



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

Issued by the Chief Inspector

Name of designated centre:	The Laurels
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Short Notice Announced
Date of inspection:	27 May 2021
Centre ID:	OSV-0003602
Fieldwork ID:	MON-0032368

About the designated centre

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

The Laurels is a designated centre operated by St Michael's House. The centre which provides a residential service to five adults. The service can accommodate both males and females who have a moderate to profound intellectual disability and who may also have some mental health needs. This is a nurse lead service which can support individuals who have high medical needs such as epilepsy, diabetes and who may also require assistance with catheter care and enteral feeding. Each resident has their own bedroom and there is a suitable equipment such as hoists and hi-low beds to support residents who have increased mobility needs. Residents are supported by a range of nurses, social care workers and health care assistants with their daily needs. Social care is promoted in the centre and residents are supported to attend the community on a regular basis and to choose meaningful goals.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Thursday 27 May 2021	09:00hrs to 13:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

Overall, the inspector found that residents were supported to enjoy a good quality of life and that their wellbeing and welfare were actively promoted.

The inspector met with two residents and four staff members on the day of inspection. There was a very pleasant atmosphere in the centre and staff smiled warmly as they were interacting and assisting residents. A nurse manager introduced two residents to the inspector and they reacted in a carefree and familiar manner as the nurse manager spoke. Both residents appeared to enjoy her company as they relaxed in a reception room while watching television. One resident spoke with the inspector and they highlighted that they had received birthday cards and placed them on display where they sat to relax. They also indicated that they liked their home and that staff were very nice. The other resident communicated directly with the nurse manager and although the inspector did not understand their communication style, the nurse manager did, as the resident used a combination of body language and phrases to convey what they wanted. The resident requested that their favourite movie would be put on and they agreed with the nurse manager that they would watch it later in the day when they were relaxing in their own room. This resident smiled warmly as the nurse discussed this with them and the nurse appeared to have a very good understanding of both residents' communication styles.

The inspector observed that interactions between staff and residents were warm and caring. The inspector heard staff laughing and joking with residents as they helped them move about the centre and they were also heard humming songs as they assisted residents with their morning routines, and in turn, residents were heard responding to staff by laughing. The centre was also warm, bright and it had a homely feel. The exterior of the centre also had a large patio area and comfortable outdoor furniture which facilitated residents to have visits from their families during national restrictions. Staff who met with the inspector spoke about how residents had really benefited from family visits which helped to ease the impact of restrictions.

Staff who met with the inspector were very pleasant and they spoke in an informed and positive manner when referring to residents and their individual needs. A nurse discussed the care needs of residents and they could clearly articulate how residents were safeguarded and how some restrictive practices were implemented in a manner which was the least restrictive in nature. For example, the nurse discussed how a resident's individual medical needs required the use of a restrictive practice and the nurse explained how they used songs to ease the impact of this practice and also how the resident's dignity was maintained. They also referred to a guidance document which assisted in the delivery of this area of care. The inspector reviewed this document and found that it did give accurate guidance in terms of the restrictive practice, but it did not account for the warm and person centred practices which were implemented. This document was amended on the day of inspection by

the nurse manager, to reflect these positive care practices which assisted in ensuring that continuity of care would be provided.

Residents were also participated in the running of the centre and the arrangements which were implemented by the provider and the staff team actively promoted their rights. Residents attended regular house meetings where topical subjects such as the re-opening of day services, visits and safeguarding were discussed. Easy read information in regards to COVID-19 and how it would impact on their lives was also actively discussed which assisted residents in keeping up to date with national developments. There were also a number of restrictive practices in place which were subject to rigorous review. An oversight committee ensured that all practices were evidence based and subject to the residents' needs and as mentioned above, where required, guidance documents were in place to ensure that these practices were used in a manner which promoted resident's individual safety and welfare. The provider also had arrangements in place to ensure that residents' representatives were fully informed of the use of these practices which meant that the delivery of care was open and transparent.

Overall, the inspector found residents were supported to enjoy a good quality of life and their rights, welfare and wellbeing were actively promoted.

Capacity and capability

The inspector found that the governance arrangements which were in place ensured that residents were safe and enjoyed a good quality of life. The person in charge was supported in their role by two senior managers and an additional nurse manager also provided oversight of day-to-day care practices.

The provider had produced a robust contingency plan in response to COVID-19 which enhanced the safety of residents. Staff had completed additional training in regards to the use personal protective equipment (PPE), hand hygiene and infection prevention and control. Staff were also conducting regular sign and symptom checks for themselves and residents and an enhanced cleaning regime was introduced. Detailed arrangements were also outlined in regards to supporting residents who were required to self isolate and clearly identified donning and doffing areas for PPE and entrance and exits were identified should an outbreak occur. Contingency arrangements also outlined the importance of planning the care of residents who may be self isolating which minimised the likelihood of staff assisting multiple residents and promoted infection prevention and control within the centre.

