



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

Issued by the Chief Inspector

Name of designated centre:	Warrenhouse Residential
Name of provider:	St Michael's House
Address of centre:	Dublin 13
Type of inspection:	Short Notice Announced
Date of inspection:	26 November 2020
Centre ID:	OSV-0002338
Fieldwork ID:	MON-0031152

About the designated centre

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

Warrenhouse Residential is a designated centre operated by St Michael's House. It provides community residential services to five female residents with intellectual disabilities over the age of 18. The designated centre is based in a suburban area in North County Dublin. The designated centre is a detached bungalow and consists of five individual resident bedrooms, kitchen/dining room, two sitting rooms, an office, three bathrooms and a utility room. The centre is located close to amenities such as shops, cafes and 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.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Thursday 26 November 2020	10:15hrs to 16:30hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with five of the residents of the designated centre during the inspection. Residents were keen to talk to the inspector and tell them about their home and the support they received. Residents told the inspector they liked their home and gave positive feedback on the support and care provided by the staff team. However, some residents spoken with expressed they were unhappy with their current living situation. They told the inspector about an ongoing pattern of behaviour and negative interactions with a peer, which they were very unhappy about. One resident told the inspector that they were nervous in their home.

In addition, the inspector reviewed the complaints and compliments folder. There were a number of recent complaints made by residents and their representatives in relation to the ongoing negative interactions and concerns in relation the compatibility of the resident group in the house.

The inspector also observed aspects of residents' daily life as they prepared to engage with their daily activities which included accessing the community, 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.

At the time of the inspection, the inspector observed that significant improvement works to the premises were in process. This included upgrading the buildings insulation, window and doors.

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 management systems in place to ensure that the service provided a safe and quality service to meet the assessed needs of all residents.

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 management systems in place to ensure a safe service was being experienced by all residents. For example, there were ongoing patterns of behaviours, which at times, impacted negatively on residents, which in turn had become a safeguarding issue. While the provider demonstrated that meetings and discussions had occurred in relation to the issue, the pattern of behaviours continued to have a negative impact on the lived experience for a number of residents in the centre. This issue had been going on for a prolonged period of time and was identified by the residents in the provider's 2019 annual review. This issue remained ongoing at the time of this inspection.

The person in charge maintained a planned and actual roster. The inspector reviewed a sample of the staff roster and found that, on the day of inspection, there was sufficient staff who were appropriately skilled to meet the assessed needs of the residents. There was an established staff team 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.

The previous inspection found that not all incidents and accidents were notified to the Chief Inspector as required by regulation 31. The inspector reviewed a sample of incidents and accidents in the centre and found that this had been addressed.

Regulation 14: Persons in charge

The centre was managed by a person in charge who was suitably qualified, experienced and demonstrated a good knowledge of the residents and their needs.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual staff roster. The staffing arrangements at the centre were appropriate to meet the needs of the residents and ensured continuity of care and support to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined governance and management structure in place. There was evidence of regular quality assurance audits taking place. However, the management systems in place had not addressed an ongoing safeguarding issue in the centre which negatively impacted on the lived experience of residents in a timely manner.

Judgment: Not compliant

Regulation 31: Notification of incidents

Incidents and accidents were notified to the Chief Inspector as required by the Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the residents living in the centre received care and support which was person centred. However, it was not demonstrated that all residents were in receipt of a service that ensured they had the best possible lived experience in the centre.

A number of residents spoken with expressed their dissatisfaction with an ongoing pattern of behaviours in the centre which was impacting negatively on their lives and the opportunities they had to feel safe in their home. In addition, the inspector reviewed a number of recent complaints from residents and representatives in relation to the impact of a pattern of behaviours and concerns in relation the compatibility of the resident group. The inspector reviewed evidence of the provider exploring possible alternative placements to provide residents with a service they required to meet their needs. However, this was still in the early stages of the process and there continued to be a negative impact on the lived experience of residents in the centre.

The previous inspection found that not all incidents were screened in line with the provider's safeguarding policy. The inspector reviewed a number of incidents and accidents and found that this had been addressed. Incidents and accidents were appropriately reviewed, responded to and safeguarding plans were developed for identified safeguarding concerns. While, safeguarding plans had been developed, the inspector found the measures in place were not effective in reducing the negative impact of the pattern of behaviours on other residents.

There were positive behaviour supports in place to support residents where required. The inspector reviewed a sample of the positive behaviour support plans and found that they were up to date and guided the staff team in supporting

residents to manage their behaviour. There was evidence that residents were supported to access allied health professionals, including psychology and psychiatry, as appropriate. A restraint free environment was promoted and, at the time of the inspection, no restrictive practices were in use in the designated centre.

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

There were systems in place for fire safety management. The centre had suitable fire safety equipment including emergency lighting, fire alarm and extinguishers which were serviced as required. Centre records demonstrated the fire drills were carried out regularly. Each resident had a personal emergency evacuation plan in place which outlined the supports for each resident to evacuate the designated centre.

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 a folder with information on COVID-19 infection control guidance and protocols for staff to implement while working in the centre. Each staff member and resident had their temperature checked daily as a further precaution. Staff spoken with felt supported by the systems in place for the prevention and management of risks associated with COVID-19. The inspector observed that personal protective equipment including hand sanitisers and face masks were available and in use in the centre.

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. The centre had suitable fire safety equipment in place which were serviced as required. Centre records demonstrated that fire drills were carried out regularly.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was an up to date assessment of needs in place for all residents which identified residents' health and social care needs. The assessment of need informed the development of personal support plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were provided with appropriate emotional and behavioural supports as required.

Judgment: Compliant

Regulation 8: Protection

Residents expressed their dissatisfaction with an ongoing pattern of behaviours in the centre which was negatively impacting on their lives. While safeguarding plans were developed, they were not effective in reducing the negative impact of the pattern of behaviours on other residents.

Judgment: Not 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	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Warrenhouse Residential OSV-0002338

Inspection ID: MON-0031152

Date of inspection: 26/11/2020

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • There are management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. • The organization will continue to keep under review the service provided • An alternative service appropriate to the resident needs has now been determined and the consultation process for this service has commenced • All issues of a safeguarding nature are reported as per National and SMH procedures • Safeguarding plans are reviewed as required 	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> • The organization Policy and Procedure for the Safeguarding of Adults at risk of Abuse and Neglect , in place to guide staff. • Safeguarding training for all staff has been completed. • Each resident is supported to develop skills so that they have knowledge and skills to promote their protection. • All residents have in place a safeguarding support plan which is reviewed as required • All concerns relating to the safeguarding of residents are screened / notified in line with Organisational/ National policy and Regulatory requirement 	

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.	Not Compliant	Orange	26/02/2021
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	26/02/2021