



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

Name of designated centre:	Whitehall Lodge
Name of provider:	St Michael's House
Address of centre:	Dublin 14
Type of inspection:	Short Notice Announced
Date of inspection:	08 May 2018
Centre ID:	OSV-0002396
Fieldwork ID:	MON-0021684

## About the designated centre

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

Whitehall Lodge provides full-time residential care to male and female adults with an intellectual disability and also additional physical and sensory support needs. The centre provides support to residents based on the social care approach model with a focus on supporting and assisting residents to gain experiences, live as independently as possible and to live lifestyles similar to their peers without a disability. Whitehall Lodge is located in a residential area of a city and is close to local shops and other amenities. The centre is also close to public transport links, which enable residents to access further facilities such as leisure opportunities in the surrounding area. The centre is a bungalow which comprises of seven bedrooms of which six are used by residents. The other bedroom is used by the provider as overnight accommodation for staff. Residents have access to a communal sitting room, kitchen/dining room and utility room with laundry facilities. The centre has two bathrooms which are both equipped with accessible shower facilities and a separate additional toilet is further provided. The centre has a garden to the rear of the premises which is accessible to residents and includes paved seating areas. Residents are supported by a staff team of social care workers. During the week, residents are supported by two social care workers to meet their assessed needs, although staffing levels reduce to one worker during the early afternoon when residents are away from the centre and accessing their day service placements or engaged in planned social activities. At the weekend, two social care workers are available throughout the day to meet residents' support needs. At night-time, residents are supported by one staff member who undertakes a sleep over duty and is available to provide additional support during the night when needed. In addition, the provider has arrangements in place outside of office hours and at weekends to provide management and nursing support if required by residents.

**The following information outlines some additional data on this centre.**

Current registration end date:	09/12/2018
Number of residents on the date of inspection:	6

## 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
08 May 2018	09:05hrs to 16:55hrs	Stevan Orme	Lead

## Views of people who use the service

The inspector met all six residents who lived at the centre during the course of the inspection and had the opportunity to speak with four of them about the care and support they received. Residents told the inspector that they enjoyed living at the centre and some of them had lived there since it opened in 2000. Residents said that staff were always available to help them when required, although where able too, residents said they like to go independently to the local shops and cafes to meet their friends. Residents also told the inspector that they attended a weekly house meeting where they were involved in making decisions such as social activities they wished to do and were asked if they had any complaints they wished to raise. Residents were aware of their right to make a complaint and told the inspector that if they had any concerns then they would speak to either a staff member or the person in charge without any reservations. Residents said that they felt safe at the centre and were knowledgeable about arrangements such as how they would safely evacuate the premises in an emergency. Some of the residents showed the inspector their bedrooms and said they were able to personalise their rooms so that they reflected their preferences. Throughout the inspection, residents appeared comfortable and relaxed with all supports provided by staff. Supports provided to residents during the inspection, were offered in a timely and dignified manner and reflected residents' assessed needs as described in their personal plans.

## Capacity and capability

Residents received a good quality of care at the centre which met their assessed needs and also supported them to develop greater independence when accessing the local community. Local governance arrangements in place ensured that all practices at the centre were subject to regular review on their effectiveness to meet residents' needs and comply with the regulations. However, the provider entity had not ensured that areas for improvement outside of the local management team's responsibility were addressed in a timely manner to ensure regulatory compliance.

Staffing arrangements in place at the centre ensured that residents' assessed needs were met as described in their personal support plans and reflected up-to-date recommendations from multi-disciplinary professionals. In addition, staffing levels were subject to review by the provider, with arrangements in place to ensure additional resources were made available when required to meet changes in residents' needs or facilitate planned activities such as holidays. The provider had arrangements in place which ensured that staff had regular access to training which ensured that their knowledge was up-to-date and reflected both changes in the

provider's organisational policies and developments in health and social care practice.

The person in charge further ensured that staff were kept up-to-date on changes to the operation of the centre through regular staff meetings and individual formal supervision arrangements. Staff told the inspector that through these arrangements they were able to raise concerns and seek clarity about all aspects of the centre and ensure their practices met both residents' needs and the requirements of the provider organisation.

The provider's risk management practices ensured that procedures were in place to effectively respond to adverse incidents which might occur and reflected staff knowledge and practices on the day of inspection. In addition, the provider and person in charge completed regular audits on practices at the centre which included health and safety arrangements and the quality of care and support provided to residents. The outcome of completed audits were shared with the centre's staff team and also feed into the provider's overarching governance arrangements and strategies to address areas of identified concern. However, although the provider's systems had effectively identified risks at the centre such as fire safety improvements, they had not ensured that recommended actions were completed in a timely manner with some actions still being unresolved 12 months after their identification. Furthermore, no set time frames were documented to inform the local management team and the inspector about when the recommended actions to address the risk would be completed.

