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:	Ferndale/Avondale
Name of provider:	St Michael's House
Address of centre:	Dublin 11
Type of inspection:	Short Notice Announced
Date of inspection:	06 May 2021
Centre ID:	OSV-0003598
Fieldwork ID:	MON-0025438

About the designated centre

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

Ferndale is a designated centre operated by St Michael's House located in North County Dublin. It provides community residential care for up to seven adults with disabilities. The centre comprises two houses next door to each other. Both houses are two-storey and share a common driveway and back yard. The first house comprises five bedrooms, sitting room, kitchen/dining room, utility room with laundry facilities, sun room and shared bathrooms. The second house comprises four bedrooms, sitting room, utility room, a kitchen/dining room and shared bathrooms. The centre is staffed by a person in charge and social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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 6 May 2021	10:00hrs to 16:30hrs	Ann-Marie O'Neill	Lead

What residents told us and what inspectors observed

This inspection found residents received care and support which was tailored to their individual needs.

At the time of the inspection residents living in one residential unit of the centre had gone on a holiday break while their home was undergoing a significant refurbishment.

The inspector met with all three residents that lived in the second residential unit located next door. Conversations between the inspector, residents and staff took place from a two-metre distance, wearing the appropriate personal protective equipment (PPE) and was time-limited in line with National guidance.

Residents told the inspector that they liked their home and the staff were nice to them and helpful. They told the inspector that they were happier with more staff support during the day as a result of some roster changes made by the person in charge in recent times.

Residents explained that there had been a lot of change in their lives since the onset of the pandemic which had resulted in them not being able to do activities that they normally enjoyed and were looking forward to resuming these activities again soon.

Residents described interests they had which included caring for animals and showed the inspector a bird table which they had helped to set up in the back garden.

The inspector observed some residents had made themselves a fried breakfast that morning and were tidying up afterwards. Residents were observed making snacks and cups of coffee and tea independently. Other residents were observed relaxing in the centre or returning to their bedrooms to rest or watch TV or going on an errand with staff.

The centre is made up of two detached two story houses in a housing estate, located in North County Dublin. Residents have their own personal bedrooms. The house appeared clean, homely, warm and comfortable. It was decorated with photographs of the residents and each resident's bedroom was decorated to reflect their personality and specific interests they had.

The inspector visited the second residential unit that was undergoing a significant suite of refurbishment works. The inspector observed a number of quality improvements that would ensure residents were provided a more comfortable, modernised home with additional measures being put in place to mitigate the build up of condensation in bathrooms. It was also noted following the completion of

these works that some residents would be provided with improved access to toilet facilities when the work was completed.

In summary, the inspector found that each resident's well-being and welfare was maintained to a good standard, albeit impacted upon by ongoing pandemic restrictions. There was some improvement required in relation to staff refresher training in fire safety and also to the implementation of follow up procedures for the management of complaints.

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 within the centre were ensuring a good quality service was delivered to residents.

The person in charge was found to be knowledgeable of the needs of residents. They were responsible for this designated centre only. They had taken up the position of person in charge in the previous months and had made some positive improvements since taking up the role. Some of these improvements included the review of the staffing rosters to ensure they were more responsive to meet the assessed needs of residents, in particular for one of the residential units that made up the centre.

Residents and staff spoken with described how this change of roster times provided greater support and supervision arrangements in the centre to meet the changing support needs of residents.

Overall, there were sufficient staff available, with the required skills and experience to meet the assessed needs of residents. A planned and maintained roster, that accurately reflected the staffing arrangements in the centre, was in place.

Staffing roles were clearly identified in the rosters and hours planned and actually worked were also recorded. A stable and consistent staff team worked in the centre which afforded residents the opportunity to make good connections with staff that supported them. Residents spoken with said the staff were nice to them. Observations made throughout the inspection noted jovial and kind interactions between residents and staff.

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

comprehensive in scope and provided a quality improvement action plan for the person in charge to address.

In addition, the person in charge and senior manager completed quality and governance reviews which focused on key quality indicators, management of risks and a review of incidents and restrictive practices in use in the centre.

