Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

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| Name of designated centre: | Cill Caisce |
| Name of provider: | St Michael's House |
| Address of centre: | Dublin 5 |
| Type of inspection: | Announced |
| Date of inspection: | 21 June 2018 |
| Centre ID: | OSV-0002355 |
| Fieldwork ID: | MON-0021662 |

## About the designated centre

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

Cill Caisce is located in a busy suburb of North Dublin. The centre provides a residential service for up to five adults with intellectual disabilities, and can provide support to residents who have additional physical or sensory needs. Residents are supported to attend external day services and avail of community facilities for recreation. Cill Caisce is a five bedroom house, located in a busy community with access to public transport such as trains and buses. There are shops, restaurants and other facilities within walking distance of the centre.

**The following information outlines some additional data on this centre.**

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| Current registration end date: | 07/12/2018 |
| Number of residents on the date of inspection: | 5 |

## How we inspect

To prepare for this inspection the inspector or 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 |
|---|---|---|---|
| 21 June 2018 | 09:20hrs to 16:15hrs | Amy McGrath | Lead |

## Views of people who use the service

The inspector met with four of the five residents throughout the inspection and observed elements of their daily lives. The residents in this centre used verbal and non-verbal communication. Some residents spoke with the inspector and shared their views on the service. Other residents were supported by staff to engage with the inspector on their own terms. Residents' views were also elicited from questionnaires.

Residents spoken with discussed their experience in the centre, and told the inspector that they were very happy living there. Residents spoke about their own responsibilities in their home, and were observed taking part in the running of their own home, e.g. hoovering, preparing snacks and taking out the bins. Residents described how they are supported by staff in some areas as required.

Residents spoke about recent celebrations and events that had occurred in their home and in the community. The inspector observed residents coming and going from the centre, and some residents chose to have keys for their bedrooms. All residents spoken with told the inspector that they felt safe in their home.

Each of the five residents were supported by a family member to complete the questionnaire for residents, and each resident expressed that they were happy with their bedrooms, and the food in the centre. All five residents and their advocates were satisfied that their rights were being upheld and that the staff team supported them in making and achieving goals. The inspectors spoke with a family member of a resident who was complimentary of the centre and the staff.

## Capacity and capability

The centre had governance and management systems in place that assured the delivery of a good quality and person-centred care to residents using the service. The management structure was clearly defined and there were clear lines of accountability at all levels. The person in charge reported to a service manager, who in turn reported to a regional director of adult care. The provider conducted an annual review of the quality and safety of care, as well as six monthly unannounced audits. These audits contributed to a service quality enhancement plan with defined actions and time-lines. The person in charge conducted monthly audits within the centre on areas such as medication and resident finances.

The role of the person in charge whilst not supernumerary, had sufficient time to engage with administration duties. The person in charge supported a team of social

care workers. On the day of the inspection, the centre had sufficient staff of appropriate experience and skill to support the assessed needs of residents, however a previous action relating to contingency planning had not been sufficiently implemented. The centre had staff vacancies at the time of the inspection, and there were insufficient staff contracted to accommodate staff leave. There was an over-reliance on relief or agency staff, although efforts were made to ensure continuity of care for residents. These issues had been highlighted in the providers own annual review. Roster management required improvement also, as the shift times were not clearly documented and the roster did not contain a legend to decipher the colour coding utilised.

The statement of purpose and function accurately reflected the service provided in the designated centre, and contained all of the required information as set out in Schedule 1 of the regulations.

The person in charge maintained a log of all accidents and incidents within the centre, and notified the Chief Inspector of any adverse event as outlined in the regulations. The person in charge submitted a quarterly report as required.

## Regulation 23: Governance and management

The management structure was clearly defined and there were sufficient arrangements in place to ensure that the service provided to residents was effectively monitored.

Judgment: Compliant

## Regulation 3: Statement of purpose

The statement of purpose and function accurately reflected the service received by residents and contained the required information as set out in Schedule 1 of the regulations.

Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge maintained a record of all incidents and accidents in the centre, and notifications were submitted to the Chief Inspector as required by the regulations.

Judgment: Compliant

## Regulation 15: Staffing

Actions from the previous inspection were not fully implemented. Improvements were required to ensure there were contingencies in place to cover staff absences and vacancies. The actual roster was not sufficiently clear to determine if it was accurate and required improvement in maintenance.

Judgment: Not compliant

## Quality and safety

Overall, residents received a service that was of good quality and ensured their safety. The care and support provided to residents was person centred and promoted residents' involvement in the running of the centre, although there were some improvements required in documentation and record keeping. There were improvements required to the premises to ensure residents' needs could be met appropriately.

Each resident had a comprehensive assessment of need completed at least annually, and these were updated as residents' needs changed. Support needs in areas such as communication, social supports, and health were identified, and support plans were developed that reflected residents' needs. These support plans were recorded in an accessible manner and residents had copies available to them. Support plans were reviewed for effectiveness and had multi-disciplinary input where appropriate.

Residents were supported to identify and set goals, which were individualised and took into consideration the abilities and preferences of each resident. Residents were supported to work towards achieving their goals by key-workers, and progress of goals was well documented. Amongst other things, residents were supported to join classes in the community, go on holidays and day trips, and source work experience placements.

The inspector reviewed how residents were supported to communicate. Actions from a previous inspection had been implemented appropriately. Residents had access to allied health professionals where necessary, and any recommendations were reflected in residents' support plans. Where required, residents had access to assistive technology devices or equipment to support communication. Residents had use of personal computers and telephones.

The centre promoted residents' independence and supported residents to manage their health and well-being. Although there were some restrictive procedures in

place, these were reviewed regularly and the least restrictive measure was utilised, for the shortest time. Where necessary, residents received specialist support to understand and alleviate the cause of any behaviours that may put them or others at risk. Residents were appropriately safeguarded in line with national policy, and both staff and residents were familiar with how to report any concerns.

The centre had a risk management policy in place, and a risk management framework was utilised to promote safe and responsible risk taking for residents. The person in charge maintained a register of risks within the centre, and there was evidence that risk assessments were updated regularly to reflect any changes in circumstances. However, while there were risk assessments in place for any identified risk, some pertinent risks were not on the risk register at the time of inspection, and as such would not be escalated to senior management. The provider had ensured that effective fire safety management systems were in place. Residents had personal evacuation plans and each resident spoken with was aware of how to safely evacuate in the event of a fire.

The inspector reviewed medicines management within the centre. While residents required support with taking and managing their medication, this was not based on a formal assessment of their capacity to take responsibility for their own medication. Each resident had access to a pharmacist, and medicines were delivered to the centre by the pharmacy. There were regular checks and audits of the process of ordering and receiving medication, and medication was stored securely. Overall, the systems related to the administration of medication were effectively managed, although there were some errors in documentation on the morning of the inspection.

Residents were encouraged to make decisions about their lives and were supported to maximise their autonomy. Two residents were provided with bedrooms on the ground floor to accommodate changing needs, and to ensure they could be cared for in their own home, however there were insufficient shower facilities available to meet residents' needs. Three residents used a shower on the ground floor, which was located in one resident's bedroom. The bathroom was also accessible from another door via a shared living space, and such arrangements did not ensure that the privacy and dignity of each resident was maintained.

## Regulation 10: Communication

Actions from the previous inspection were addressed. Residents were supported to communicate in accordance with their needs and preferences. Residents who required the input of allied health professionals were in receipt of this support.

Judgment: Compliant

## Regulation 13: General welfare and development

Residents were supported to access opportunities for education, employment and leisure in the community. Residents were provided with support to develop and maintain personal relationships and links with the wider community.

Judgment: Compliant

## Regulation 28: Fire precautions

There was suitable fire equipment available in the centre that was serviced regularly. Residents took part in regular evacuations, and evacuation plans were in place to support residents with additional evacuation needs.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

There was a comprehensive assessment of need for each resident which informed an individual plan of care. Personal plans were reviewed regularly and had multidisciplinary input.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Appropriate supports were in place for residents that required support with managing behaviour. Where restrictive procedures were utilised, they were evidence based and reviewed regularly.

Judgment: Compliant

## Regulation 8: Protection

There were appropriate measures in place to safeguard residents. Staff understood their role in adult protection and demonstrated knowledge of the relevant policies

and procedures.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

Actions from the previous inspection were completed. Overall, the practice related to administration of medicines was appropriate, however there were some gaps in documentation and resident's were not supported to have responsibility for their own medications in accordance with their needs and preferences.

Judgment: Not compliant

## Regulation 17: Premises

The centre was homely, clean and maintained to a good standard. There was adequate space and storage facilities for residents, however the number of showers to meet the needs of residents was insufficient.

Judgment: Not compliant

## Regulation 26: Risk management procedures

The centre had a risk management policy and appropriate practices in place to manage risk, although there were some gaps in documentation.

Judgment: Substantially compliant

**Appendix 1 - Full list of regulations considered under each dimension**

| Regulation Title | Judgment |
|---|---|
| **Capacity and capability** | |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 15: Staffing | Not compliant |
| **Quality and safety** | |
| Regulation 10: Communication | Compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Not compliant |
| Regulation 17: Premises | Not compliant |
| Regulation 26: Risk management procedures | Substantially compliant |

# Compliance Plan for Cill Caisce OSV-0002355

## Inspection ID: MON-0021662

## Date of inspection: 21/06/2018

### 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:**

<table>
<tr><th>Regulation Heading</th><th>Judgment</th></tr>
<tr><td>Regulation 15: Staffing</td><td>Not Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 15: Staffing:<br><br>• The Organization has in place a procedure to ensure that the recruitment of staff is appropriate to the number and assessed needs of the residents in the designated centre.<br>• The PIC ensures that a monthly staff roster is in place and this is reflected through a 24 hrs clock shift pattern 22/6/2018<br>• All documents specified in schedule 2 are maintained by the PIC and HR department these are available for review.<br>• Successful recruitment has taken place and one vacancy has been filled, recruitment for maternity leave cover is ongoing. 30/9/2018</td></tr>
<tr><td>Regulation 29: Medicines and pharmaceutical services</td><td>Not Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:<br><br>• The Organization has a policy & procedure in place for the Safe administration of Medication, which is underpinned by national policy.<br>• This policy guide practices relating to the management of medication.... ordering/ receipt/ prescribing/ storing/disposal and administration of medication is in line with best practice.<br>• The Organization ensure that all staff are provided with training in the safe administration of medication.<br>• A review has been completed of all residents documentation relating to medical preparations<br>Capacity assessment Tool has been developed and is being trialed within the organization to determine ability in self administration of medications . It is expected it will be available for use in all of the designated centers by the 31/10/2018</td></tr>
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| Regulation 17: Premises | Not Compliant |
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Outline how you are going to come into compliance with Regulation 17: Premises:

- Review of the downstairs bathroom facilities by Physiotherapist and Occupational therapist was completed on the 2/8/2018
- Referral made to Technical services on the 2/8/2018 and feedback from SMH architect on the internal modifications needed to the designated centre to accommodate additional showering facilities and compilation of plans to explore these options. 30/10/2018

| Regulation 26: Risk management procedures | Substantially Compliant |
|---|---|

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

- The organization has in place a risk management policy
- All staff are trained in the management of risk
- Monthly Hazard Inspections and findings identified will be discussed at staff meetings.
- Risk management and emergency planning are a fixed topic of all staff meetings and with correspondent discussion with residents at their weekly meeting.
- All risks now included on the risk register have proportionate risk allocation. this was completed on the 22/6/2018. all risk where required will be escalated to appropriate management level.

## 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 15(1) | The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. | Not Compliant | Orange | 30 September 2018 |
| Regulation 15(4) | The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained. | Substantially Compliant | Yellow | 22 June 2018 |
| Regulation 17(7) | The registered provider shall make provision for the matters set out in Schedule 6. | Not Compliant | Orange | 30 October 2018 |
| 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 | Substantially Compliant | Yellow | 22 June 2018 |

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| | emergencies. | | | |
| Regulation 29(4)(b) | The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident. | Not Compliant | Orange | 22 June 2018 |
| Regulation 29(5) | The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability. | Not Compliant | Yellow | 30 October 2018 |