



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

Name of designated centre:	Ferndale
Name of provider:	St Michael's House
Address of centre:	Dublin 11
Type of inspection:	Announced
Date of inspection:	02 May 2018
Centre ID:	OSV-0003598
Fieldwork ID:	MON-0021049

## About the designated centre

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

Ferndale provides residential support to male and female adults with an intellectual disability through both full-time and shared care arrangements. Support provided at Ferndale is based on the social care model and aims to support residents to live as independently as possible. Ferndale is located in a residential area, and within walking distance of local amenities such as shops and leisure facilities. The centre is also close to public transport links to enable residents to access additional facilities in the surrounding area. The centre comprises of two houses next door to each other. Both houses are two-storey and share a common driveway. The first house comprises five bedrooms of which four are used by residents at the centre. Residents have access to a communal sitting room, kitchen/dining room, utility room with laundry facilities and sun room overlooking the house's back garden. A communal upstairs bathroom with shower facilities is provided along with an additional toilet on the ground floor. The second house comprises four bedrooms of which three are used by residents. Residents have access to a communal sitting room, utility room with laundry facilities and a kitchen/dining room. In addition, an upstairs communal bathroom is provided with shower facilities as well as an additional toilets on both the first and ground floor. As with the centre's first house, residents have access to a rear garden. Both houses also comprises a bedroom which the provider has designated as both an office and staff overnight accommodation. The staff team at Ferndale work in both houses within the centre and are assigned to each house during the day dependent on residents' assessed needs. In order to facilitate both residents' needs and planned activities, three staff are available in the morning; however this will reduce to one staff member when residents have left the centre to access their daily planned activities during the week. Staffing will then increase to three in the afternoon and evening times to support residents' needs when they return back to the centre. During the weekend, residents are supported by either two or three staff during day and at evening times. At night-time, an overnight staff member is available in both houses to provide assistance to residents if required. In addition, the provider has arrangements in place to provide both management and nursing support outside of office hours and at weekends.

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

Current registration end date:	26/10/2018
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
02 May 2018	09:05hrs to 17:20hrs	Stevan Orme	Lead

## Views of people who use the service

The inspector had the opportunity to meet seven residents and speak with five of them about the care and support provided at the centre. Residents said they were happy with the support they received and got on well with the centre's staff team. Residents told the inspector that staff were always available to meet their needs and helped them to do activities both in the centre and the local community; although some residents expressed that they were able to do community-based activities independently. Residents told the inspector that they were involved in making decisions about the running of the centre either through one-to-one consultation or their attendance at regular house meetings, where they decided the weekly menu, the centre's decoration and planned social activities. Residents were aware of their rights and were able to tell the inspector how they would make a complaint if they were unhappy. Residents had raised complaints about the service received previously, and told the inspector that they were listened too by staff and their complaints had been resolved to their satisfaction. Residents said they felt safe and were aware of the centre's risk management arrangements such as what to do in the event of a fire through their participation in evacuation drills. Residents also showed the inspector their bedrooms and said they were able to personalise them to reflect their interests and tastes. Throughout the inspection, residents appeared both comfortable and relaxed with supports provided by staff. The inspector observed those supports provided, were done so in a timely and dignified manner and reflected residents' assessed needs.

## Capacity and capability

The provider's governance and management arrangements ensured that residents received a good quality of care in-line with their assessed needs and were supported to develop greater independence skills. However, the provider had not put measures in place to ensure that all previously agreed actions following the centre's last inspection were addressed and had not ensured full compliance with all regulations inspected against on the day.

Following the last inspection, the provider had reviewed staffing arrangements at the centre which ensured that residents' assessed needs were met in a timely manner and reflected multi-disciplinary professionals' recommendations. Staffing arrangements also reflected the independence of residents with staff numbers fluctuating during the day in accordance to individual's assessed needs.

Governance and management arrangements ensured that the care and support provided to residents was regularly audited to ensure they met both residents'

needs and current good practice developments. The outcomes of management audits were discussed at staff meetings and also fed into the provider's overall monitoring systems to inform improvements across the organisation. Following the last inspection, improvements had occurred in arrangements for the review of accident and incidents. Improvements enabled the person in charge to identify any trends in accidents and incidents recorded and implement interventions to ensure residents and staff were kept safe from harm.

The provider had arrangements in place for the management of adverse incidents and to protect residents from harm. However, the provider had not ensured that agreed measures were implemented following the centre's last inspection to manage all risks associated with the outbreak of fire.

Furthermore, the provider had not addressed previously identified inspection findings which related to the centre's premises and not ensured measures were in place to ensure full compliance with personal planning arrangements for residents which is referred to in the quality and safety element of this report.

The provider had arrangements in place to provide staff with regular opportunities to access training and ensured their knowledge and skills were up-to-date and reflected current practice developments. Staff who spoke with the inspector were knowledgeable about residents' needs as well as the operational running of the centre. Staff were further kept up-to-date on any changes and developments at the centre through attendance at regular staff meetings which were facilitated by the person in charge. In addition, following the last inspection, the person in charge had commenced regular formal supervision meetings with staff members, which discussed their roles and responsibilities. Staff also told the inspector that supervision meetings gave them an opportunity to raise any concerns and identify additional training and development needs.

#### 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

Following the centre's last inspection, the provider had reviewed staffing arrangements and ensured that residents' assessed needs were met and they were able to access planned activities and achieve personal goals.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider had arrangements in place which ensured that staff had access to up-to-date training which reflected residents' needs, the provider's policies and current developments in health and social care practice.

Judgment: Compliant

### Regulation 23: Governance and management

Governance and management arrangements ensured that the standard of care provided at the centre was regularly monitored and residents were supported in accordance with their assessed needs. However, the provider had not ensured that agreed actions from the previous inspection had been implemented.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

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

### Regulation 31: Notification of incidents

Following the centre's last inspection, the provider had put arrangements in place to ensure that notifiable events under the regulations were submitted to the Chief Inspector.

Judgment: Compliant

## Regulation 34: Complaints procedure

Residents were aware of their right to make a complaint and the provider had arrangements in place which ensured that all complaints were appropriately recorded and investigated.

Judgment: Compliant

## Regulation 4: Written policies and procedures

Policies required under the regulations were subject to regular review and updated as required. Following the last inspection, the provider had put arrangements in place to ensure that all policies were available at the centre.

Judgment: Compliant

## Quality and safety

During the inspection, the inspector found that support arrangements in place at the centre ensured that residents were both protected from harm and supported in accordance with their assessed needs. Support arrangements also assisted residents to develop greater independence through positive risk taking in their day-to-day lives. However, the inspector found that the provider had not ensured that all actions from the centre's previous inspection were fully addressed such as arrangements for the containment of fire containment and storage facilities for residents' possessions. Furthermore, gaps were identified in personal planning arrangements for residents at the centre.

Residents accessed a range of activities both at the centre and in the local community which reflected their assessed needs. Residents told the inspector about part-time jobs and voluntary work they did during the week as well as day service placements they attended. Residents told the inspector about how they were able to use public transport independently, but if staff support was needed, it was readily available at the centre. Where residents were less independent than their peers, appropriate supports were put in place which ensured their needs were met and they were supported to achieve personal goals. Residents enjoyed a range of social activities in the local community and some residents told the inspector about gyms and public houses they visited during the week. At the time of the inspection, several residents were also preparing for planned holidays both in Ireland and abroad. Residents' independence was further encouraged through positive risk taking at the centre, with supports in place to enable some residents to be



unsupervised at the centre and self-administer medications.

Since the last inspection, improvements had occurred to residents' personal planning. The person in charge ensured that all residents had an up-to-date and comprehensive assessment of need which was reflected in daily support plans and staff practices. Residents' personal plans were reviewed annually with the involvement of the resident, their representatives and associated multi-disciplinary professionals to ensure they were up-to-date and effectively met the individual's assessed needs. The recommendations from annual reviews were reflected in support plans which were regularly updated to ensure a consistency of approach by staff in meeting residents' needs and supporting them to achieve their annual personal goals. However, record keeping systems did not consistently ensure that named supports and expected time frames for the achievement of personal goals were documented on all occasions.

Although, residents were knowledgeable about the supports they received from staff, arrangements were not in place to provide residents with their assessed communication needs an accessible version of their personal plan to inform them about the care and support they could expect to receive at the centre

Following the last inspection, arrangements had been put in place to ensure that residents were aware of their personal rights. Residents told the inspector that they attended regular house meetings where they were involved in decisions about the running of the centre and could voice any complaints they had. Residents told the inspector that they had no reservations in raising complaints with staff and the management team. Residents felt they were listened too and complaints were progressed and addressed to their satisfaction.

Improvements had been made by the provider to risk management arrangements at the centre following the last inspection, which ensured that residents were kept safe from harm. The person in charge ensured that all identified risks were assessed, subject to regular review and measures were introduced to mitigate the impact of risks. However, the inspector identified gaps in relation to the risk management of an outbreak of fire at the centre. Although the provider had ensured that equipment was in place to both warn off and fight the outbreak of a fire, they had not ensured that adequate arrangements for its' containment were in place at the centre as agreed in response to the previous inspection findings in 2016.

The provider had further not ensured that regular drills were conducted in 2017 - 2018 to ensure that residents who at times were unsupported by staff could effectively evacuate in an emergency; which had also been previously identified in the last inspection. However, the provider did ensure that arrangements were in place for regular supervised fire drills and residents were knowledgeable about what to do in the event of a fire.

The design and layout of the centre ensured that it was fully accessible and residents told the inspector that they liked living at the centre. Residents were able to personalise their bedrooms and rooms reflected resident's individual preferences. However, the provider had not, following the last inspection, ensured that residents

had adequate storage facilities for their personal possessions, which resulted in clothing being stored on bedroom floors in some instances. In addition, although planned redecoration work had occurred prior to the day of inspection, further action was required to ensure the centre's premises were in a good state of repair and decoration especially in relation to the condition of paintwork; both internally and externally, and bathroom flooring.

### Regulation 13: General welfare and development

Residents were supported to participate in a range of activities which reflected their assessed needs, interests and personal goals. The provider ensured that support was provided in-line with residents' personal plans and promoted both their independence at the centre and when accessing the local community.