A regulatory finding from the previous inspection related to Governance and Management had been suitably addressed. The provider had undertaken to carry out a significant suite of refurbishment works for both residential units that made up the centre. The inspector observed these works were underway in one of the residential units, on the day of inspection. The works being undertaken were considerable and would ensure residents were provided with a comfortable and accessible home to meet their assessed needs. This is further discussed under Premises in the Quality and Safety section of this report.

Staff training was provided in line with the needs of the residents. Training was provided in areas including fire safety, safeguarding vulnerable adults, management of behaviours that challenge, hand hygiene and infection control. Some gaps in fire safety refresher training were noted, this required improvement.

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

An action from the previous inspection relating to complaints management was reviewed on this inspection. While it was noted the person in charge and provider had made a number of steps to address the original complaint, it was not demonstrated that the provider had reverted to the resident to determine if the actions taken were to the satisfaction of the resident. This required some improvement.

Regulation 14: Persons in charge

The person in charge had a good knowledge of the assessed needs of residents and had made positive changes to the staffing rosters and working schedules to better meet the support needs of residents.

The person in charge appointed to manage the centre was found to meet the matters of Regulation 14 in relation to management experience and qualifications.

Judgment: Compliant

Regulation 15: Staffing

Overall, a stable and consistent staff team worked in the centre.

The person in charge maintained a planned and actual roster and it was noted that appropriate staffing support arrangements were in place to meet the assessed needs of residents and aligned to the whole-time-equivalent numbers as set out in the statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured staff received supervision meetings on a regular basis. Documented supervision meetings were maintained in the centre.

The person in charge had ensured staff were supported to attend training to maintain their skills and knowledge to support residents' assessed needs.

Most mandatory training for staff was found to be up to date with refresher training made available to staff with dates identified for the coming year. There were some gaps in fire safety refresher training for staff.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had undertaken to carry out a significant suite of refurbishment works for both residential units that made up the centre. This addressed a regulatory not compliant finding from the previous inspection.

The provider had created an annual report for the centre for 2020 which sought the views and feedback from residents and families.

The provider had ensured six-monthly reviews of the service had been carried out. These reviews were comprehensive in scope, focused on compliance with the regulations and provided the person in charge an action plan for addressing findings from the review.

The person in charge also engaged in quality assurance audits on a monthly basis with the senior manager. These governance audits reviewed key quality and compliance indicators and provided an action plan for the person in charge to complete.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was found to meet the requirements of Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

While it was demonstrated a number of actions had been taken to address and respond to a complaint made by a resident some time previous, it was not demonstrated the provider had determined if those actions were to the satisfaction of the resident.

This required improvement.

Judgment: Substantially compliant

Quality and safety

Overall, it was demonstrated the provider had the capacity and capability to provide a good quality, safe service to residents. Good levels of compliance were found on this inspection overall.

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

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

purposes of reviewing and testing residents and staff presenting with symptoms of COVID-19.

Individualised COVID-19 isolation support plans were also in place for each resident with associated risk assessments completed and control measures identified. Residents the inspector met with demonstrated a good understanding of the importance of using alcohol gel, hand washing and temperature checks.

The provider and person in charge had ensured appropriate fire safety precautions were in place in the centre. Fire and smoke containment measures were in place, fire doors were fitted with smoke seals and located throughout the premises. Additional improvements had also occurred since the last inspection with the installation of self-closing devices to fire doors within the centre. Servicing records for the fire alarm, fire extinguishers and emergency lighting were up to date. Each resident had a personal evacuation procedure in place.

A review of safeguarding arrangements noted residents were protected from the risk of abuse by the provider's implementation of National safeguarding policies and procedures in the centre. The provider had ensured staff were trained in adult safeguarding policies and procedures. Where residents were assessed as having specific safeguarding risks, behaviour support plans and personal risk assessments were in place to manage and mitigate risks.

