



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

Issued by the Chief Inspector

Name of designated centre:	Willowpark
Name of provider:	St Michael's House
Address of centre:	Dublin 11
Type of inspection:	Short Notice Announced
Date of inspection:	23 June 2021
Centre ID:	OSV-0002372
Fieldwork ID:	MON-0025937

About the designated centre

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

Willowpark is a designated centre operated by Saint Michael's House. It provides a community residential services to up to five adults with a disability. The house is an extended double fronted single story home comprising of a kitchen/dining room, one living room, one quiet room, five bedrooms, two bathrooms and a staff office/sleepover room. There is a patio area leading off the living room that can be used for dining and relaxing. The centre is situated in a suburban area of County Dublin with access to a variety of local amenities such as shops, bus routes and the city 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
Wednesday 23 June 2021	10:00hrs to 16:30hrs	Ann-Marie O'Neill	Lead

What residents told us and what inspectors observed

The inspector met and greeted all residents in the centre on the day of inspection. Conversations and interactions between the inspector, residents and staff took place from a two-metre distance, wearing the appropriate personal protective equipment (PPE) and was time-limited in line with National guidance.

The centre comprised of one bungalow style house located in North County Dublin. Each resident's bedroom was individually decorated with due regard of their hobbies, interests and preferences. For example, one resident's bedroom had a feature wall which had wall paper that displayed pictures of their favourite singer. Residents were afforded a pleasant, well maintained patio area to the rear of the centre which was secure with the provision of garden furniture and some decorative features on the walls surrounding the perimeter of the patio.

Residents the inspector met with, were unable to provide verbal feedback on the service they received but did engage in verbal interactions with the inspection in some instances. One resident showed the inspector some medals they had won for swimming. They also engaged in some short conversations about their family and other important people in their life.

Other conversations that occurred discussed topics related to visits with family members and how they occurred in the context of public health guidance on visiting for social care settings. The person in charge described to the inspector how residents were supported to receive visitors to the centre in a safe manner and additional arrangements that had been put in place to support families and residents to stay connected and have meaningful engagements with each other during these visiting times.

The inspector carried out observations of the residents' daily routines and observed them in their home during the inspection.

It was noted there had been an impact on residents' daily lives due to COVID-19 and restrictions had reduced their opportunities to attend their day service provision and engagement in community based activities. However, staff had continued to support residents to make social goals and devise plans to support residents in achieving these.

For example, some residents had achieved their goal of seeing their family in another part of the country. This had been possible following the lifting of travel restrictions and had allowed the resident the opportunity to meet with their extended family outside of the centre environment. Other goals identified for residents were to attend musicals and music venues and concerts when further restrictions were lifted. Plans reviewed demonstrated the planned and organised manner in which staff and the resident were researching viable options for the

resident to achieve this goal.

The inspector observed residents preparing to go out for a coffee at their local café. Residents were observed getting their jackets and handbags as part of the preparation to leave the centre. Other residents were observed listening to their preferred music while other residents watched musicals on TV and had chats with staff. Staff were observed engaging with residents in a kind and helpful manner, engaging in jovial conversations and providing discreet supports to them where required.

In summary, the inspector found that resident's well-being and welfare was maintained to a good standard, albeit impacted upon by the ongoing pandemic restrictions.

However, improvements were required in some areas, these related to fire containment measures in the centre and aspects of the premises.

The inspector observed the provider had ensured adequate fire and smoke containment measures through the provision of fire doors fitted with smoke seals. In addition, fire doors leading to and from specific compartment areas had been fitted with magnetic release mechanisms. While these were good containment measures further enhancements were required. Not all doors had been fitted with automatic door closers and in particular to the utility area of the centre.

The inspector also observed areas in the hallway and bathroom that required repair and redecoration. Some areas in the hallway required repainting and there were areas where holes had been filled but not painted over. Some visible rust was observed on shower equipment and hand rails also.

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

Capacity and capability

The provider had ensured the governance and management arrangements in this centre were promoting and providing a safe service. Residents were provided with good quality social care support..

There was a person in charge was employed in a full-time capacity and had the necessary experience to effectively manage the service. The provider had ensured the person in charge appointed met the requirements of Regulation 14 in relation to management experience and the required qualifications necessary for the role. The person in charge was social care worker and had previously worked as a deputy manager over some years previous prior to taking up the role. They demonstrated a

good knowledge and understanding of the needs of the residents.

The provider had carried out an annual review of the quality and safety of the service for 2020, and there were quality improvement plans in place, where necessary. There were also arrangements for unannounced visits to be carried out on the provider's behalf on a six-monthly basis as required by the regulations. The inspector reviewed the most recent six-monthly provider visit and noted they were comprehensive in scope and provided a quality improvement action plan for the person in charge to address.