Judgment: Compliant

### Regulation 17: Premises

The premises' design and layout met residents' assessed needs. However, the provider had not ensured that adequate storage facilities were available to residents for their personal possessions and some areas of the premises were not in a good state of repair and decoration.

Judgment: Substantially compliant

### Regulation 20: Information for residents

The provider had ensured that residents had access to a 'resident's guide' which informed them about the services and facilities they would receive at the centre.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risk management arrangements had improved following the last inspection and ensured that measures were in place to monitor risks and protect residents from harm. Risk management arrangements also supported residents to develop greater independence through positive risk taking in areas such as community access and

medication management.
Judgment: Compliant
<b>Regulation 27: Protection against infection</b>
The provider's policies and staff practices ensured that residents were protected from the risk of infection.
Judgment: Compliant
<b>Regulation 28: Fire precautions</b>
The provider had not ensured that adequate arrangements were in place for the 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 when they were unsupported by staff.
Judgment: Not compliant
<b>Regulation 29: Medicines and pharmaceutical services</b>
The provider's medication practices ensured that medication was securely stored and administered by suitably qualified staff. Where residents were supported to administer their own medication arrangements were in place which ensured it was safely stored and taken as prescribed.
Judgment: Compliant
<b>Regulation 5: Individual assessment and personal plan</b>
Personal plans were comprehensive, subject to regular review and reflected residents' assessed needs and staff knowledge. However, personal plans were not available to all residents to inform them of the care and support they would receive from staff. Furthermore, although residents were supported to achieve their personal goals, records did not consistently document named staff supports and expected time frames for their achievement.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents were supported to access health care professionals as and when required, which ensured that 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 ensured that positive behaviour support plans were in place to both support the person and reduce any risk to others. Furthermore, staff were knowledgeable on residents' behaviour support plans and had received positive behaviour management training.

Judgment: Compliant

### Regulation 8: Protection

The provider had arrangements in place to safeguard residents from abuse which included clear reporting arrangements and up-to-date training for staff. Where incidents of this nature had occurred, safeguarding plans had been put in place which ensured that residents were kept safe from harm and reflected staff knowledge.

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 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially 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

# Compliance Plan for Ferndale OSV-0003598

Inspection ID: MON-0021049

Date of inspection: 02/05/2018

## 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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>1. Installation of fire doors in both houses was an outstanding action from the previous inspection, due to resource issues. The registered provider plans that the installation of fire doors will be complete by 31<sup>st</sup> December 2018.</p> <p>2. In consultation with the affected residents, the PIC and Technical Services Department will identify, source and install suitable storage solutions for residents' personal belongings. As some residents are reluctant to store their belongings outside their bedrooms, they will be consulted on what storage arrangements suit them best.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>3. Repeated above (No.2)</p> <p>4. The Registered Provider along PIC, service manager and Technical Services Manager will identify what works need to be done and seek funding to carry out work. Priority areas will be addressed first. Following discussions with the Director of Operations and the Director of Service area 1 it has been agreed that the works to Ferndale will be approved to go to tender in Quarter 4 2018. The proposed works to Ferndale will be completed by Quarter 2 2019.</p> <p>Note all Capital works requests have to be considered in the context of Organisational priorities and cognisant of the limited budget available.</p>	

Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:	
<p>5.The registered provider plans that the insatllation of fire doors would be complete by 31<sup>st</sup> December 2018</p> <p>6.On behalf of the registered provider the PIC will ensure unsupervised fire drills will be scheduled to take place between 01/06/2018 and 31/06/2018. These drills will take place on both an individual basis for all residents who remain in unit without staff support and/or when groups of residents are in unit without staff support depending on the situation on the day of drill. All residents who remain in unit without staff support will have been involved in a unsupervised fire drill by the 31<sup>st</sup> June 2018 and appropriate documentation will be recorded, analysed and stored in unit and will be available for inspection.  </p>	
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:	
<p>7.The PIC will ensure all residents will be assessed and consulted levels of accessibility for their Personal Support Plans. Consultation will involve identifying the preferred presentation of individual plans ( For example, wriiten word, photographs with written word, Boardmaker symbols with written words). This process has already begun and PIC has met with individual Key workers and residents to identify what support plans are meaningful to the individual and adapt them to an accessible format which the resident can keep a copy of if they so choose.</p> <p>8.The PIC will ensure that all plans and goals will now have an identified person (Keyworker) who will coordinate and oversee all actions taken to achieve/complete personal goals plans. Actions will be recorded in individuals daily reports &amp; highlighted in Monthly reports and discussed with residents. All plan/goals are and will be discussed at monthly staff meeting.</p> <p>9.The PIC will ensure all plans /goals will be agreed with each individual resident and have an agreed time frame.</p>	



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## 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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30th June 2019
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30th June 2019
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	31 <sup>st</sup> December 2018

Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31 <sup>st</sup> December 2018
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	June 31 <sup>st</sup> 2018
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	September 31 <sup>st</sup> 2018
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.	Substantially Compliant	Yellow	August 31 <sup>st</sup> 2018