



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

Issued by the Chief Inspector

Name of designated centre:	Donabate Residential
Name of provider:	St Michael's House
Address of centre:	Co. Dublin
Type of inspection:	Short Notice Announced
Date of inspection:	27 April 2021
Centre ID:	OSV-0003597
Fieldwork ID:	MON-0032242

About the designated centre

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

Donabate Residential is a community residential service, comprising a seven bedroom bungalow, located in North Dublin. The provider organisation is St. Michael's house. The service can accommodate up to six adults with intellectual disabilities and can also support residents with health care support needs. The centre is managed by a Clinical Nurse Manager and is staffed by a team of staff nurses, social care workers, and health care assistants.

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 - 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
Tuesday 27 April 2021	10:20hrs to 14:30hrs	Louise Renwick	Lead

What residents told us and what inspectors observed

In line with infection prevention and control guidelines, the inspector carried out the inspection mostly from a room located within the designated centre. Inspectors ensured physical distancing measures and use of personal protective equipment (PPE) was implemented throughout the course of the inspection and during interactions with residents and staff. The inspector met all six residents who lived in the designated centre throughout the day.

It was evident that residents in the centre had choice and control over their daily routines. On arrival to the designated centre, the inspector noted that some residents were still in bed and later in the morning a resident was still in their pajamas and asking staff for breakfast. This demonstrated that residents could decide when they wished to get up and start their day. Similarly, throughout the day, residents who requested it were supported to have a rest in their room if they were tired, or wished to have time alone.

Residents appeared happy and content in the designated centre, spending time in their bedrooms, or the living room or kitchen area with staff. The service had its own transport, and residents could decide if they wished to go out, and had choice over their activities.

One residents expressed their excitement about going to Howth for a drive in the afternoon, and was looking forward to getting fish and chips for their dinner. This was one of their favourite places to go.

If residents did not wish to go out, or join other residents for activities, this was respected. For example, one resident remained at home with a staff member, as they enjoyed being at home without other residents, when the centre was quiet.

The designated centre was nicely decorated and was homely. There was a pleasant environment and a nice atmosphere between residents and staff. The hallway was decorated with photographs of residents at various outings and with friends and family members. Some residents were happy to show these photographs to the inspector, and point out different people who were a part of their friends group.

There was a visual schedule on the notice board, showing which staff were working on the day of inspection, and identified key staff who would support certain residents. A resident showed this schedule to the inspector, and used it daily to confirm who would be working with them on the day and night-time. The staff team was managed in a way that ensured residents were supported by well-known and familiar staff, which was important to them.

Residents were nicely dressed, and had aids and appliances that they required for their care and support. For example, some residents had gotten new wheelchairs that were more suitable to their needs. The person in charge had identified a need

for new equipment to better support manual handling, and this was in the process of being arranged at the time of the inspection.

Residents could use a large garden at the back of the designated centre, which had garden furniture and a swing. Some residents had planted vegetables in the garden, and the inspector saw photographs of residents using the potatoes they had grown themselves for meals. Staff were exploring options for the garden that residents might enjoy. For example, some residents loved animals and staff were considering the possibility of getting some chickens.

While residents were not attending external day services at this time, there was staffing supports in place to ensure residents could engage in meaningful activities and occupation, within the limitations of the national restrictions. For example, getting out for walks, bus drives, visiting the local beach, or driving for take-away food. Inside the house, residents were encouraged to choose how to spend their time, doing things that they enjoyed also. For example, some residents were seen to be listening to their headphones while playing a keyboard in front of a mirror in the hall.

The provider had arranged for review and advice from allied health professionals for some residents, since the previous inspection. The person in charge and staff team spoke about how they were adapting the supports and environment in line with this advice, and had been increasing their knowledge of best practice, in order to support the resident further.

The staff team demonstrated that they were supporting residents positively in response to their changing needs. For example, a resident's bedroom had been amended since the previous inspection to support a low arousal environment. There was a small fish tank, black-out blind, a large armchair and a television to create a space for the resident to relax, or spend time away from their peers. The changes in the bedroom was supporting the resident to prepare for their night-time routine in the evenings.

The staff team were proactively supporting some residents to gain confidence using certain mobility aids, that they predicted would be required in the future, so that they were familiar to them. Plans were put in place to do this in a staged manner, at a pace suitable to the resident. This was setting the resident up for success, when the time came that mobility aids would be necessary.

