around two internal landscaped courtyards. The centre has been designed to allow safe freedom of movement within the building. The building and courtyards are fully wheelchair accessible. The courtyards have been designed to integrate sensory gardens with scented plants, water features, contrasting colours/textures, a swing, pergolas, gazebo and other features. These courtyards can be used as outdoor rooms. The sitting room and living room are located in the southern side of the building to avail of sunshine and the rear garden, which is fully landscaped with a meandering walkway around the gardens. Daylight is a constant feature of the design. The glazing to the courtyards and strategically placed roof lights allow sunshine to penetrate deep into the building.

The staff team in Cara of clinical nurse managers, staff nurses, care staff, domestic staff and a cook.

The following information outlines some additional data on this centre.

Current registration end date:	10/11/2018
Number of residents on the date of inspection:	7

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
16 May 2018	08:20hrs to 16:20hrs	Marie Byrne	Lead

Views of people who use the service

The inspector met and spent some time with the seven residents residing in the centre on the day of the inspection. During the inspection residents appeared relaxed and they all appeared comfortable with the support offered by staff. Throughout the day the inspector observed parts of residents' daily lives such as mealtimes, activities, relaxation time and visits from friends. Residents were observed being supported by staff to listen to music, spend time in their bedrooms, read magazines and mobilise around the centre.

The inspector also observed residents in the centre being supported to communicate their needs and wishes, and to receive the support they required to make decisions in relation to their day-to-day lives. This was facilitated through the use of pictures for some residents.

The inspector reviewed a satisfaction questionnaire completed by the a residents' family member. The family member was very complimentary towards the care and support their relative received in the centre. They were particularly complimentary towards the staff in the centre, how welcome they were made to feel and the facilities both for their relative and for them when they come to visit. The inspector also reviewed feedback from residents' representatives in the annual review of quality and safety in the centre. This feedback was very positive and 100% of residents' representatives rated the standard of care in the centre as excellent, 100% stated that they felt there was open communication between the staff in the centre and themselves and that they had no concerns about the centre.

Capacity and capability

Overall, the inspector found that the registered provider and person in charge were ensuring a good quality and safe service for residents in the centre. However, improvement was required in relation to staffing numbers in the centre. Staffing vacancies in the centre had resulted in a reduction of time available to staff for administration duties and for supporting residents to engage in meaningful activities. The provider had put measures in place to complete most of the actions required following the last inspection.

The inspector found that residents in the centre appeared happy, relaxed and content. They were supported by a skilled and competent workforce. The inspector spoke with six staff members during the inspection and found that they were all knowledgeable in relation to residents' specific care and support needs. Residents were observed to be very comfortable with the care and support they were offered

from staff in the centre and staff members were observed by the inspector to be warm, caring, kind and respectful in all interactions with residents. Each staff member who spoke with the inspector had clearly defined roles and responsibilities in the centre. They described their particular areas of responsibility such as one staff being responsible for maintenance issues in the centre, another staff for medicines management, and another as shift lead.

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

The person in charge and service manager were meeting every six to eight weeks to discuss residents' needs, personal plans, family input, clinical supports, audits, budgets, health and safety, safeguarding, complaints and compliments, and other issues as they arise. The service manager and provider representative were also meeting regularly to discuss residents' care and support needs in the centre.

Overall, the inspector found that the centre was well managed and that this was bringing about positive outcomes for residents. However, due to the staffing vacancies in the centre the person in charge was not being afforded the opportunity to complete sufficient administration hours to consistently and effectively monitor all aspects of care and support in the centre.

Due to the two staff nurse vacancies in the centre the provider had recently ceased admissions until these vacancies were filled. They were in the process of recruiting to fill these positions and were attempting to minimise the impact of these vacancies on residents in the centre. However, there were a large number of shifts being completed by agency staff and staff re-deployed from other centres run by the provider. This was negatively impacting residents, as continuity of care was particularly important to residents in line with their specialist care needs.

There was an annual review of the quality and safety in the centre and six monthly visits by the provider or their representative. The inspector found that learning and improvements were brought about as a result of the findings of these reviews. The provider had recognised the importance of filling staff vacancies in the centre. The latest six monthly visit by the provider had not been completed in line with the timeframe identified in the regulations.

There were quality assurance systems in place in the centre such as regular audits, which were ensuring a safe and quality service for residents. Quality care nursing metrics were being completed in relation to medicines management, care planning, documentation, provision of information to residents, and the environment in the centre. There was evidence that this was bringing about positive changes in the centre in relation to care and support for residents.

Staff in the centre were highly skilled and qualified in line with residents' needs. There was evidence that they had all completed training and refreshers in line with residents' needs. However, due to current staffing vacancies staff supervision was not being completed in line with the organisations' policy.

There were policies and procedures in place for the management of complaints in the centre which were on display and available in an accessible format. There was a nominated complaints officer and systems in place to investigate and respond to complaints.

Regulation 15: Staffing

The inspector found that staff in the centre were suitably qualified and had the right skills to support residents with their care and support needs. However, there were not the right number of staff as there were two staff nurse vacancies in the centre. There were planned and actual rosters in place. Residents were observed to receive assistance in a caring, respectful and safe manner.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff in the centre had the required competencies to manage and deliver person-centred, effective and safe care and support to residents in the centre. They had access to training and refreshers in line with residents' needs. However, staff were not in receipt of formal supervision in line with the organisations' policy.

Judgment: Substantially compliant

Regulation 23: Governance and management

The centre had effective leadership, governance and management arrangements in place. There were clear lines of authority and accountability and staff had specific roles and responsibilities. However, due to staffing vacancies the required resources were not available to ensure adequate the consistent and effective monitoring of the centre. There was an annual review of care and support in the centre and six monthly visits by the provider. However, the last six monthly visit by the provider had not been completed in line with the timeframe identified in the regulations.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose contained all the information required by schedule 1 of the regulations and had been reviewed in line with the timeframe identified in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector found that all the required notifications had not been completed and returned to the chief inspector in line with the requirement of the regulations. This included a number of notifications relating to loss of power in the centre and one incident of an allegation of peer-to-peer physical abuse of a resident.

Judgment: Not compliant

Regulation 34: Complaints procedure

The provider had established effective systems to address and resolve complaints raised by residents or their representatives.

Judgment: Compliant

Regulation 4: Written policies and procedures

All schedule 5 policies and procedures required by schedule 5 of the regulations were available in the centre and had been reviewed in line with the timeframe identified in the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents lived in a comfortable, relaxed and peaceful home. Each resident was in receipt of person-centred care based on their individual needs. Residents were supported with their activities of daily living while progressing through the end of life process. Privacy, dignity and well-being were prioritised by for each resident in the centre. The inspector found that improvement

was required in relation to following up on one allegation of abuse in line with national policy and the organisations' policy. Also due to current staffing vacancies improvement was required in relation to home based activities, and residents' opportunity to engage in meaningful community based activities. The provider had put measures in place to complete all the actions required following the last inspection.

The premises were purpose built and the design and layout was meeting residents' specific care and support needs. Works had been completed in the centre since the last inspection to provide even more social spaces for residents and their families. These improvements included a coffee dock where residents and their family and friends could go to enjoy private time together, a cinema room, an art room and a hair and beauty salon. Residents' bedrooms were decorated in line with their wishes and there was plenty of storage for their personal items. The centre was found to be clean throughout and well maintained.

The personal plans and assessment arrangements in place were ensuring residents' specific needs were reviewed regularly and that they were clearly guiding staff in relation to the supports they required. On admission each resident had an admissions form and assessment of need completed on the first day. Following this care plans were developed and supports put in place to meet residents' specific care and support needs. There was evidence of regular review of personal plans to ensure they were effective. Residents also had social goals in place which identified their likes, dislikes and preferred activities. However, due to staffing vacancies residents' activities were limited. This was further confounded by the fact that the centres' bus was in the garage and not available for residents' use. The provider recognised the need for staffing resources to support residents to engage in meaningful activities in the annual review of quality and safety in the centre.

Residents' healthcare needs were appropriately assessed and care plans were in place in line with these assessed needs. Each resident had access to appropriate allied health professionals in line with their assessed needs. Meal times were observed to be a positive and social event and residents were observed to receive assistance with their meals in a sensitive manner in line with the recommendations in their personal plans.

The inspector found that the provider and person in charge were promoting a positive approach to responding to behaviours that challenge in the centre. Systems were in place to ensure regular monitoring of the approach to behavioural support in the centre. Residents' positive behaviour support plans clearly guided staff practice in supporting residents to manage their behaviour and restrictive practices were regularly reviewed by the multidisciplinary team. Residents' intimate care plans were found to be detailed, to guide practice, and to incorporate residents' wishes and preferences.

The provider and person in charge had systems in place to keep resident in the centre safe. There were policies and procedures in place and safeguarding plans were developed as necessary in conjunction with the designated officer. Staff were found to be knowledgeable in relation to keeping residents safe and reporting

allegations of abuse. However, the inspector reviewed incident reports in the centre and found that one physical peer-to-peer interaction had not been followed up on in line with national policy or the organisations' policy.

Residents in the centre were protected by policies, procedures and practices in place relating to health and safety and risk management. There was a system in place for keeping residents safe while responding to emergencies. There were also systems in place to identify, record, investigate and learn from adverse events incidents in the centre.

There were suitable arrangements in place to detect, contain and extinguish fires in the centre. There was evidence that equipment was maintained and regularly serviced. Each resident had a personal emergency evacuation procedure in place and there was evidence that these were updated in line with learning from fire drills.

Residents were protected by policies, procedures and practices in relation to medicines management. Audits were completed regularly and there was evidence of learning following incidents relating to medicines management.

Regulation 13: General welfare and development

Residents in the centre were supported and encouraged to connect with their family and friends. The provider had recently made changes to the centre to ensure there were increased social spaces for residents and their families. The inspector observed residents enjoying spending time in these spaces and to engage in meaningful home-based activities. The inspector also spoke to staff who described activities in the centre including weekly music sessions and visits by the hairdresser. However, on reviewing activity records there were a number of activities not being recorded. Opportunities to engage in meaningful activities in the community were found to be limited in the centre due to staffing vacancies and lack of availability of transport.

Judgment: Substantially compliant

Regulation 17: Premises

The premises was homely and accessible and promoted the privacy, dignity and safety of residents. The design and layout of the premises ensures that each resident could enjoy an accessible, safe and comfortable home. The provider had been proactive in continuous quality improvement in the centre including recent works to increase social spaces for recreation and leisure in the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The safety of residents was promoted through appropriate risk assessment, the implementation of the centres' policies and procedures and learning from adverse incidents in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Staff in the centre have completed suitable training in fire prevention and emergency procedures. There was a range of appropriate fire precautions in place including good housekeeping. The provider had ensured all fire equipment was provided and serviced in line with the requirements of the regulations. There was evidence of evaluation of the effectiveness of fire precautions in place in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate policies, procedures and practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines. Audits were completed regularly in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan which detailed their care and support needs. There was a keyworker system in place and evidence of regular review and update of personal plans to ensure they were effective.

Judgment: Compliant

Regulation 6: Health care

Each resident had a health assessment completed and was given appropriate support to enjoy best possible health. The health and wellbeing of residents was promoted and supported through appropriate assessments, care plans, diet, nutrition, and access to the support of relevant allied health professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider and person in charge promoted a positive approach in responding to behaviours that challenge. Staff were found to have up-to-date knowledge and skills to support residents to manage their behaviour.

Judgment: Compliant

Regulation 8: Protection

There were policies and procedures in place to keep residents safe. Staff had completed training in relation to safeguarding residents and the prevention, detection and response to abuse. However, the inspector found one physical peer-to-peer incident which had not been followed up on in line with national policy or the organisations' policy.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for St Michael's House - Cara OSV-0002349

Inspection ID: MON-0021308

Date of inspection: 16/05/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>Two suitably qualified & experienced staff nurses have been recruited. Start dates to be confirmed.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The PIC will ensure that all staff will receive formal supervision in line with the organisation's policy. This will be achieved by the use of protected management time, made available to them by the recruitment of two full-time staff nurses.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The PIC will ensure that the centre is monitored consistently and effectively. This will be achieved by the use of protected management time, made available to them by the recruitment of two full-time staff nurses.</p> <p>The Provider will ensure six monthly visits are completed within the timeframes identified within the regulations.</p>	

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The PIC has completed all required notifications and returned them to the chief inspector on 18th May 2018.</p> <p>The PIC will review communication systems within the centre and will ensure all required notifications are completed and returned to the chief inspector within the timeframe stated in the regulations.</p>	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>Following the recruitment of two staff nurses, the PIC will ensure all resident activities are recorded in the residents activity records.</p> <p>Two suitably qualified staff nurses have been recruited. Start dates to be confirmed.</p> <p>The centre transport bus has received repairs and is regularly available to residents.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>The PIC has completed the required notification for the one physical peer-to-peer incident and returned them to the chief inspector on 18th May 2018.</p> <p>The PIC will ensure that all incidents are followed up in line with national and organisational policy and notified to the chief inspector accordingly.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	31 August 2018
Regulation 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Substantially Compliant	Yellow	31 July 2018
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31 August 2018
Regulation 23(1)(c)	The registered provider shall	Substantially Compliant	Yellow	31 August 2018

	ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	30 November 2018
Regulation 31(1)(c)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any fire, any loss of power, heating or water,	Not Compliant	Orange	30 June 2018

	and any incident where an unplanned evacuation of the centre took place.			
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	30 June 2018
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Not Compliant	Orange	30 June 2018