In addition, further governance and management quality assurance measures were in place. The person in charge and senior manager met on a monthly basis and recorded and reviewed key governance and quality areas pertinent to the service being provided. These reviews were recorded and a record maintained in the centre. The inspector reviewed a sample of these records and noted they were comprehensive in scope and reviewed key quality indicators of safety and quality. An action plan was devised following each meeting for the person in charge and/or senior manager to address.

Overall, there were sufficient staff working each day to meet the assessed needs of residents. A planned and maintained roster, that reflected the staffing arrangements in the centre, was in place. Observations made throughout the inspection noted kind and helpful interactions between residents and staff.

There were arrangements in place to ensure staff had access to training and refresher training. All staff had received up-to-date training in mandatory areas such as safeguarding vulnerable adults, fire safety, manual handling and breakaway techniques. Refresher training was also provided and there was evidence to demonstrate staff were supported to avail of this refresher training on an ongoing basis.

Arrangements were in place to supervise staff, the inspector noted staff had received a supervision meeting with the person in charge and within the time-frame as set out in the provider's supervision policy.

The inspector reviewed the provider's statement of purpose for the centre. It was found to be in compliance with Regulation 3 and contained all the matters as set out in Schedule 1 of the regulations. The inspector clarified with the person in charge and senior manager where some small revisions were required to clearly set out title and role of the person in charge to ensure it was reflective of the regulations. These revisions were addressed within a short time-frame following the inspection.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a complete application to renew registration.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was found to be knowledgeable of the needs of residents and had the required management experience and qualifications to meet the requirements of Regulation 14.

The person in charge worked in a full-time capacity and was responsible for this centre only.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual roster and it was noted that appropriate staffing support arrangements were in place to meet the assessed needs of residents each day and night.

While there was a whole-time equivalent deficit at the time of inspection there were arrangements in place to address this with a staff member identified to fill the post within a short time-frame following the inspection.

The inspector did not review Schedule 2 files on this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Arrangements were in place to supervise staff, the inspector noted staff had received a supervision meeting with the person in charge within the time-frame as set out in the provider's supervision policy.

Staff were supported to attend training in mandatory areas such as safeguarding vulnerable adults, fire safety precautions, manual handling and breakaway and de-escalation techniques. Refresher training was also made available to staff and it was demonstrated staff had attended their refresher training as required.

Staff team meetings were held regularly and recorded meeting notes were maintained by the person in charge. These meetings followed a fixed terms of reference and reviewed key quality areas that were aligned to the monthly

governance and management meeting audits carried out by the person in charge and senior manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured appropriate management and governance in the centre by appointing a full-time person in charge that met the requirements of Regulation 14.

The provider had carried out an annual review of the quality and safety of the service for 2020.

There were arrangements for unannounced visits to be carried out on the provider's behalf on a six-monthly basis as required by the regulations.

The senior manager and person in charge completed monthly governance and management audit reviews of the service. These documented audits reviewed key quality indicators and areas of risk in the centre and provided an action plan for the person in charge to address following each review.

The person in charge engaged in operational management audits within the centre in areas such as infection control, medication management, cleaning and infection control measures.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was found to be in compliance with Regulation 3. It contained all the matters of Schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

Overall, it was demonstrated the provider had the capacity and capability to provide a good quality, safe service to residents. Some improvements were required however, overall it was not demonstrated these findings were having a direct impact

on the quality of service provision for residents.

The provider and person in charge had ensured fire safety precautions in the centre. Fire and smoke containment measures were in place, fire doors were located throughout the premises, with some fitted with magnetic release door closers. Improvement was required however, to ensure the most optimum fire containment measures were in place. Not all doors in the centre had been fitted with automatic door closers, in particular the door to the utility space of the centre.

Servicing records for the fire alarm, fire extinguishers and emergency lighting were up to date. Each resident had a personal evacuation procedure in place. Fire evacuation drills had been completed and documented to review the effectiveness of the evacuation plans for residents.

A review of safeguarding arrangements noted residents were protected from the risk of abuse by the provider's implementation of National safeguarding policies and procedures in the centre. The provider had ensured staff were trained in adult safeguarding policies and procedures.

Good intimate care planning arrangements were also in place and set out supportive arrangements to protect residents' privacy and dignity, while promoting and maintaining their independence.

Each resident had an up-to-date personal plan in place. An assessment of need had been completed for each resident which also included an allied professional framework and recommendations which informed the development of support planning for residents. Daily recording notes were maintained and personal plans were updated following review by allied professionals.

In addition, the inspector noted social goals had been developed for residents which were updated and reviewed between the resident and their keyworker on a regular basis.

The provider had ensured residents were provided with a comfortable and accessible home. Each resident had a personalised, nicely decorated bedroom with appropriate storage options for their belongings. The inspector did observe some areas of the centre that required improvement. Some areas of the hallway in the centre required repainting in areas. In addition, there was noticeable rust on hand rails and shower chair equipment in the bathroom of the centre.

Positive behaviour support arrangements were required to meet the assessed needs of some residents. Where such plans were in place they were detailed, comprehensive, developed by an appropriately qualified person and up-to-date.

Overall, there were a low number of restrictive practices utilised in the centre. Where such practices were in use, they were to manage a specific risk and had been referred to the provider's positive approaches monitoring group for approval and ongoing review.

The provider had ensured that systems were in place for the prevention and

management of risks associated with COVID-19. Staff were observed wearing personal protective equipment (PPE) correctly during the course of the inspection. Centre-specific and organisational COVID-19 risk assessments were in place. The provider and person in charge had ensured that all staff were made aware of public health guidance and any changes in relation to this. There was a folder with information on COVID-19 infection control guidance and protocols for staff to implement while working in the centre, with the most recent versions of public health guidance maintained in this folder.

PPE was in good supply and hand-washing facilities were available in the centre. Alcohol hand gel was present at key locations in the centre for staff and residents to use. Each staff member and resident had their temperature checked daily as a further precaution. Appropriate access to general practitioners (GPs) and public health testing services was also available for the purposes of reviewing and testing residents and staff presenting with symptoms of COVID-19.

Residents health care planning arrangements were up-to-date and provided guidance for staff in the support procedures to promote residents' best possible health. Residents were supported to attend medical appointments and allied health professional reviews.

Regulation 17: Premises

There were premises improvements required in the designated centre.

- Areas in the hall of the centre required repainting in areas, the inspector observed areas where plaster filler had been applied to some areas.
- A window had been removed and replaced in bathroom in the centre and replaced with plaster board. The provider was required to carry out some remedial work in this regard to finish the work on this matter.
- Some equipment in the bathroom were observed to have visible rust and required replacement.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There were procedures in place to follow in the event of a COVID-19 outbreak in the centre, with contingency plans available.

There was adequate PPE available and there were sufficient hand-washing and sanitising facilities present.

Staff were observed to wear PPE during the inspection and encourage and maintain

social distancing procedures with residents and staff.

COVID-19 risk assessments had been drafted by the person in charge outlining the control measures for mitigating infection control risks in the centre.

Plans were in place to support residents to self-isolate should it be necessary in the event of a suspected or actual case of COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

The provider and person in charge had ensured appropriate fire safety precautions were in place in the centre.

Fire and smoke containment measures were in place, fire doors were located throughout the premises, with some fitted with magnetic release door closers.

Improvement was required however, to ensure the most optimum fire containment measures were in place. Not all doors in the centre had been fitted with automatic door closer. Of particular note, there were no such arrangements in place for the door leading to the utility room space.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Each resident had an up-to-date comprehensive assessment of need completed and updated as required.

Residents' needs had been assessed through an allied professional framework. Support plans were in place where assessed needs were identified. There was also evidence of regular review of these needs by allied professionals on a regular basis.

Residents were supported to identify and achieve personal goals within the context of COVID-19.

Judgment: Compliant

Regulation 6: Health care

Each resident's health care needs were met appropriately in the centre and reviewed regularly through an allied health professional framework and physicians linked with each resident's care.

Health care plans in place provided information and guidance for staff to follow and manage residents' health care needs. Residents were supported to avail of timely allied health professional reviews and appointments with their physician's and General Practitioners.

Judgment: Compliant

Regulation 7: Positive behavioural support

Positive behaviour support plans were comprehensive, based on an assessment, developed by an appropriately skilled and qualified allied professional and reviewed regularly and updated.

Overall, there were a low number of restrictive practices in place in the centre.

Where such practices were implemented, they were to manage a specific personal risk and had been regularly reviewed by the provider's positive approaches management committee.

Judgment: Compliant

Regulation 8: Protection

There was evidence to demonstrate responsive review and action took place on foot of safeguarding incidents and or concerns. There was also evidence of the person in charge following National safeguarding policies and procedures.

All staff had received up-to-date training in safeguarding vulnerable adults with refresher training made available to staff.

Intimate care planning was in place for residents where required. Such plans focused on skill teaching, independence and self-help skills.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Willowpark OSV-0002372

Inspection ID: MON-0025937

Date of inspection: 23/06/2021

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The organisations TSD contractor called to the centre on Monday 19th July and has completed a quotation for the following works to be completed;</p> <ul style="list-style-type: none">• Painting of internal and external walls• Painting of plaster work and new fire doors in hallway and filling any holes that need to be filled.• Painting of doors and skirting's in hallway. <p>All works have been approved and awaiting a start date for the commencement of works to be completed.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Door closers will be installed as per the providers roll out programme. In the interim the centre staff will continue to adhere to fire risk assessment which was developed in consultation with the organisations fire officer. The work is expected to be carried out in willow park by the end of September 2021.</p>	

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 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.	Substantially Compliant	Yellow	31/12/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/09/2021