



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

Issued by the Chief Inspector

Name of designated centre:	Clew Bay
Name of provider:	St Michael's House
Address of centre:	Dublin 11
Type of inspection:	Short Notice Announced
Date of inspection:	09 December 2020
Centre ID:	OSV-0002334
Fieldwork ID:	MON-0031153

About the designated centre

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

Clew Bay is a designated centre operated by St Michael's House located in an urban area of north Co. Dublin. It provides community residential services to eight adults with intellectual disabilities over the age of 18. The centre consists of two premises connected by an adjoining back gardens. One premises is a two-storey, end of terrace house with five bedrooms, three bathrooms, a kitchen, dining and living spaces. The other premises is a terraced house which comprises of three bedrooms, two sitting rooms, a kitchen/dining area and a utility room. The centre is located close to amenities including shops, pubs, churches, garda station, credit union, banks, parks, a swimming pool and a library. The local shopping centre is a 10 minute walk and the area is well served by public transport. The centre is staffed by a person in charge and social care workers. Residents have access to nursing support through a nurse on call service if required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Wednesday 9 December 2020	10:15hrs to 17:00hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

In line with infection prevention and control guidelines, the inspector carried out the inspection mostly from one space in the house. The inspector also ensured physical distancing measures and use of appropriate personal protective equipment (PPE) was implemented during interactions with all residents and staff during the course of the inspection.

The inspector had the opportunity to meet with the seven residents of the designated centre during the inspection. In addition, the inspector reviewed questionnaires completed by residents for the centre's 2020 annual review which was being drafted at the time of the inspection. Residents spoken with told the inspector about their work and their interests including movies, wrestling and exercise. Some residents said they were frustrated at times with the current restrictions in place due to the COVID-19 pandemic. Overall, residents told the inspector they liked their home and gave positive feedback on the support and care provided by the staff team.

The inspector also observed aspects of residents' daily life as they prepared to engage with their daily activities which included accessing the community, preparing and enjoying meals, watching TV and spending time in their bedrooms. The inspector observed the staff team engaging with all residents in a kind and supportive way.

Capacity and capability

Overall, the inspector found that the provider and person in charge were monitoring the quality and safety of the care and support provided to residents. However, improvements were required in relation to the staffing arrangements and the management systems in place to ensure the premises was appropriately maintained.

There was a clearly defined governance and management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge reported to the Service Manager, who in turn reported to the Director of Adult Services. There was evidence of regular quality assurance audits taking place including the annual report 2019 and provider unannounced six monthly visits as required by the regulations. The quality assurance audits identified actions to address areas for improvement.

However, improvements were required in relation to the effectiveness of the management systems in place. For example, there were areas of of both houses

which required maintenance and upkeep. Some maintenance issues had been ongoing for a prolonged period of time and were identified on the last inspection, in the provider's 2019 annual review and in a hygiene audit completed in June 2019. This issue remained ongoing at the time of this inspection.

The person in charge maintained a planned and actual roster. At the time of the inspection there was one whole time equivalent vacancy in the staffing complement. The inspector was informed that a staff member had been identified to begin working in the centre in January 2021. There was an established staff team in place which ensured continuity of care and support to residents. At the time of the inspection, a member of staff had been redeployed to the service from the provider's day service due to COVID-19 pandemic. Throughout the course of the inspection, positive interactions were observed between residents and the staff team.

However, the inspector found that staffing levels required further review to ensure staffing levels were appropriate to the changing needs of residents. There was evidence that the provider had increased staffing levels and made an application to the provider's funder regarding increasing staffing levels. However, it was not demonstrable that staffing arrangements in the centre were appropriate to meet the assessed needs of residents. The inspector was informed a roster review was planned for January 2021.

The inspector reviewed a sample of incidents and accidents occurring in the designated centre and found that they were appropriately notified to the Chief Inspector as required by Regulation 31.

Regulation 14: Persons in charge

The centre was managed by a full-time, suitably qualified and experienced person in charge.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual roster. The staffing levels at the designated centre required review to ensure they were appropriate to meet the changing needs of residents.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. There was evidence of regular quality assurance audits taking place which identified actions to address areas that required improvement. However, improvement was required in the management systems in place to ensure the premises was appropriately maintained.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The Chief Inspector was notified of incidents and accidents as required by Regulation 31.

Judgment: Compliant

Quality and safety

The residents living in the centre received care and support which was of a good quality, person centred and promoted their rights. However, improvements were required in relation to the premises and fire safety.

Both premises in the centre were found to be warm, clean and decorated for the Christmas period. The inspector observed that the majority of the premises had been painted since the last inspection. However, improvements were required in relation to the maintenance and upkeep of the premises. For example, the areas for improvement included: peeling laminate on kitchen counter tops, peeling ceiling paint in one bathroom, worn areas of carpet and the refurbishment of a number of bathrooms. The provider was aware of these areas for improvement and a review of both premises had been completed by the housing association in July 2020. In addition, maintenance issues were identified in the provider's annual review 2019.

The inspector reviewed a sample of personal plans and found that each resident had an up-to-date assessment of need. The assessment of need identified residents' health and social care needs and informed the residents' personal support plans. Personal plans reviewed were up to date and appropriately guided the staff team in supporting residents.

