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:	Glenamoy
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Short Notice Announced
Date of inspection:	05 November 2020
Centre ID:	OSV-0002382
Fieldwork ID:	MON-0026388

About the designated centre

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

Glenamoy is a designated centre operated by Saint Michael's House located in a campus in North County Dublin. It provides a residential service to six adults with a disability. The designated centre is a bungalow which consisted of a living room, a kitchen, dining room, a conservatory, six individual bedrooms, a staff bedroom, an office and a shared bathroom. The centre is staffed by the person in charge, nursing staff, social care workers, health care assistants and domestic staff.

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
Thursday 5 November 2020	11:15hrs to 16:30hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with the six residents of the designated centre during the inspection. Some residents used non-verbal methods to communicate and appeared comfortable in their home and in the presence of staff. The inspector also had the opportunity to speak with one family member and reviewed a number of compliments in the complaints and compliments folder. Overall, the feedback on the quality and care of the service provided in the designated centre indicated that residents and their representatives 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, listening to music 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.

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. Some improvement was required in the training and development of the staff team.

There was a clearly defined 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 to review the delivery of care and support in the centre including the annual report 2019 and six-monthly unannounced provider visits as required by the regulations. In addition, the provider had a quality enhancement plan in place and had undertaken a COVID-19 specific audit. These audits identified areas for improvement and action plans were developed in response.

The person in charge maintained a planned and actual roster. From a review of the staff roster, the inspector found that on the day of the inspection staffing levels at the designated centre were appropriate to meet the needs of the residents and ensured a continuity of care and support to residents. At the time of the inspection one staff member had been redeployed from the provider's day service due to COVID-19 pandemic. There was also evidence that the roster had been reviewed in response to COVID-19 and the staff teams shift patterns were changed in line with the assessed needs of residents. Throughout the course of the inspection, positive

interactions were observed between residents and the staff team.

There were systems in place for the training and development of the staff team. From a review of a sample of staff training, the inspector found that, for the most part, the staff team had up-to-date mandatory training. However, refresher training was required for a number of the staff team in areas including manual handling, safeguarding and de-escalation and intervention techniques. This had been identified by the person in charge and was in the process of being addressed.

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 centre and found that the Chief Inspector was notified 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. The person in charge demonstrated a good knowledge of the residents and their support needs.

Judgment: Compliant

Regulation 15: Staffing

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

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. However, refresher training was required in areas including manual handling, safeguarding and de-escalation and intervention techniques.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. There was evidence of regular quality assurance audits taking place which identified areas that required improvement and actions plans were developed in response.

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

The Chief Inspector was notified of incidents and accidents as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the inspector found that there were systems in place to ensure that residents received a safe and quality service. However, some improvement was required in the personal plans, premises and fire safety.

The inspector completed a walkthrough of the designated centre accompanied by the person in charge. The centre consisted a living room, a kitchen, dining room, a conservatory, six individual bedrooms, a staff bedroom, an office and a shared bathroom. Overall, it was homely and well maintained. However, there were areas identified which required review, including scratched paint in areas of the centre and ventilation in the bathrooms. These were self-identified by the provider and plans were in place to address these issues.

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, two plans required review to ensure the staff team were appropriately guided in supporting a resident with an identified need.

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. At the time of inspection, it was observed that for some residents 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. 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. 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 managed and responded to. Staff spoken with were knowledgeable of safeguarding and on what to do in the event of a concern. Residents were observed to appear comfortable and content 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. There was evidence of regular fire evacuation drills. However, some improvement was required in the containment of fire. This had been identified by the provider's fire safety feedback report in December 2019 prepared by the provider's fire safety officer. The provider was taking measures as part of a service wide improvement plan to ensure that appropriate fire containment would be in place.

Regulation 17: Premises

The designated centre was well maintained and decorated in a homely manner. However, some areas of the centre required attention as outlined in the report.

Judgment: Substantially 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. However, improvement was required in the containment and detection of fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

There was up-to-date assessment of needs in place in place which identified residents' health and social care needs and informed residents' personal support plans. However, two plans required review as outlined in the report.

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.

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

Judgment: 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 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially 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	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Glenamoy OSV-0002382

Inspection ID: MON-0026388

Date of inspection: 05/11/2020

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • The Person in Charge will continue to ensure that staff have access to appropriate training, including refresher training, as part of continuous professional development programme. Mandatory training is scheduled and planned within the working roster. • The PIC has devised a priority list of training for staff team in Glenamoy and schedule for completion in line with training department guidance and current government and HSE guidance • The PIC will continue to liaise with the training department to ensure all staffs training needs are met within the dates outlined going forward.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The Person in Charge has agreed date for the 12th of December for external contractor to complete painting work for Glenamoy in line with Government and HSE guidance.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:	

• The Person in Charge has consulted with the Organisations fire officer and completion dates for works to be completed have been scheduled and included within the organizational fire register of repairs. • St. Michael's House Fire Officer Report: The only measure which is missing from the compartmentation requirements is individual door closers to bedroom doors. The Registered Provider has a plan in place for the installation of these closers however this roll out has been delayed and restructured due to the COVID risk in line with national guidelines. The Registered Provider has started the roll out in 12 residential units and intends to continue to complete the roll out however it may take longer than first anticipated with changing requirements due to COVID. It is the intention that the works should be completed by 31/12/21 which takes into consideration the impact COVID has had on the operation of our services and the risk of COVID contraction which is the greater risk in the current context.

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 has carried out a review of all assessment of needs and support plans in consolation with the staff team and associated clinicians. • Schedule of review dates remains an active document ensuring continuity of care to each resident.	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/01/2021
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	14/12/2020
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2020
Regulation 05(4)(a)	The person in charge shall, no	Substantially Compliant	Yellow	31/12/2020

	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).			