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

The inspector reviewed actions from the previous in relation to the premises. It was noted a significant suite of premises upgrade works were underway in the centre. At the time of inspection, the inspector observed premises upgrade works were underway which included painting throughout, installation of an ensuite in a resident's bedroom, improved ventilation arrangements in ensuites and bathrooms, new kitchen units and flooring. These works comprehensively addressed premises non compliance from previous inspections.

Residents were supported to achieve their best possible health. Healthcare support plans were in place and provided evidence of review and recommendations by allied health professionals involved in residents' care. Residents were also supported to avail of National health screening services based on their age and gender.

Positive behaviour support arrangements were required to meet the assessed needs of some residents. It was noted that the change in working rosters provided residents with greater support and supervision, which in turn impacted positively on the management of safeguarding and behaviour risks presenting in the centre. Positive behaviour support plans in place were detailed, comprehensive, developed by an appropriately qualified person and up-to-date.

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

Regulation 17: Premises

The provider had comprehensively addressed premises not compliant findings from the last inspection.

The provider had upgraded the kitchen and flooring in one residential unit that made up the centre and improved storage arrangements for residents' bedrooms.

In the second residential unit of the centre the provider was carrying out a significant suite of upgrade works, for example:

- New kitchen units and counters.
- New flooring in a number of areas in the property.
- Improved ventilation systems for ensuites and bathrooms to reduce the build up of condensation.
- New tiling for an ensuite and the installation of a new ensuite for another resident's bedroom.
- Painting throughout.

Judgment: Compliant

Regulation 27: Protection against infection

Staff had received training in relation to infection prevention and control and hand hygiene.

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

There was adequate personal protective equipment (PPE) available and there were sufficient hand-washing and sanitising facilities present.

Staff were observed to wear PPE during the inspection.

Residents demonstrated a good understanding of the requirement to wear face coverings in line with public health guidelines. Residents were also knowledgeable of the importance of hand washing and use of alcohol gel and social distancing measures.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, the provider had ensured appropriate fire safety systems and procedures were in place.

Fire doors were present in the centre and fitted with smoke seals. Fire safety equipment had been serviced regularly with fire servicing checks and records maintained in the centre.

Residents had engaged in fire safety drills and personal evacuation plans were documented for each resident.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place which provided an assessment of needs.

Where supports were identified for residents a corresponding support plan was in place.

Residents were supported to identify goals within the parameters of the ongoing COVID-19 restrictions.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve their best possible health.

Healthcare plans were reviewed regularly and updated to reflect recommendations made by allied health professionals. Residents were supported to attend medical out patient appointments. Staff were trained in the management of residents' specific healthcare conditions.

Residents' personal plans provided evidence of National health screening appointments.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents had an assessed behaviour support need, positive behaviour support planning arrangements were in place.

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

Overall, there were a low number of restrictive practices in place in the centre. Where such practices were implemented they were to manage a specific personal risk and had been regularly reviewed by the provider's positive approaches management committee.

Judgment: Compliant

Regulation 8: Protection

All staff working in the centre had received training in safeguarding vulnerable adults with refresher training provided.

There was evidence of the person in charge adhering to National safeguarding vulnerable adults policies and reporting procedures. Safeguarding plans were in place as required.

Where resident specific safeguarding risks had been identified, there was evidence of safeguarding risk assessments and positive behaviour support arrangements to mitigate and manage those risks.

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 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	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

Compliance Plan for Ferndale/Avondale OSV-0003598

Inspection ID: MON-0025438

Date of inspection: 06/05/2021

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The PIC will assess all training needs and plan to allow time within the Roster for staff to complete same, with the aim of all staff completing all essential training including fire safety training by the 31/07/21	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: A number of meetings have taken place in regards to current complaint. The resident's wishes have been documented. Staff have liaised with clinical supports and the resident's name has been put on a transfer list as requested. Unfortunately there is currently a long waiting list for this request. Meeting held on 27th April 2021 with the resident who stated they are content with situation at present, and is happy with the changes made to the staffing levels. The resident is not requesting to move at present and the complaint has been addressed to their satisfaction. The complaint is now closed.	

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	30/07/2021
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	20/05/2021