



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

Issued by the Chief Inspector

Name of designated centre:	New Cabra Road
Name of provider:	St Michael's House
Address of centre:	Dublin 7
Type of inspection:	Short Notice Announced
Date of inspection:	15 January 2021
Centre ID:	OSV-0002345
Fieldwork ID:	MON-0031196

About the designated centre

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

New Cabra Road is a designated centre operated by Saint Michael's House located in Dublin city. It provides community residential services to six adults over the age of 18. The centre is a terraced three story house which consists of a living room, kitchen/dining area, sun room, a staff sleep over room/office, two bathrooms and six individual bedrooms. There was an enclosed garden and utility room/garage to the rear of the centre. The centre is staffed by a person in charge and social care workers. Staff 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:	4
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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
Friday 15 January 2021	10:30hrs to 16:00hrs	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 personal protective equipment (PPE) was implemented during interactions with all residents and staff during the course of the inspection.

Overall, from what residents told the inspector and the inspector observed, it was clear that residents enjoyed a good quality life, appeared comfortable in their home. The inspector also observed positive interactions between residents and the staff team.

The inspector had the opportunity to meet with the four residents of the designated centre during the inspection. Some residents chose not to engage with the inspector during the course of the inspection and this was respected. Residents spoken with told the inspector they liked living in the house. Residents appeared comfortable in their home and in the presence of staff. The inspector also observed elements of residents' daily lives at different times over the course of the inspection. Throughout the inspection residents were observed engaging in activities of daily living including watching television (TV), having lunch and accessing the community.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that there were management systems in place to effectively monitor the quality and safety of the care and support provided to 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 demonstrated good knowledge of the residents and their needs. There was evidence of regular quality assurance audits taking place to ensure the service provide was safe, effectively monitored and appropriate to residents' needs. These audits included a draft annual report 2020, the annual report 2019 and the provider unannounced six monthly visits as required by the regulations. The quality assurance audits identified areas for improvement and

action plans were developed in response.

The person in charge maintained a planned and actual roster. The inspector reviewed a sample of the roster which demonstrated that there was an adequate number of staff on duty each day and night to meet residents' assessed needs. There was evidence of regular review of staffing resources. For example, there was evidence of a recent increase of staffing resources and the person in charge was in the process of implementing planned changes to the shift patterns to ensure that appropriate staffing levels and skill mix were in place to meet the changing needs of the residents. At the time of the inspection, there was an established staff team in place which ensured continuity of care and support to residents. Throughout the course of the inspection, positive interactions were observed between residents and the staff team.

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 provider has ensured that the number and qualifications of the staff team were appropriate to the number and assessed needs of residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in the centre and the organisation overall. There was evidence of regular quality assurance audits taking place to monitor the safety and quality of the care and support provided.

Judgment: Compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Quality and safety

Overall, the inspector found that there were systems in place to ensure that residents' well-being and welfare was maintained to a good standard. Some improvement was required in the personal plans, positive behaviour support and fire safety.

The inspector completed a walk through of the designated centre accompanied by the person in charge and found that the house was homely and well maintained. The centre is a terraced three story house which consists of a living room, kitchen/dining area, sun room, a staff sleep over room/office, two bathrooms and six individual bedrooms. The previous inspection identified that some areas of the house required attention which had been addressed.

The inspector reviewed the personal plans and found that each resident had an up-to-date assessment of need in place. The assessment of need identified residents' health and social care needs and informed the residents' personal support plans. Personal support plans reviewed outlined the support required for residents' personal development in accordance with their individual personal, communication and social needs and choices. However, some plans required review to ensure the staff team were appropriately guided in supporting residents with some identified needs.

There was evidence that residents' health care needs were appropriately identified and that residents were given appropriate support to enjoy best possible health. Residents had regular access to allied health professionals including general practitioners (GP), occupational therapy and physiotherapy. The healthcare plans were up to date and suitably guided the staff team to support residents with identified healthcare needs.

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. However, one positive behavioural support

plan required review to ensure staff were appropriately guided on the implementation of a intervention. The centre promoted a restraint free environment and on the day of the inspection there were no restrictive practices in use in the designated centre.

There were systems in place to safeguard residents. The inspector reviewed a sample of incidents occurring in the centre which demonstrated that incidents were appropriately managed and responded to. Safeguarding plans were in place for identified safeguarding concerns. Staff spoken with were knowledgeable of safeguarding and on what to do in the event of a concern. Residents were observed to appear comfortable in the service throughout the inspection.

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. The centre maintained an up-to-date risk register which detailed centre-specific and individual risks and the measures in place to mitigate the identified risks.

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 and masks, were available and were 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 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. The previous inspection identified improvement required in the detection of fire in the garage and utility room. This had been addressed by the provider. There was evidence of regular fire evacuation drills. However, some improvement was required in fire safety management to ensure all residents were aware of the procedure to be followed in the case if a fire. For example, it was not evident that fire walks had been completed with residents in 2020 in line with the provider's policy.

Regulation 17: Premises

The premises of the designated centre was homely and well maintained.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre.

Judgment: 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. The centre had suitable fire safety equipment in place which were serviced as required. There was evidence of regular fire evacuation drills. However, some improvement was required in fire safety management to ensure all residents were aware of the procedure to be followed in the case if a fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident's health and social care needs were identified through a personal plan and health and well being plan. Improvement was required as some plans reviewed did not guide the staff team in supporting residents with some identified needs.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' health care needs were appropriately managed. Residents were supported to access allied health professionals as required.

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. Residents were supported to access psychology and psychiatry as appropriate. However, one behaviour support plan required review as outlined in the report.

The centre promoted a restraint free environment and on the day of the inspection there were no restrictive practices in use in the designated centre.

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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for New Cabra Road OSV-0002345

Inspection ID: MON-0031196

Date of inspection: 15/01/2021

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Three fire drills were completed for 2020. For 2021 in addition to the fire drills the staff will support the residents to completed two fire walks.	
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: The person in charge along with the keyworker has reviewed the assessment of need in line with support plans. Plans are now in place to guide staff with supporting residents with all identified needs.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Currently reviewing with psychiatry, when completed all interventions agreed will be documented clearly in the support plan and this will guide staff in supporting the	

residents identified needs.

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 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/12/2021
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	28/02/2021
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour	Substantially Compliant	Yellow	31/03/2021

	necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.			
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