In addition, there was evidence that residents' health care needs were appropriately identified and managed. Residents were supported to access allied health professionals as required including General Practitioners (GPs), speech and

language therapists and opticians. Overall, the healthcare plans reviewed were up to date and suitably guided the staff team to support residents with identified healthcare needs.

Residents were provided with appropriate emotional and behavioural support and there were positive behaviour support plans in place as required. The inspector reviewed a sample of behaviour support plans and found that they were up to date and contained appropriate information to guide the staff team. However, one positive behavioural support plan required review to ensure staff were appropriately guided on the implementation of a intervention. Residents were supported in accessing psychology and psychiatry as required. There were some restrictive practices in use in the centre on the day of the inspection. There was evidence that restrictive practices in use in the centre were appropriately identified. However, the inspector found that not all restrictive practices in use in the centre were reviewed by the provider's positive approaches monitoring group in a timely manner. This was in the process of being addressed.

There were systems in place to safeguard residents and there were safeguarding plans in place for identified safeguarding concerns. The inspector reviewed a sample of incidents and found that they were appropriately managed and responded to. Residents were observed to appear comfortable and content in their home throughout the inspection.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19 with contingency plans in place for staffing and isolation of residents if required. There was infection control guidance and protocols for staff to implement while working in the centre. Personal protective equipment (PPE) including hand sanitisers, gowns and masks were available and observed in use in the centre on the day of the inspection.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place including emergency lighting, a recently upgraded fire alarm and fire extinguishers which were serviced as required. Each resident had a personal emergency evacuation plan (PEEP) in place which guided the staff team in supporting residents to evacuate. There was evidence of regular fire evacuation drills which demonstrated that all residents could be evacuated in a timely manner. However, some improvement was required in the containment and detection fo fire. This had been identified by the provider's fire safety feedback report and prepared by the provider's fire safety officer. The provider was putting measures in place as part of a service wide improvement plan to ensure that an appropriate fire containment and detection would be in place.

Regulation 17: Premises

Both houses were found to be clean and homely. However, in line with the findings of previous inspections, improvement was required to the general maintenance and

upkeep in areas of bo.

Judgment: Not compliant

Regulation 27: Protection against infection

The provider had ensured that systems were in place for the prevention and management of risks associated with infection.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. However, improvements were required in the arrangements in place for fire containment and detection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had an up-to-date assessment of need which identified residents' health and social care needs, informed the residents' personal support plans and appropriately guided the staff team in supporting residents.

Judgment: Compliant

Regulation 6: Health care

Residents' health care needs were appropriately managed. Residents were supported to access allied health professionals as required. The healthcare plans were up to date and suitably guided the staff team to support residents with identified healthcare needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours and there were positive behaviour support plans in place, as required. However, one behaviour support plan required review as outlined in the report.

Restrictive practices in use in the centre were appropriately identified. However, not all restrictive practices in use in the centre were reviewed by the provider's positive approaches monitoring group in a timely manner.

Judgment: Substantially compliant

Regulation 8: Protection

There were systems in place to safeguard residents.

Judgment: 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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Clew Bay OSV-0002334

Inspection ID: MON-0031153

Date of inspection: 09/12/2020

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: In response to the area of non-compliance found under Regulation 15 (1)</p> <p>A roster review was held on the 6th of January 2021. Roster amended in line with Residents supports requirements.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: In response to the area of non-compliance found under Regulation 23 (1) (23).</p> <p>Monthly updates in relation to premises upgrades to be reviewed with the Person in Charge, Director of Service, Head of Maintenance Dept and Service Manager.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: In response to the area of non-compliance found under Regulation 17 (1) (b).</p>	

- As part of the ongoing Energy efficiency upgrade works programme by SMH HA Clew Bay will be surveyed by SE Systems in quarter 1 2021 with a view to inclusion in 2021 SEAI grant application for energy efficiency works to include New Windows, New Air to water heating system, upgrade of external wall and attic insulation. If grant application is successful all works will be completed by quarter 4 2021, assuming the lifting of Covid restrictions.
- The installation of an upgraded fire alarm system has been approved.
- Installation of door closers on fire doors on escape routes will be completed by Quarter 1 2021 subject to the lifting of Covid restrictions.
- Outstanding maintenance issues and Service User specific issues will be reviewed by Maintenance Dept.
- Floor covering to hall stairs and landing and service users bedroom has been approved-for completion by the end of quarter 1 2021-subject to covid guidance.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
In response to the area of non-compliance found under Regulation 28 (3) (a).

New fire panel was installed on the 8th of December 2020. The whole system is being upgraded and includes new detectors. Remainder of fire alarm system will be completed in early February 2021.

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
In response to the area of non-compliance found under Regulation 7 (a)

Psychologist attached to Clew Bay reviewed and updated positive behavior support plan.

All restrictive practices have been reviewed and updated. All restrictive practices dates will be reviewed at monthly management meeting.

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	06/01/2021
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.	Not Compliant	Orange	01/12/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the	Substantially Compliant	Yellow	01/02/2021

	designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	05/02/2021
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	15/01/2021