



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

## Issued by the Chief Inspector

|                            |                    |
|----------------------------|--------------------|
| Name of designated centre: | Fairview           |
| Name of provider:          | St Michael's House |
| Address of centre:         | Dublin 3           |
| Type of inspection:        | Unannounced        |
| Date of inspection:        | 13 November 2019   |
| Centre ID:                 | OSV-0002350        |
| Fieldwork ID:              | MON-0025120        |

## About the designated centre

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

Fairview designated centre is a community based home in Dublin 3 operated by St. Michael's House. The centre provides residential care and support to adults with intellectual disabilities. The centre has capacity for three people to be accommodated in the house and at the time of inspection it was home to three gentlemen over 18 years of age. The centre is a two story house which consists of three individual bedrooms, music room, staff bedroom, kitchen/dining room, two sitting rooms, three bathrooms and staff office. The house is located close to local amenities such as local post office, bowling, shops and is well serviced by public transport. The house is staffed by social care workers who are available to residents on a 24 hour basis.

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

|  |   |
|--|---|
| Number of residents on the date of inspection: | 3 |
|--|---|

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as 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 |
|------------------|-------------------------|-----------------------|------|
| 13 November 2019 | 09:30hrs to<br>15:30hrs | Maureen Burns<br>Rees | Lead |

## What residents told us and what inspectors observed

As part of the inspection, the inspector met with two of the three residents living in the centre. One of the residents proudly provided the inspector with a full tour of their home, including their own bedroom which had been personalised to their taste. This resident told the inspector that they enjoyed living in the centre and spending time with the other two residents and staff. The resident did indicate that sometimes the behaviour of one of the residents could have a negative impact on their lives but that the establishment of a separate sitting room upstairs provided an additional space that he and one of the other residents could relax in. The other resident the inspector met with was unable to tell the inspector their views of the service. However, the inspector observed warm interactions between both residents met with and the staff caring for them.

There was evidence that residents and their family representatives were consulted with and communicated with about decisions regarding their care and the running of their house. Residents were actively supported and encouraged to maintain connections with their families through a variety of communication resources and facilitation of visits. Two of the three residents were very independent requiring minimal support from staff. The inspector did not have an opportunity to meet with the relatives of any of the residents to attain their views of the quality and safety of care provided. However, it was reported by staff, that residents' family representatives were generally happy with the care their loved ones received in the centre.

## Capacity and capability

There were management systems in place to promote the service provided to be safe, consistent and appropriate to the residents' needs. However, some improvements were required in relation to a resident's contract of care.

The centre was managed by a suitably qualified, skilled and experienced person. The person in charge was on planned leave on the day of this inspection but was spoken with subsequently over the phone. He had an in-depth knowledge of the needs of each of the residents. The person in charge was in a full-time position and was not responsible for any other centre. The person in charge held a certificate in management and a diploma in social care. He had been working with the provider for more than 22 years and had more than 14 years management experience. He was found to have a sound knowledge of the requirements of the regulations and standards. Staff members spoken with told the inspector that the person in charge supported them in their role and was a good leader.

There was a clearly defined management structure in place that identified lines of accountability and responsibility which ensured staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the service manager who in turn reported to the director of adult services. There was evidence that the service manager visited the centre at regular intervals. This demonstrated clear lines of reporting and accountability systems for the operational management of the centre.

An annual review of the quality and safety of care and unannounced visits on a six-monthly basis to assess the quality and safety of the service had been completed. There was evidence that actions were taken to address issues identified on these visits. A number of other audits had been undertaken and included finance, residents' files and hygiene audits. The person in charge submitted quality and governance data reports to the service manager on a regular basis. These included items such as complaints, finances, safeguarding referrals, restrictive practices and risks.

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. The full complement of staff was in place with the exception of one part time position. It was noted that the core group of staff for the centre covered this vacancy which meant there was consistency of care for the residents from their care givers.

A directory of residents was maintained in the centre and found to contain all of the information as required by the regulations.

Each of the three residents had a written contract of care in place which outlined the services to be provided and fees. However, the contract for one of the residents had not been signed to denote agreement by the resident and or their representative.

#### Regulation 14: Persons in charge

The person in charge was found to be an effective manager, with appropriate qualifications and management experience to manage the centre.

Judgment: Compliant

#### Regulation 15: Staffing

The staff team were considered to have the required skills and competencies to meet the needs of the residents living in the centre. There was one part-time position at the time of inspection but recruitment was underway for the position and the vacancy was being covered by staff from within the centre so there was

consistency of care for the residents.

Judgment: Compliant

### Regulation 19: Directory of residents

A directory of residents was in place and found to contain all of the information required by the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

The governance and management systems in place promoted the delivery of a high quality and safe service.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

Each of the three residents had a written contract of care in place which outlined the services to be provided and fees. However, the contract for one of the residents had not been signed to denote agreement by the resident and or their representative.

Judgment: Substantially compliant

## Quality and safety

The residents living in the centre received care and support which was of a good quality and person centred. However, the behaviour of one of the residents was on occasions difficult for staff to manage in a group living environment and had the potential to negatively impact on the other residents.

Residents' well-being and welfare was maintained by a good standard of evidence-based care and support. However, it was identified that the personal plan of one of the residents had not been reviewed within the last 12 months, in line with the

requirements of the regulations. The other two resident's personal plans had been reviewed with the involvement of the resident's multidisciplinary team, the resident and family representatives. Care plans and personal support plans reflected the assessed needs of the individual residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social needs and choices.

Two of the three residents were independent and required minimal support from staff. Each of the residents attended a day service and two of the residents also had a work position within the community. Residents were supported to engage in meaningful activities in the centre and within their local community. Activities residents enjoyed included, trips to shows and matches, shopping, cinema and dinners out. A record was maintained of activities residents engaged in. The two independent residents were reported to be active members of their local community. One of the residents sat on an advocacy board and provided presentations to groups on his life experiences. whilst another resident assisted with church gate collections each week in their own church.

The centre was found to be comfortable and homely. Each of the residents had their own bedroom which had been personalised to their tastes and choices. This promoted residents' independence, dignity and recognised their individuality and personal preferences. An additional sitting room with tea making facilities had recently been established on the first floor which was used by two of the residents.

A range of healthy, nutritious and appetising meals were provided for residents in the centre. The centre had a fully equipped kitchen come dining area. This was observed to be an adequate space to make meal times a social occasion. There was a food safety policy in place. Residents individually decided on their own menus for the week and prepared their own meals with the support of a staff member if required. A resident spoken with outlined how they enjoyed shopping for and preparing their own meals in the centre.

Residents' healthcare needs were met in line with their personal plans and assessments. A record was maintained of all medical and other health professionals appointments. Each of the residents had a medical review on a yearly basis. Residents' weight were monitored on a regular basis and a healthy lifestyle was promoted.

The health and safety of residents, visitors and staff were promoted and protected. There were risk management arrangements in place which included a detailed risk management policy dated April 2019, and environmental and individual risk assessments for residents. These outlined appropriate measures in place to control and manage the risks identified. An accident and incident tracker was maintained. There were arrangements in place for investigating and learning from incidents and adverse events involving residents. This promoted opportunities for learning to improve services and prevent incidences.

Overall, suitable arrangements were found to be in place for the management of

fire. However, the provider had identified a small number of fire containment measures which were required in the centre. A plan was in place to address same. A fire risk assessment had been completed. There was documentary evidence that fire fighting equipment and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks in the centre. There were adequate means of escape and a fire assembly point was identified in an area to the front of the centre. A procedure for the safe evacuation of residents in the event of fire was prominently displayed. Each resident had a personal evacuation plan in place which adequately accounted for the mobility and cognitive understanding of the resident. Staff who spoke with the inspector were familiar with the fire evacuation procedures and had received appropriate training. Fire drills involving residents were undertaken at regular intervals.

There were safeguarding measures in place to protect residents from suffering from abuse. There had been two allegations or suspicions of abuse in the past 12 months. These had been appropriately dealt with and in line with the providers policy. Residents were provided with appropriate emotional and behavioural support. However, behaviour challenges, presented by one resident, were on occasions difficult for staff to manage in a group living environment. This had the potential to have a negative impact on the other residents living in the centre. One of the residents spoken with told the inspector that they were uncomfortable with one of the other resident's behaviour on occasions but that overall all three residents got on well. A new separate sitting area, with tea and coffee making facilities, had recently been established on the first floor which was used by two of the residents. Behaviour support plans were in place for residents identified to require same and these provided a good level of detail to guide staff in meeting the needs of the individual resident. There was evidence that plans in place were regularly reviewed by the provider's psychologist. Safeguarding plans were also in place.

There were systems in place to ensure the safe management and administration of medications. A medication management policy was in place. There was a secure cupboard for the storage of all medicines. All staff had received appropriate training in the safe administration of medications. Individual medication management plans and guidelines for as required (PRN) medications were in place. There were systems in place to review and monitor safe medication management practices which included medication audits.

## Regulation 18: Food and nutrition

A range of healthy, nutritious and appetising meals were provided for residents in the centre.

Judgment: Compliant

## Regulation 26: Risk management procedures

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

Judgment: Compliant

## Regulation 28: Fire precautions

Overall suitable arrangements were found to be in place for the management of fire. However, the provider had identified a small number of fire containment measures which were required in the centre.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

There were systems in place to ensure the safe management and administration of medications.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Residents' well-being and welfare was maintained by a good standard of evidence-based care and support. However, it was identified that the personal plan of one of the residents had not been reviewed within the last 12 months in line with the requirements of the regulations.

Judgment: Substantially compliant

## Regulation 6: Health care

Resident's healthcare needs were met in line with their personal plans and assessments.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Behaviour support plans were in place for a resident identified to require same and to provide a good level of detail to guide staff in meeting the needs of the individual resident.

Judgment: Compliant

### Regulation 8: Protection

There were measures in place to protect residents from being harmed or suffering from abuse. However, the behaviours of a resident were on occasions difficult for staff to manage in group living environment and had the potential to have a negative impact on other residents.

Judgment: Substantially compliant

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

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

| Regulation Title   | Judgment                |
|--|-------------------------|
| <b>Capacity and capability</b>                                       |                         |
| Regulation 14: Persons in charge                                     | Compliant               |
| Regulation 15: Staffing  | Compliant               |
| Regulation 19: Directory of residents                                | Compliant               |
| Regulation 23: Governance and management                             | Compliant               |
| Regulation 24: Admissions and contract for the provision of services | Substantially compliant |
| <b>Quality and safety</b>  |                         |
| Regulation 18: Food and nutrition                                    | Compliant               |
| Regulation 26: Risk management procedures                            | Compliant               |
| Regulation 28: Fire precautions                                      | Substantially 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   | Substantially compliant |

# Compliance Plan for Fairview OSV-0002350

Inspection ID: MON-0025120

Date of inspection: 13/11/2019

## 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 24: Admissions and contract for the provision of services   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:<br/>           The PIC will ensure that all contracts of Care are in date and signed by the appropriate people, either by the resident or by the next of Kin as appropriate.</p> <p>The PIC will adhere to the Admission Policy of the organisation.</p>   |                         |
| Regulation 28: Fire precautions  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:<br/>           The PIC will coordinate with the Providers Fire Officer to ensure the list of containment measures are completed in a timely manner.</p> <ul style="list-style-type: none"> <li>• Work to doors being completed 17/12/2019.</li> <li>• Door closers - remaining doors are being completed in a roll out program being undertaken by the SMH Housing Association. This will commence in 2020.</li> <li>• Fire stop cables - to be completed as part of fire door closers work.</li> <li>• Velux window – the fire alarm panel is on an upgrade list and an upgrade program will commence in 2020. This issue will be addressed in this program of work.</li> <li>• The windows upstairs bedrooms and upstairs sitting room will be assessed again in January 2020.</li> </ul> |                         |

|   |                         |
|---|-------------------------|
| Regulation 5: Individual assessment and personal plan   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> <li>• The PIC will adhere to the Admission Policy of the organisation</li> <li>• The PIC will ensure that the Assessments of Needs and subsequent support plans for each resident are in date and reviewed on an annual basis or sooner if required.</li> <li>• The PIC will have regular supervision meeting with all Keyworkers to ensure all reviews and updates are completed in a timely manner.</li> </ul>  |                         |
| Regulation 8: Protection  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> <li>• The PIC will continue to ensure all residents are and feel safe in their home and if circumstances change, appropriate actions will be taken.</li> <li>• To ensure this is under regular review a House meeting is held every second Monday evening and Safeguarding is discussed as part of the agenda and any issues are fed back to the PIC.</li> <li>• Regular input from the Clinical staff will continue to minimise the risk to all residents.</li> <li>• PBS plans will be reviewed on a regular basis and followed by all staff.</li> </ul> |                         |

## 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 24(3)    | The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre. | Substantially Compliant | Yellow      | 20/11/2019               |
| Regulation 28(3)(a) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.   | Substantially Compliant | Yellow      | 31/03/2020               |
| Regulation 05(6)(a) | 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                                     | Substantially Compliant | Yellow      | 14/11/2019               |

|                     |   |                         |        |            |
|---------------------|---|-------------------------|--------|------------|
|                     | be multidisciplinary.   |                         |        |            |
| 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 | 17/12/2019 |
| Regulation 05(6)(c) | 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 assess the effectiveness of the plan.   | Substantially Compliant | Yellow | 14/11/2019 |
| Regulation 08(2)    | The registered provider shall protect residents from all forms of abuse.  | Substantially Compliant | Yellow | 14/11/2019 |