Following the last inspection, the inspector found that the provider had improved arrangements for the reporting of accidents and incidents which occurred at the centre. Improvements ensured that records were accessible and enabled the person in charge to review reported events to identify any trends and subsequently put interventions in place to ensure that both residents and staff were kept safe from harm while at the centre.

#### Regulation 14: Persons in charge

The person in charge worked full-time at the centre and had the experience and management qualifications required for the post.

Judgment: Compliant

#### Regulation 15: Staffing

Staffing arrangements ensured that residents' assessed needs were met and they were able to access planned activities of their choice and achieve their personal

goals.
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
Training provided to staff ensured that their knowledge was up-to-date and reflected residents' needs, the provider's policies and current developments in health and social care practice.
Judgment: Compliant
<b>Regulation 21: Records</b>
The provider's recruitment and selection arrangements ensured that staff were subject to national vetting arrangements and all documentation on their suitability for their posts were sourced prior to employment.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
Governance and management arrangements ensured that the effectiveness of practices at the centre were regularly monitored and reviewed to ensure they met residents' needs and supported them to achieve their personal goals. The provider's auditing systems identified all areas for improvement at the centre. However, where recommended actions to address areas of concern were outside of the local management team's responsibility, they had not been addressed by the provider entity in a timely manner to ensure that residents were protected from possible harm.
Judgment: Substantially compliant
<b>Regulation 3: Statement of purpose</b>
The provider had ensured that the centre's statement of purpose was subject to regular review, reflected the services and facilities provided and contained all

information required under regulation.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
The provider ensured that residents were knowledgeable about how to make a complaint about the care and support they received. Where complaints had been received, the provider's arrangements ensured that they were appropriately investigated and recorded the complainant's satisfaction with the outcome.
Judgment: Compliant
<b>Regulation 4: Written policies and procedures</b>
Following the centre's last inspection, the provider had introduced arrangements which ensured that all policies were available to staff at the centre to inform their knowledge. The provider ensured that policies subject to regular review which ensured that they reflected current health and social care practice developments.
Judgment: Compliant
<b>Quality and safety</b>
Support arrangements at the centre ensured that residents received a good quality of care in accordance with their assessed needs and for some residents promoted positive risk taking in their daily lives. However, although the provider had identified all risks at the centre, they had not ensured that recommended fire safety actions had been implemented to ensure that residents were kept safe in the event of fire. Furthermore, the provider's auditing arrangements had not identified gaps in documentation maintained at the centre to ensure compliance with the regulations.
The design and layout of the centre's premises met residents' assessed needs. Following the last inspection, the provider had further improved upon facilities to meet residents' needs, through the conversion of one of the communal bathrooms to provide additional accessible shower facilities. Residents told the inspector that they liked living at the centre and some had lived there since it initially opened. Some residents showed the inspector their bedrooms which were well decorated, reflected their personal tastes and provided adequate storage facilities

for their possessions. The provider had also put arrangements in place following the last inspection to ensure that all residents had access to a key to lock their bedrooms and promote their right to privacy.

Risk management arrangements ensured that identified risks were assessed and associated control measures were subject to a regular review on their effectiveness. However, although the provider had clearly identified gaps in its fire safety arrangements and made recommendation for their resolution, proposed actions had not been implemented at the centre. For example, the provider's fire safety officer had recommended the upgrading of the centre's fire doors to ensure they effectively contained the spread of fire and the installation of a fire detection system in the premises' hot press to alert staff to an outbreak of fire. However, the provider had not implemented these recommendations on the day of inspection even though they had been originally identified 14 months previously.

Regular fire drills were carried out which involved both staff and residents and staff had received up-to-date fire safety training. However, the provider's management systems had not ensured that the centre's fire evacuation plan was subject to regular review under all circumstances. Records showed that the provider had not conducted a simulated fire drill under minimal staff conditions since the last inspection to ensure its effectiveness and residents could be evacuated safely.

Residents accessed a range of activities both at the centre and in the local community which reflected their assessed needs. Some residents had due to their age made the decision to retire, and staffing arrangements were in place to support them during the day to access activities of their choice. Arrangements were also in place to support residents to increase and maintain their independence through positive risk taking in areas such as community access and use of public transport. Residents told the inspector about part-time jobs and activities they liked to do as well as day service placements they attended, all of which they said they enjoyed and staff support was provided as and when required dependent on each resident's abilities.

Residents were actively involved in making decisions about the running of the centre. Residents participated in regular house meetings where they decided the weekly menu for the centre and planned social activities. Residents used these meetings to raise complaints, and were knowledgeable on how they would make a complaint if they were unhappy about the centre. Residents were actively involved in developing their individual personal plans, setting their personal goals for the year and attended their annual personal plan review meeting. However, the inspector found that review meeting records did not consistently ensure the attendance of the resident, their representatives and multi-disciplinary professionals was always documented. The provider also provided residents with an accessible version of their personal plan to ensure they were aware of their rights and the supports they could expect to receive to meet their needs at the centre.

## Regulation 10: Communication

Following the last inspection, the provider had ensured that residents had access to the Internet at the centre.

Judgment: Compliant

### Regulation 13: General welfare and development

Support arrangements ensured that residents were supported to maintain their independence skills and access activities of their choice which reflected their assessed needs, interests and personal goals.

Judgment: Compliant

### Regulation 17: Premises

The centre's design and layout of the centre ensured that all areas were accessible to residents and met their assessed needs.

Judgment: Compliant

### Regulation 20: Information for residents

Residents had access to an easy read 'Resident's Guide' which informed them about their rights and the services and facilities they could expect to receive at the centre.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risk management arrangements ensured that identified risks were subject to ongoing monitoring and the effectiveness of associated control measures were regularly reviewed. Residents actively supported to maintain and develop their independence skills through positive risk taking arrangements such as accessing community activities and public transport without staff support.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider's policies and staff practices ensured that residents were protected from the risk of infection.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had not ensured that adequate arrangements were in place for the warning of and containment of fire at the centre. In addition, although regular fire drills were conducted, arrangements were not in place to regularly assess the ability of residents to evacuate under minimal staffing conditions.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

The provider's policy and practices ensured that medication was securely stored, given as prescribed and administered by suitably qualified staff.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Personal plans clearly described individuals' assessed needs and associated support interventions, and were available in an accessible version to inform residents about how their needs would be addressed. However, records did not clearly document residents, their representative, staff and multi-disciplinary professionals' attendance at annual personal plan review meetings.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents were supported to regularly access health care professionals as and when required, which ensured they maintained a good quality of health in-line with their assessed needs.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Where residents had behaviours that challenge, the provider had that staff received up-to-date training and positive behaviour support plans were in place to support the person, guide staff practices and reduce any risk to others.

Judgment: Compliant

## Regulation 8: Protection

The provider had arrangements in place which safeguarded residents from abuse and included clear reporting arrangements and access to up-to-date training for staff. Where safeguarding concerns had been identified, support interventions had been put in place to minimise their future re-occurrence and to keep residents and others safe.

Judgment: Compliant

## Regulation 9: Residents' rights

The provider's arrangements ensured that residents were aware of their rights and actively involved in decision making at the centre. Following the last inspection, arrangements had been put in place to further promote the residents' right to privacy, through all residents having access to the ability to lock their bedroom doors.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Whitehall Lodge OSV-0002396

Inspection ID: MON-0021684

Date of inspection: 08/05/2018

## 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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Regulation 23 (1)( c) The Registered Provider will ensure that the management systems in place in the designated centre are safe and appropriate to the residents needs and are effectively monitored and acted upon in a timely manner.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Regulation 28 (3)( a) The registered Provider will provide the necessary arrangements for detecting, containing and extinguishing fires, such as Fire doors, smoke seals and alarm system in the hot press. Regulation 28 (3) ( d) The Registered Provider and Person in charge will ensure that a fire drill is conducted when all residents are present to assess the ability of residents to evacuate under minimal staffing conditions	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Regulation 05 (6) (b) The Person in charge will ensure the individual assessment and personal plan documentation are reviewed annually or more frequently if there is a change in need or circumstances. The Person in charge will ensure that each resident has maximum participation in their individualised plans and the documentation accurately reflects the full names and profession of people attending such meetings.	

## 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 23(1)(c)	The registered provider shall 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.	Substantially Compliant	Yellow	All necessary fire equipment will be in place in the designated centre by 29/09/18
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	All necessary fire equipment will be in place in the designated centre by 29/09/18
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the	Not Compliant	Orange	Fire drill will be conducted when all residents are present with minimal staffing to assess

	event of fire, all persons in the designated centre and bringing them to safe locations.			residents ability for safe evacuation on 19/06/18
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	All personal plans and assessments will be amended to reflect residents' participation and identify their representative, staff and MDT members' attendance at such meetings. Documentation for each resident will be reviewed and completed by 31 <sup>st</sup> August 2018.