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:	Lorcan Avenue
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Short Notice Announced
Date of inspection:	11 November 2020
Centre ID:	OSV-0002373
Fieldwork ID:	MON-0026066

About the designated centre

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

Lorcan Avenue is a designated centre operated by St. Michael's House located in North County Dublin. It provides community residential care and support to six adults with an intellectual disability. The centre is a two-storey house which consists of two sitting rooms, kitchen/dining area, six individual resident bedrooms, a number of shared bathrooms, a staff room and office space. It is located close to community amenities including banks, restaurants and shops. The centre is staffed by the person in charge and social care workers. Nursing support is provided through the organisations on-call system.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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
Wednesday 11 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. One resident was at work on the day of the inspection. Residents spoken with told the inspector they liked living in the house and gave positive feedback on the support and care provided by the staff team. Some residents used non-verbal methods to communicate and appeared comfortable in their home and in the presence of staff. Overall, the feedback on the quality and care of the service provided in the designated centre indicated that residents were happy with the care and support they received.

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 TV, having lunch, attending education courses and accessing the community. Overall, the residents appeared happy and comfortable in their home. The inspector also observed positive interactions between residents and the staff team.

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. Some residents spoke positively about the difference these improvement works made to life in the centre.

Capacity and capability

The inspection found that there was a defined management structure and an established staff team in place which ensured the service provided was of good quality. Overall, the inspector observed that residents appeared content in the centre and staff interacted with residents in a respectful and caring manner.

There was a defined governance and management structure in place. The centre was managed by a person in charge who was suitably qualified and experienced. The person in charge was supported in their role by two experienced social care workers. There were regular quality assurance audits taking place including the six monthly and annual review for 2019 as required by the regulations. These audits identified areas for improvement and action plans were developed in response.

The person in charge maintained a planned and actual roster. A review of the staffing roster demonstrated that on the day of inspection the staffing levels were adequate to meet the assessed needs of residents. The provider ensured continuity of care through covering gaps in the roster with members of the staff team and regular relief staff. Throughout the day of inspection, positive interactions were

observed between residents and the staff team.

The provider prepared a Statement of Purpose for the designated centre which was up-to-date and contained all of the information as required by Schedule 1 of the regulations. This meant residents and their representatives had access to a statement of purpose which accurately reflected the service delivered to residents.

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

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

The centre had a defined management structure in place. There were a number of effective quality assurance audits in place to review the delivery of care and support in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The Statement of Purpose was up-to-date and contained all of the information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

All incidents were notified to the Chief inspector as required under Regulation 31.

Judgment: Compliant

Quality and safety

The management systems in place ensured the service was effectively monitored and provided safe, appropriate care and support to residents. Overall, the inspector found that residents were supported to live a good quality of life in the designated centre.

The inspector reviewed a sample of personal plans and found that each resident had an up-to-date assessment of need in place. The assessment of needs informed the residents' personal plans. Overall, the inspector found that the plans were up-to-date and for the most part appropriately guided the staff team in supporting residents with identified needs. However, some documentation in place required review to ensure the staff team were appropriately guided in supporting the residents.

There was evidence that residents' health care needs were appropriately identified and that residents were given appropriate support to enjoy best possible health. Residents were supported to manage their health care conditions and had regular access to allied health professionals as appropriate including general practitioners (GP) and speech and language therapy. The healthcare plans reviewed were up to date and suitably guided the staff team to support residents with identified healthcare needs. At the time of inspection, it was observed that for some residents they were overdue a healthcare appointment due to the COVID-19 pandemic. The person in charge was aware of this and in the process of addressing this issue.

Residents were provided with appropriate emotional and behavioural support and there was evidence that residents were supported to access supports as required. At the time of the inspection, the inspector observed that some residents were experiencing challenges in adapting to changes in their routine due to COVID-19. There was evidence of regular review and increased access and support from psychology and psychiatry. 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. There were a number of restrictive practices in use in the designated centre. There was evidence that these were identified and reviewed by the provider's positive approaches monitoring group.

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 reviewed, managed and responded to. Safeguarding plans were in place for identified safeguarding concerns. Residents were observed to appear comfortable and content in the service throughout the inspection and residents

spoke positively about living in the designated centre.

There were systems in place for the assessment, management and ongoing review of risk. The person in charge maintained a risk register which outlined general risks in the centre and individual risks. The risk assessments outlined the control measures in place to manage and reduce the risk in the designated centre.

There were appropriate 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. There were individual personal evacuation plans in place for residents, that detailed the supported residents required to evacuate the centre safely. Centre records demonstrated that fire evacuation drills were completed regularly.

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. There was a folder with information about COVID-19 and infection control guidance and protocols for staff to implement while working in the centre. 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.

The previous inspection identified that while there was appropriate practices in place in relation to the storage and administration of medication, improvement was required to ensure that expiry dates were known for all medications. The provider had reviewed medication systems in place and the inspector found that this had been addressed. The inspector did not review all aspects of medication management on this inspection.

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risk.

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. Centre records demonstrated that fire drills were carried out regularly.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was appropriate practices in place in relation to the management of medication.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an up-to-date assessment of need and personal plan in place which were up-to-date. However, some documentation in place required review to ensure the staff team were appropriately guided in supporting the residents.

Judgment: Substantially compliant

Regulation 6: Health care

The residents' healthcare needs were appropriately identified and the residents were given appropriate support to enjoy best possible health.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were positive behavioural supports in place for residents where required

which were up-to-date and guided the staff team in supporting residents. However, one positive behavioural support plan required review to ensure staff were appropriately guided on the implementation of an intervention

There were restrictive practices in use in the centre which were appropriately identified and reviewed by the provider's positive approaches monitoring group.

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 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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 Lorcan Avenue OSV-0002373

Inspection ID: MON-0026066

Date of inspection: 11/11/2020

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 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: • Discussed at staff meeting on the 17-11-2020 & 19-11-2020 all key workers to review assessment of need and personal plan for residents. • As of 15/12/2020 all resident's personal plans and Assessments of Need have been reviewed and updated accordingly. Any supports highlighted through the assessment of need have been put in place or been referred for further clinical support as appropriate. • All resident's personal plans evaluated quarterly and reviewed and updated at least annually. • All resident's Assessments of Need are reviewed at least annually or more frequently if appropriate.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: • All resident's Positive Behaviour Supports are reviewed annually by Multi Disciplinary team. • As of 15/12/20 both PBS and PRN guidelines for resident whose file was inspected,	

where reviewed and updated by Multi Disciplinary Team.

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 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/01/2021
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	11/12/2020