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

Capacity and capability

The provider and person in charge demonstrated that they had the capacity and capability to operate the designated centre in a manner that ensured residents were safe, and receiving a good quality service that met their individual and collective needs.

The provider had ensured there was effective leadership and oversight arrangements in place in the designated centre. There was a full-time person in charge, who reported to a services manager, who in turn reported to a Director of Services. Along with a clear management structure for lines of reporting and responsibility, there were effective oversight systems in place. For example, the person in charge reported monthly to the services manager on areas such as adverse events, compliments or complaints or risk areas for residents. There was evidence that where issues had been escalated to the services manager, the provider had taken action to make improvements. For example, a risk was identified in relation to manual handling, and arrangements had been made for a more suitable hoisting system to be installed in the designated centre.

There were established lines of escalation and information to ensure the provider was aware of how the centre was operated and if it was delivering a good quality service. There had been unannounced visits completed, on behalf of the provider on a six month basis, along with an annual review on the quality and safety of care. The provider had altered the manner in which they conducted their unannounced visits, to respect national restrictions and visitor guidance. Feedback from these monitoring tools demonstrated a good level of compliance with the regulations and standards, and offered positive feedback from residents and their family members and representatives.

The provider was adequately resourced to deliver a residential service in line with the written statement of purpose. For example, there was sufficient staff available to meet the needs of residents each day and night, there was transport available, adequate premises and facilities and supplies.

There was a stable and consistent staff team identified to work in the designated centre and rosters were maintained to demonstrate the planned and actual hours worked. Since the previous inspection in July 2020, the provider had appointed three permanent staff to work in this designated centre. Any leave or absenteeism was managed by the person in charge, who ensured staff working in the centre were familiar to residents. For example, permanent staff working extra shifts, or through the use of temporary staff hired by the provider in a relief capacity.

Staff were qualified in social care or other care professions, and were provided with routine and refresher training to ensure they had the skills required to meet the needs of residents. There was oversight of the training needs of staff, and training needs were identified in advance and planned for by the person in charge. The staff team had also increased their knowledge on certain topics, to better support residents' changing needs and there was shared resources and tools in the designated centre. For example, in the area of dementia care, and low arousal

support.

Overall, the provider and person in charge had effective governance and management systems in place, which ensured the service provided was safe and residents were receiving good quality care and support in line with their needs.

Regulation 15: Staffing

The staffing resources in the designated centre were well managed to suit the needs and number of residents. Since the closure of day services in 2020, the provider and person in charge had amended the roster and staffing hours to ensure residents had activities and occupation from within the designated centre.

Planned leave or absenteeism was covered from within the permanent staff team or by temporary staff employed by the provider, to ensure continuity of care for residents.

The person in charge maintained a planned and actual staff roster for the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training as part of continuous professional development. There was good oversight of the training needs of staff, and arrangements were made to plan for training, as required.

Staff were appropriately supervised, both formally and informally by the person in charge in the designated centre.

Information on the Health Act (2007) as amended, regulations and standards, along with guidance documents on best practice were available in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had put in place a management structure in the designated centre, with clear lines of reporting and responsibility.

There was effective oversight arrangements and monitoring systems in place, and pathways for information and escalation from the person in charge to the provider. For example, through monthly information reviews with the services manager.

The provider had completed unannounced visits to the centre on a six monthly basis, and had completed an Annual Review of the quality of care and support.

There was evidence that the provider and person in charge had taken action in response to these audits and reviews, to bring about improvements. For example, through arranging for a new hoisting systems in the designated centre, and the appointment of an internal psychologist.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written statement of purpose which was a clear reflection of the services and facilities on offer. The premises, staffing arrangements and care and supports noted in the written statement of purpose, were a clear reflection of the findings and observations on the day of inspection.

Judgment: Compliant

Quality and safety

This inspection found that the provider and person in charge were operating the centre in a manner that ensured residents were in receipt of a service that was person-centred, was safe and offered a comfortable and pleasant place to live.

Despite national restrictions, and the closure of external day services, the staff team in the designated centre were ensuring residents could engage in meaningful activities and had choice and control over their daily lives. For example, residents enjoyed going out for walks, or trips to the local beach. When spending time at home, residents were encouraged to take part in activities that were enjoyable to them, for example, home cooking or baking, music or spending time in the garden. As seen on inspection, if residents did not want to take part in group activities, this was facilitated, and residents could decide for themselves if they wished to have time alone, to rest or relax in their room.

Residents appeared content and happy in their home, and the designated centre was operated in a way that promoted every residents' safety. There were policies, procedures and pathways in place to identify and respond to any safeguarding concerns or risks, and staff had received training in safeguarding vulnerable adults.

Safeguarding plans were put in place, to promote residents' safety, with practical measures applied to ensure adequate staff supervision and staff support was available to meet residents' needs.

Since the previous inspection, there had been further input from allied health professionals for some residents. This had resulted in clearer supports and guidance for the staff team in supporting residents. The staff team were working together to apply any advice from allied health professionals, and ensure the premises and manner of supports were in line with residents' needs. This had resulted in a decrease in incidents of concern in the designated centre.

The centre was managed in a way that identified and promoted residents' good health, personal development and well-being. Residents' needs were noted and assessed in a comprehensive manner using an assessment tool implemented by the provider. Based on these assessments, personal plans or care plans were written up to outline how each individual need would be met and supported. Residents had information available to them in an accessible format. For example, scrapbooks called "all about me" with photographs of residents day to day life, and the things that were important to them. Residents were encouraged to set goals to aspire to, with support available from the staff team in achieving these, or in ensuring residents had increased their skills in order to achieve their goals.

Residents were protected against the risk of fire in the designated centre, through fire safety systems and local procedures. The provider had also 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 through formal risk assessments. Personal protective equipment was available along with hand-washing facilities and hand sanitiser and staff were observed to use these throughout the day. Each staff member and resident had their temperature checked daily as a further precaution. The provider had plans and facilities in place, should a resident require self-isolation.

Overall, this inspection found that there had been improvements since the previous inspection in July 2020, and these improvements had further enhanced the quality of life for residents, and ensured they were receiving a service that was safe, and best meeting their needs.

Regulation 13: General welfare and development

Residents were provided with appropriate care and support in line with their individual needs and wishes.

Residents were supported to remain active and occupied during national restrictions, with staff ensuring residents had meaningful activities to take part in, access to outdoor community amenities and services that were accessible.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had put in place procedures for the management of the risk of infections in the designated centre, which were guided by public health guidance and national standards. The risk of COVID-19 was assessed and reviewed regularly, and the provider had plans in place to support residents to isolate if they were required to. Staff were balancing residents' rights as best they could with the requirement to protect them from infection.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety systems in place in the designated centre. For example, a fire detection and alarm system, emergency lighting system, fire containment measures and fire fighting equipment. There was a written plan to follow in the event of a fire or emergency during the day or night, and fire drills along with simulated practice exercises had taken place in the designated centre. Residents had a written personal evacuation plan which was reviewed following each fire drill or evacuation practice.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a system in place to assess and plan for residents' needs and these documents were reviewed regularly. Where a need had been identified, there was a written personal plan in place outlining how each resident would be supported to achieve this need.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with appropriate health care as outlined in their personal plans.

Residents had access to their own general practitioner along with access to allied health professionals through referral to the primary care team, or to allied health professionals made available by the provider.

Advice or recommendations from allied health professionals was incorporated into residents' personal plans, and put into practice by the staff team.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff had the knowledge and skills to respond to behaviour of concern, through guiding individual behaviour support plans and risk assessment control measures. Staff were offered training in de-escalation and intervention techniques.

Where required, residents had clear plans in place to guide staff on how to proactively support them in relation to any behaviour of concern. There had been input from allied health professionals in the creation of these plans, and the environment had been enhanced to support approaches in line with residents' needs. For example, low arousal, sundowning.

There was oversight and review of any restrictive interventions being used, mainly environmental restrictions. These were seen to be used for the shortest duration necessary and residents could easily access all areas of their home throughout the day.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured there were policies, procedures in place to identify, report and respond to safeguarding concerns in the designated centre. The person in charge was aware of their responsibilities in this regard and staff had received training in the protection of vulnerable adults.

Improvements put in place since the previous inspection, further promoted residents' safety, and promoted a more enjoyable living experience for the residents living in the designated centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant