



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

Issued by the Chief Inspector

Name of designated centre:	Willowglade
Name of provider:	St Michael's House
Address of centre:	Dublin 14
Type of inspection:	Unannounced
Date of inspection:	02 December 2021
Centre ID:	OSV-0002400
Fieldwork ID:	MON-0033125

About the designated centre

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

Willowglade is a designated centre operated by St Michael's House located in an urban area in County Dublin. It provides a community residential service for up to six residents at any given time, both male and female, with an intellectual disability. The designated centre is a dormer bungalow comprising a kitchen/dining room, two sitting rooms, a utility room, six resident bedrooms, a staff sleepover bedroom, office, storage room and a number of shared bathrooms. The centre is staffed by a person in charge, nurses, social care workers, direct care assistants and a domestic staff worker.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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 (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 2 December 2021	10:30hrs to 16:30hrs	Amy McGrath	Lead

What residents told us and what inspectors observed

The centre is registered to accommodate up to six residents. At the time of this inspection there were six residents living in the centre, although one resident was absent and staying with a family member. The inspector met with all five residents who were present on the day of inspection. The inspector also spoke with staff members and the person in charge, and observed residents in their home throughout the day.

On arrival to the centre, the inspector was greeted by a member of staff who carried out a temperature check in line with the centre's visitor procedure. As this inspection was unannounced, residents were not expecting visitors and some residents were still in bed or engaged in their morning routines. A staff member showed the inspector communal areas of the house while residents went about their usual morning routine.

Each resident had their own bedroom, with five bedrooms located on the ground floor and one on the first floor. The premises was further comprised of a living area, kitchen and dining area, and games room downstairs. There was a small utility room on the ground floor, as well as three bathrooms (two of which had bathing facilities). There was an additional bathroom and living area, a storage room and staff bedroom on the first floor. One resident showed the inspector their bedroom. This resident told the inspector that they enjoyed watching television in their room and showed the inspector their collection of DVD's. The inspector briefly observed other resident's rooms with their agreement and noted that all bedrooms were well furnished and had sufficient storage space. Each of the bedrooms, with the exception of one (where a resident preferred minimal furnishings) were decorated with personal items such as photographs and posters.

The inspector observed further decoration, personal items and photographs throughout the home. Staff had commenced decorating the house for Christmas and residents were observed assisting with this. One resident was engaged in activities at the dining table and showed the inspector their Christmas tablecloth. It was evident that residents' preferences and needs had been considered in the furnishing of the premises. Residents each had their own preferred armchairs and seats and some residents were seen using swing chairs in the living area. Some furniture was very worn and required replacing, although the person in charge was aware of this and had ordered replacement items.

The inspector observed staff practice in accordance with national guidance for prevention of infection in areas such as the use of personal protective equipment (PPE) and hand hygiene. Residents each had their own personal care items stored in their own bedrooms, such as razors and wash cloths. Some surfaces throughout the centre required repair in order to facilitate effective cleaning. Residents' laundry was managed in the home and there were arrangements in place to ensure that residents maintained control of their own personal items. Improvement was required

with regard to the management of soiled laundry to ensure it was managed in accordance with the provider's own policy.

Throughout the inspection the inspector observed staff and residents interacting in a familiar and comfortable manner. Residents were seen to use the facilities in their home confidently. It was noted that staff were familiar with residents' communication support needs and that residents were able to make their needs known to staff. The inspector observed that staff were responsive and respectful in meeting residents' care and support needs. The inspector observed staff respecting the privacy and dignity of residents by knocking on bedroom and bathroom doors before entering and engaging with residents in a patient and kind manner.

Overall, the inspector found that the residents in this centre were supported to enjoy a good quality life which was respectful of their choices and wishes. The person in charge and staff were striving to ensure that residents lived in a supportive environment where they were empowered to live as independently as they were capable of.

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 governance and management arrangements had ensured that a safe and good quality service was delivered to residents. The provider had ensured that the delivery of care was person centred, with residents directing the care and support they received. There were effective management arrangements in place that ensured the safety and quality of the service was consistent and closely monitored, although this could be further improved by the inclusion of residents' views in the annual report. The centre was adequately resourced to meet the assessed needs of residents.

The centre was staffed by a team of nurses and direct support workers. There was also a dedicated household staff employed. The staffing arrangements in the centre, including staffing levels, skill mix, and qualifications were found to be effective in meeting residents' assessed needs. There was a planned and actual roster maintained by the person in charge. Staffing arrangements, such as recruitment and workforce planning, took into consideration the changing or emerging needs of residents. For example, the roster was seen to be flexible in response to residents' social plans and appointments. The provider had a clear contingency plan in place in the event of staff absences due to COVID-19.

The inspector reviewed the arrangements for staff training and development and found that staff had access to necessary training and development opportunities. The provider had identified some areas of training to be mandatory, such as fire

safety management and safeguarding. Staff had each received training in these key areas as well as additional training specific to residents' assessed needs. For example, staff had received training in assistive devices, and infection prevention and control.

There were established supervision arrangements in place to monitor staff development. The person in charge received supervision from a service manager.

There was a clearly defined management structure in place which identified lines of authority and accountability. There were reporting mechanisms in place, and staff spoken with were aware of how to raise any concerns. The provider had carried out an annual review of the quality and safety of the service, and had conducted unannounced audits on a six monthly basis. The annual review was found not to include the views or contributions of residents. The inspector found that audits undertaken informed a quality enhancement plan overseen by the person in charge, and were found to effect positive change in the centre.

There was a complaints policy in place, including an accessible complaints procedure. It was noted that residents and family members were supported to make complaints where they chose to. There were accurate records maintained of complaints made, which included the response to and level of satisfaction of the complainant. There was evidence that efforts had been made to resolve complaints.

Regulation 15: Staffing

There were sufficient staff available, with the required skills and experience to meet the assessed needs of residents.

Nursing care was available to residents as outlined in the statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured staff had access to training and development opportunities in order to carry out their roles effectively. Training was made available in areas specific to residents' assessed needs. There were established supervision arrangements in place for staff.

Judgment: Compliant

Regulation 23: Governance and management

While the provider had carried out an annual review of the quality and safety of the service, this review did not include the views of residents.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. There had been a minimal number of complaints in the centre and any complaints made had been suitably recorded, investigated and resolved.

Judgment: Compliant

Quality and safety

The governance and management systems had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored. Residents' support needs were assessed on an ongoing basis and there were measures in place to ensure that residents' needs were identified and adequately met. Overall it was found that the centre had the resources and facilities to meet residents' needs. Some improvement was required with regard to infection control and risk management in order to fully comply with the relevant regulation.

The inspector reviewed the safeguarding arrangements in place and found that residents were protected from the risk of abuse. Staff had received training in safeguarding adults. There were clear lines of reporting and any potential safeguarding risk was escalated and investigated in accordance with the provider's safeguarding policy. Potential safeguarding risks were reported to the relevant statutory agency. There were safeguarding plans in place for any potential risk.

The layout and design of the premises was appropriate to meet residents' needs. Generally, the premises was found to be in a state of good repair although there was some painting required throughout. Some furniture required repair or replacement due to wear and tear; the person in charge had identified this prior to the inspection and had ordered replacement items. The provider had ensured that residents had the necessary equipment or devices in order to access their home and receive safe care. The person in charge monitored the needs of residents and the suitability of the premises to meet all residents' needs as they age. There were plans

in place to add additional assistive equipment to ensure the premises continued to meet the physical support needs of all residents.

There were risk management arrangements in place, including a risk management policy and procedures. Risk in the centre was assessed and there were comprehensive control measures in place. Improvement was required to ensure that the reporting and recording of risk was accurate in order to ensure that relevant risks were escalated appropriately. While risk in the centre was generally well managed, in some cases the risk assessment was not reflective of the actual level of risk.

The inspector reviewed the arrangements in place with regard to infection prevention and control. Staff had completed training in infection prevention and control and the use of PPE. There were systems in place to ensure there were adequate supplies of PPE at all times. It was observed that PPE was stored in a cluttered area directly on the floor. This room was also used to store staff items, laundry, residents' clothes and general household storage.

The centre was visibly clean and staff were observed adhering to infection prevention and control practices. While there were arrangements in place to manage laundry, the arrangements in place with regard to the management of soiled laundry were not in accordance with the provider's own policy and posed an infection control risk. Some surfaces required repair or replacement to ensure effective cleaning could be carried out; this was being addressed at the time of inspection.

Information was available for residents and staff in relation to COVID-19 as well as general guidance in infection prevention and control practice. Residents had access to an immunisation programme in accordance with their wishes.

The inspector reviewed the specific COVID-19 contingency plan and noted that it did not fully outline some of the measures to be taken in the event of an outbreak in the centre. On review of the contingency plan with the person in charge it was clear that there were more comprehensive measures to be taken than those included in the written document. The outbreak contingency plan required review to ensure it could be effectively and wholly implemented in the event of an outbreak.

There were suitable fire safety arrangements in place, including a fire alarm system, emergency lighting and fire fighting equipment. Records reviewed showed that equipment was serviced at regular intervals. The provider had implemented the actions required from the previous inspection. There were emergency evacuation plans in place for all residents, and these were developed and updated to reflect the abilities and support needs of residents. Staff had received appropriate training in fire safety, including training in specific evacuation techniques.

Regulation 17: Premises

The provider had completed all actions regarding premises outlined in the previous

compliance plan.

The design and layout of the premises was suitable to meet the assessed needs of residents. The premises was in a good state of repair and contained sufficient facilities such as bathroom and laundry facilities. Some furniture required replacement, this is discussed under protection against infection.

Judgment: Compliant

Regulation 26: Risk management procedures

While risk was generally well managed, there were risks that were being managed outside of the provider's risk management policy given the documented risk rating. Although there were effective control measures in place, risk records did not provide an accurate reflection of risk in the centre.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Further clarity was required in the centre's COVID-19 outbreak management plan to ensure it adequately guided effective implementation.

The premises was generally clean and tidy, although the storage room was cluttered with items such as PPE stored on the floor. Some furnishings and surfaces required repair to ensure effective cleaning and the arrangements for managing soiled laundry required review to ensure they were in line with the provider's policy.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had addressed all issues identified at the previous inspection.

There were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and fire-fighting equipment, each of which was regularly serviced. There were suitable fire containment measures in place. Staff had received training in fire safety and there were detailed fire evacuation plans in place for residents.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. Staff were appropriately trained, and any potential safeguarding risk was investigated and where necessary, a safeguarding plan was developed.

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 (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	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Willowglade OSV-0002400

Inspection ID: MON-0033125

Date of inspection: 02/12/2021

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The annual review for 2021 will be completed over the course of January and February. Consultation with residents will take place on the 27.01.2022 and will be included in the Annual Report.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>PIC reviewed the risk assessments and where appropriate revised the risk rating based on the control measures that are in place. This risk is now rated in the medium category and is in line with the risk management policy.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p>	

Centre's COVID-19 outbreak management plan was reviewed and additional specific information was included on the support requirements of individuals to guide effective implementation.

Storage unit PIC has requested additional shelving to be installed in the storage room.

Soft furnishing 2 chairs. 1 chair requires reupholstering this has been approved and sanctioned. PIC arranged for chair to be collected for repair on 27.01.2022 and replacement will be provided until work is completed and chair returned. The second chair has been replaced.

Local policy developed and agreed with input from Clinical Nurse Specialist Infection Prevention and Control. PIC with technical service department will look at semi industrial washing machines with sluice programme.

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 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	28/02/2022
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	27/01/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are	Substantially Compliant	Yellow	31/03/2022

	protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
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