Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Name of designated centre:	Fox's Lane
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Unannounced
Date of inspection:	20 February 2018
Centre ID:	OSV-0002366
Fieldwork ID:	MON-0021302

About the designated centre

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

The designated centre is a community based home with the capacity to provide full-time residential care and support to five adults both male and female with varying degrees of intellectual and physical disabilities.
The centre consists of a six-bedroomed bungalow with two sitting rooms, a kitchen/dining area, shower room and two bathrooms. It is situated in a mature residential cul de sac with coastal views and a variety of local amenities such as shops, churches, restaurants, pubs, beauticians, a medical centre, pharmacies, hairdressers, barbers, banks and local beaches. There is a vehicle to enable residents to access local amenities and leisure facilities in the surrounding areas.
Residents in the centre are supported by a staff team comprising of a person in charge, social care workers, and a care assistant. Staff support is provided to residents 24 hours a day, seven days a week. Residents' individual needs are continuously changing and staff support is offered in accordance with this.

The following information outlines some additional data on this centre.

Current registration end date:	09/11/2018
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
20 February 2018	09:20hrs to 18:10hrs	Marie Byrne	Lead

Views of people who use the service

The inspector met and spoke with four of the five residents in the centre during the inspection. Residents reported to the inspector that they were happy, felt safe and that the food in the centre was good.

The inspector observed that residents led their own day, and received staff encouragement to develop their life skills and independence.

Residents were involved in decision making about their home through individual consultations and residents' meetings. Topics discussed at residents' meetings included daily routines, social activities, decor of the centre, upcoming works and maintenance, and any other issues identified by residents.

Those residents who required additional supports in relation to decision making were provided with pictures or objects to facilitate them with this process.

There was an accessible activity board and menu board in place. Residents described to the inspector what was for dinner and what activities they had planned for the week including attending appointments, going to the pub, going shopping, and going on home visits.

Capacity and capability

The inspector found that while the provider was striving to ensure a good quality and safe service for residents, there were areas for improvement in relation to governance and management of the centre. There was an absence of consistent and effective monitoring of some aspects of care and support in the centre. The provider had put measures in place to complete most of the actions required following the last inspection.

There was a written statement of purpose which accurately described the facilities and services provided in the centre.

Care and support in the centre was found to be person-centred and staff were knowledgeable in relation to residents' care and support needs.

There were arrangements in place to oversee the running of the designated centre along with clearly defined management structures in the centre. Some improvement

was identified in relation to these arrangements. The provider had completed an annual review of the quality and safety in the centre and there had been six monthly visits by the provider or their representative. Residents and their representatives were involved in these reviews. While the provider had developed a suite of audits since the last inspection they were not consistently being completed. For example, there were gaps in the medication audits, monthly health and safety audit in addition to the monthly governance reports. The inspector also found that a number of actions from the six monthly visits had not been completed.

The inspector found there was a staffing vacancy and some unplanned leave in the centre. To ensure continuity of care and a limited negative impact on residents regular relief and agency staff was being availed of. The inspector observed staff supporting residents in a caring and sensitive manner, and a comprehensive handover was observed on two separate occasions during the inspection.

Staff in the centre had access to training and refresher training in line with residents' needs. The inspector found that improvement was required for staff supervision in the centre. There was a marked absence of support for staff to develop professionally, and a lack of review of their effectiveness in carrying out their duties.

All policies required by schedule 5 of the regulations were in place, and the centre also had site specific procedures in place.

Each resident had a contract of care that had been signed by the residents and/or their representative.

There was an admissions pack in place which consisted of an easy read document to discuss possible admissions with the residents in the centre, and a visitors guide in an accessible format which described the centre to potential residents and their representatives. This was supported by an admissions and transfers policy.

A record of all incidents occurring in the centre was maintained and the necessary notifications had been completed in line with the regulations.

Regulation 15: Staffing

There were not appropriate staff numbers in the centre in line with the statement of purpose.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Improvement was required in relation to staff supervision and support in the centre.

Judgment: Not compliant

Regulation 21: Records

Improvement was required in relation to some documentation in the centre but this was not found to be negatively impacting residents.

Judgment: Compliant

Regulation 22: Insurance

The centre was adequately insured against accidents or injury to residents, staff and visitors.

Judgment: Compliant

Regulation 23: Governance and management

Improvement was required to ensure consistent and effective monitoring of care and support in the centre.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

Admissions, discharges and temporary absence policies and procedures, and contracts of care were in place.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in the centre which contained all the information

required by schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents occurring in the centre was maintained and notifications were submitted in line with the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required by schedule 5 of the regulations were available and reviewed in line with the regulations.

Judgment: Compliant

Quality and safety

Overall the inspector found that residents were in receipt of a safe service. There was a comprehensive assessment of the health, personal, social care and support needs of each resident in the centre. Residents had opportunities to engage in meaningful activities in line with their wishes and preferences. To ensure the premises and arrangements in place to manage risk optimally supported residents and their needs improvements were required.

Residents' personal plans were developed in consultation with them, their representatives, staff and key workers. Their priorities and goals for the year ahead had been identified. Residents were encouraged and supported to engage in activities of their choosing both in house and in the local community. All residents in the centre attended day services in line with their care and support needs. Activities were discussed at residents' meetings and then discussed daily and changes made in line with residents' wishes. Goal and activity trackers were in place.

There were policies and procedures in place to protect residents from being harmed or suffering abuse in the centre. Staff had received training in relation to safeguarding residents and the prevention, detection and response to abuse. Staff who spoke with the inspector could clearly identify the types of abuse and

what to do if there was an allegation or suspicion of abuse.

The centre was homely, accessible, spacious and comfortable. The centre was not found to be clean on the day of inspection. The provider made arrangements for the premises to have a deep clean completed by an external company the day after the inspection.

Works had been completed in the centre to improve accessibility for residents and to provide an outdoor space for doing laundry. The centre had just been painted and decorated throughout. There were some areas and items in the centre in need of maintenance, repair or replacement.

Residents were facilitated to meet their family and friends in private and to access the telephone if they so wish. They were supported to have visitors in their home or supported to meet their family or friends in the community, or visit their family members' homes.

Residents in the centre were supported to achieve and enjoy best possible health. There were appropriate assessments and care plans in place, and residents had access to relevant allied health professionals in line with their assessed needs. Residents were supported to buy, prepare and cook their meals in line with their wishes and preferences. Residents were being supported with their behaviour support needs.

There were policies and procedures in place for risk management and emergency planning. The inspector found there were some effective systems in place such as a regularly reviewed risk register and risk assessments but improvements were required. For example, the monthly health and safety audit was not consistently being completed. In addition the health and safety review forms, fire audits, and medication audits were also not being completed to inform the risk register.

There was a system in place for review and learning from accidents and incidents in the centre.

Suitable fire equipment was available throughout the centre. The procedure for safe evacuation of the centre was in an accessible format and prominently displayed and each resident had a personal emergency evacuation plan (PEEP) in place which detailed required supports to safely evacuate the centre.

Regulation 17: Premises

Improvement was required in relation to the cleanliness, maintenance and upkeep of the centre.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Improvement was required in relation to health and safety and risk management in the safety.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Suitable arrangements were in place for the detection and containment of fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate systems in place for medicines management.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

An assessment of need was in place and care plans were developed in line with residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

Residents' health and wellbeing was promoted and they had access to relevant allied health professionals in line with their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support
Residents were being positively supported with their behaviour support needs.
Judgment: Compliant
Regulation 8: Protection
Residents were protected by policies and practices in the centre.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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 Fox's Lane OSV-0002366

Inspection ID: MON-0021302

Date of inspection: 20/02/2018

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:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • 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. • The PIC ensures that a monthly staff roster is in place and this reflects the needs of the residents. • All documents specified in schedule 2 are maintained by the PIC and HR department these are available for review. • All staff currently working in the designated centre are working on a full time basis • Successful recruitment has taken place and identified vacancies have been filled. One on the 9/4/2018 and another staff due to commence on the 28/5/2018.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development • All staff in St Michael House have access to appropriate training to their position. • The PIC has scheduled staff support meetings four weekly on the house roster. • The PIC has scheduled supervision meetings with staff on a quarterly basis. Through this process training needs are identified and sourced. • A Training Needs Analysis will be completed by each staff member by 7th May 2018. • Staff will be made aware of the HSE.land website and directed as part of their support meetings to access the online courses in areas where the PIC and staff have identified as most relevant	

- Copies of all relevant information including the Health Act, regulations guidance documents are maintained in the designated centre.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

- 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.
- There is a clear management structure in place in the designated centre
- A new PIC has been appointed from the 1st may 2018 { all relevant documentation has been sent to the Regulatory authority re same}
- Monthly data sheets are completed every 4 weeks and submitted to Service Manager for discussion at the support meetings
- All audits and Action Plans will be completed in a consistent and timely manner with Monthly Audits being completed within the first week of the month.
- An annual review of quality & safety of the centre was completed for Jan - Dec 2017 and both service and families were consulted in this process
- Two six monthly unannounced visits are completed annually for the centre. A copy of these reports are available to residents and families.
- The PIC has scheduled staff support meetings four weekly on the house roster.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- The design and layout of the designated centre is suitable to meet the needs of the residents.
- A deep clean of the house was competed on the 21st Feb. 2018 following inspection.
- Cleaning roster now in place and is a set item on the agenda for monthly staff meetings.
- PIC to check cleaning roster weekly and discuss with each staff member at their support meetings
- Hazard Inspection sheets are now completed by the PIC on a monthly basis and reviewed by Service Manager
- All assistive equipment used is service on a regular basis in line with service requirements records of these are kept in the designated centre.
- All areas of the house are accessible to residents.

Regulation 26: Risk management procedures	Substantially Compliant

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

management procedures:

- The organisation has in place a risk management policy
- All staff are trained in the management of risk
- The P.I.C. will ensure all monthly Safety audits are carried out within the first week of the month, and actions identified and completed where possible within that calendar month. Follow up discussion with Service Manager to ensure escalation where needed.
- Monthly Hazard Inspections
- Medication Audits
- Fire Audits
- Accident and incident tracker{ to establish trends and action accordingly}
- Risk management and emergency planning to be a fixed topic on staff meetings from 9/05/2018
- Residents meetings to have health and safety as fixed item on weekly meetings form 22/02/2018
- All risks will now be included on unit Risk Register quarterly.

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.	Substantially Compliant	Yellow	28.05.18
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	28.05.18
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately	Not Compliant	Orange	1.05.18

	supervised.			
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	21.02.18
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	1.05.18
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	1.05.18