The provider had completed all required audits and reviews as required by the regulations which assisted in ensuring that the service was maintained to a good standard. Residents were actively consulted as part of the annual review and their family members were also included for their opinions on the service. All reported that they were happy with the service and the person in charge had introduced some areas to be addressed which assisted in driving improvements in the quality of

care which was provided. The inspector also found that consultation with residents as part of the annual review was very person centred and they sat and chatted with residents in regards what they liked about the service and where improvements could be made. The person in charge and a nurse manager were also monitoring care practices such as safety, adverse events, staff supervision, personal planning and medication management on a monthly basis which assisted in ensuring that these areas of care were maintained to an overall good standard.

Overall, the inspector found that service provision was well and that residents enjoyed the service and the supports which were in place.

Regulation 15: Staffing

The person in charge maintained an accurate rota which indicated that residents received continuity of care from staff members who were familiar to them.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were up to date with their training needs and additional training in regards to hand hygiene, infection prevention and control and the use of PPE had been completed by all staff.

Judgment: Compliant

Regulation 23: Governance and management

The oversight arrangements ensured that the quality and safety of care was maintained to a good standard. The provider had completed all required reviews and audits in line with the regulations and additional monthly audits of care practices provided additional assurances that the provision of care was meeting resident's individual needs.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of information indicated that all notifications had been submitted as required by the regulations.

Judgment: Compliant

Quality and safety

The inspector found that the quality and safety of care which was provided was maintained to an overall good standard. A review of documentation indicated that residents' rights were promoted and that residents enjoyed living in this centre.

The inspector reviewed a sample of personal plans which were found to be comprehensive in nature and outlined supports which residents required and also how they liked to be assisted with these support needs. Residents also had an assessment of need completed annually which assisted in identifying any changes in care requirements, with additional care plans implemented where required, in areas such as communication, health, safeguarding and intimate care.

Residents also had access to a goal setting process which enabled them to identify and achieve personal goals, with chosen goals in regards to attending the theatre and meeting friends achieved prior to the implementation of national restrictions. Goal planning had also recently occurred with residents eager to go on a holiday and return to day services once national restrictions were eased. Residents were also supported to engage in activities throughout the national lockdown such as online Bingo and online chats with friends, trips to the beach and walks in the local areas of interest. Also, with the easing of restrictions some residents were scheduled to go on a day out to the zoo.

The provider had a robust risk management procedure in place and the person in charge had completed risk management plans for ongoing concerns such as COVID-19. Each resident also had individualised risk assessments which promoted their safety and individual risk assessments had been completed in response to skin integrity, modified diets and safeguarding. The provider also had a system in place for monitoring and responding to adverse events and the person in charge had responded to incidents in a prompt manner.

Residents had good access to healthcare professionals and they were referred and reviewed as required by medical consultants, their general practitioner and allied health professionals. As mentioned above, additional care planning was also introduced in response to medical needs which assisted in ensuring that continuity of care would be provided.

Overall, the inspector found that residents were supported to enjoy a good quality of life and that the provider and staff team were making considerable efforts to ensure that national restrictions did not excessively impact on their well being.

Regulation 26: Risk management procedures
The provider had a system for identifying, recording and responding to incidents. Residents' safety was also promoted through the robust implementation of risk management planning.
Judgment: Compliant
Regulation 27: Protection against infection
The provider had taken the impact of COVID-19 seriously and they had ensured that increased hygiene regimes and infection prevention and control arrangements had been implemented in the centre. Staff had access to sufficient stocks of PPE.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
Residents had individualised personal plans which reflected their individual needs and preferences. Residents also attended their individual planning meeting and they were supported to identify and achieve personal goals.
Judgment: Compliant
Regulation 6: Health care
Residents were reviewed by their general practitioner on an annual basis and also in times of illness. Residents also had good access to allied health professionals and medical consultants as required.
Judgment: Compliant
Regulation 7: Positive behavioural support
Positive behavioural support plans were comprehensive in nature and were reviewed

on a regular basis. There were some restrictive practices in place which were subject to regular review to ensure the least restrictive practice was implemented. There was detailed guidance to support this area of care and additional risk assessments were implemented on the day of inspection to ensure that these practices were safely implemented.

Judgment: Compliant

Regulation 8: Protection

Residents discussed safeguarding at their house meetings which promoted self care and protection. There was also detailed risk assessments and guidance in place to ensure that all residents were safeguarded from abuse. There were no active safeguarding plans on the day of inspection, but staff were aware of all arrangements which promoted residents safety and welfare.

Judgment: Compliant

Regulation 9: Residents' rights

Residents actively participated in the running of their home and rights and advocacy were reviewed as part of their assessment of need.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant