Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Seanna Cill
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Short Notice Announced
Date of inspection:	21 May 2021
Centre ID:	OSV-0002356
Fieldwork ID:	MON-0032232

About the designated centre

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

Seanna Cill is a residential service based in Dublin 5, which is run by St. Michael's House. The centre provides accommodation to a maximum of six male and female residents, who are over the age of 18 years and who have an intellectual and physical disability. The service can cater for a broad spectrum of needs, including, low to high support needs, behaviour support, medical needs and emotional and environmental needs. The centre comprises of a two storey, six bedroom semi-detached house. It is located close to local amenities such as shops, cafes and recreational facilities in a suburb of Dublin 5. Each resident has their own bedroom and share communal spaces such as sitting rooms, kitchen and dining areas and bath and shower rooms. Social care staff are on duty both day and night to support residents who live in this centre. The whole-time equivalent staffing level is 6.5.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

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 21 May 2021	10:30hrs to 16:00hrs	Andrew Mooney	Lead

What residents told us and what inspectors observed

In line with public health guidance the inspector did not spend extended periods with residents. However, the inspector did have the opportunity to meet residents briefly and observe staff supporting them.

The inspector observed a homely environment, that was stimulating and engaging. Residents told the inspector they were very happy in their home and that staff supported them and were kind to them. A resident showed the inspector their bedroom. This room was highly individualised and was full of items that were important to the resident. This illustrated to the inspector that residents were supported to individualise their home in a way that made it more comfortable and homely to them.

Residents appeared very comfortable with staff. During the inspection, the inspector observed staff supporting residents in a kind and respectful manner. This included staff spending time with residents and facilitating low arousal activities and these interactions contributed to a friendly and homely environment. There was ample of private and communal space within the centre and this supported residents to spend time together or to have their own space when they wished.

During the inspection, good infection control practices were observed, which included appropriate COVID-19 precautions. In line with national guidance, visitors access was limited to essential access only. However, the provider did have contingency arrangements in place, to ensure where appropriate, visitors could meet residents in a safe manner. These arrangements were under review in line with new visitors restriction guidance. There was appropriate hand sanitising facilities and staff wore appropriate personal protective equipment (PPE).

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 positively impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall the inspector found that the governance and management arrangements within the centre enhanced its capacity and capability. These systems ensured residents' quality of life was supported and enhanced.

There were clearly defined management structures which identified the lines of authority and accountability within the centre. Staff spoken with could clearly

identify how they would report any concerns about the quality of care and support in the centre and highlighted that they would feel comfortable raising concerns if they arose. Staff reported directly to the person in charge, who in turn reported to a service manager. The centre had good oversight arrangements in place, including the completion of six monthly unannounced inspections of quality and safety of care. Where areas of improvement were Additionally, an annual review of the quality and safety of care within the centre was completed in consultation with residents.

Staffing arrangements at the centre were appropriate to meet the needs of residents and reflected what was outlined in the statement of purpose. From a review of the roster it was clear that there was an appropriate skill mix of staff employed at the centre. The person in charge had ensured that there was both a planned and actual roster which was maintained. Staff spoken with were knowledgeable and informed of key areas such as residents' needs, safeguarding and infection prevention and control. The inspector observed staff supporting residents in a caring and dignified manor during the inspection.

There was a schedule of staff training in place that covered key areas such as safeguarding vulnerable adults, infection control, fire safety and manual handling. The person in charge maintained a register of what training was completed and what was due. This training enabled staff to provide evidence based care and enabled them to support residents with their assessed needs. Staff supervision was provided in line with the providers policy on supervision. \Staff noted they felt well supported during the supervision process.

During the inspection, the inspector reviewed the centres complaints log. Records reviewed noted that complainants were satisfied with the outcome of their complaints. .

Regulation 15: Staffing

There was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times.

There was a planned and actual roster in place.

Judgment: Compliant

Regulation 16: Training and staff development

There was a schedule of staff training in place that covered key areas such as safeguarding vulnerable adults, infection control, fire safety and manual handling. The person in charge maintained a register of what training was completed and

what was due.

Staff supervision was provided and the frequency of this supervision was in keeping with providers policy on supervision.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management structures which identified the lines of authority and accountability within the centre. An annual review was in place and it clearly captured the views and input of residents.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints process was user-friendly, accessible to all residents and displayed prominently. Complaints were resolved in a proactive and timely manner.

Judgment: Compliant

Quality and safety

This inspection found that there were good systems in place which enhanced the quality and safety of the centre. Effective systems and procedures were in place to protect residents, promote their welfare and recognise and effectively manage the service when things went wrong. However, some improvements in relation to the evacuation of residents in the event of a fire were required.

There were appropriate arrangements in place to ensure that residents had a personal plan in place that detailed their needs and outlined the supports required to maximise their personal development and quality of life. The service worked together with residents and their representatives to identify and support their strengths, needs and life goals. Residents were supported to access and be part of their community in line with their preferences and assessed needs.

A positive approach to responding to residents' assessed needs was developed. Staff were familiar with the strategies adopted to support residents. Appropriate support plans were in place to guide staff in supporting residents, including the use of

proactive and reactive strategies. This promoted a positive approach to supporting residents with their assessed needs.

Residents were protected by the policies, procedures and practices relating to safeguarding and protection in the centre. Safeguarding plans were developed and safeguards put in place as required. All allegations or suspicions of abuse were reported and escalated in line with requirements of the organisation's and national policy. Residents also had intimate care plans developed as required which clearly outlined their wishes and preferences. These measures ensured residents were protected at all times.

The provider had put systems in place to promote the safety and welfare of residents. The centre had a risk management policy in place for the assessment, management and ongoing review of risk. This included a location-specific risk register and individual risk assessments which ensured risk control measures were relative to the risk identified. This enabled residents to live full lives without undue restriction. Incidents that occurred were reviewed for learning and where appropriate, additional control measures were put in place to reduce risk.

The provider demonstrated their capacity to communicate with residents, their families and visitors to promote and enable safe infection prevention and control practices. The provider had adopted a range of infection prevention and control procedures to protect residents from the risk of acquiring a healthcare associated infection. There were hand washing and hand sanitising facilities available throughout the centre. There were suitable arrangements for clinical waste disposal. The provider had ensured adherence to standard precautions and there were ample supplies of personal protective equipment (PPE). There were clear arrangements in place to protect residents and staff from acquiring or transmitting COVID-19.

The inspector observed good fire safety measures in place, including a fire detection and alarm system, fire fighting equipment and fire doors with self closing mechanisms throughout. There were personal evacuation plans in place for all residents and staff understood what to do in the event of a fire. However, it was unclear from fire dills if all residents could be safely evacuated from the premises in the event of a fire. Therefore fire evacuation measures required review to demonstrate that all residents could be safely evacuated.

Regulation 26: Risk management procedures

Arrangements were in place to ensure risk control measures were in place and were relative to the risk identified.

Judgment: Compliant

Regulation 27: Protection against infection

Staff were observed to engage in good hand hygiene practices, wore appropriate PPE and were observed to socially distance where possible.

Judgment: Compliant

Regulation 28: Fire precautions

There was appropriate fire fighting and detection equipment in place that was serviced as required. There was a procedure for the safe evacuation of residents and staff. However, some improvements in relation to the evacuation of residents in the event of a fire were required. For example it was unclear if all residents could be safely evacuated in the event of a fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

There were appropriate arrangements in place to ensure that residents had a personal plan in place that detailed their needs and outlined the supports required to maximise their personal development and quality of life.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate supports were in place for residents with behaviours that challenge or residents at risk from their own behaviour.

Judgment: Compliant

Regulation 8: Protection

The person in charge initiated and put in place an investigation in relation to any

incident,allegation or suspicion of abuse.
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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
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	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Seanna Cill OSV-0002356

Inspection ID: MON-0032232

Date of inspection: 21/05/2021

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: • PIC has liaised with SMH psychologist and SMH fire officer to review the evacuation plan for one resident and consider all options to support the resident to evacuate safely. • PIC has liaised with SMH OT department and SMH bed specialist to consider assistive equipment to support one resident evacuate.	

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	30/09/2021