



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

Name of designated centre:	Lorcan Avenue
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Announced
Date of inspection:	03 August 2018
Centre ID:	OSV-0002373
Fieldwork ID:	MON-0021672

## About the designated centre

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

Lorcan Avenue is a designated centre that provides residential care and support to adults with an intellectual disability. Lorcan Avenue can also provide support to residents with additional support needs, such as communication need, or health needs such as epilepsy or diabetes. The centre is a two-storey house, with seven bedrooms, and is located in a busy suburb of North Dublin.

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

Number of residents on the date of inspection:	6
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## 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
03 August 2018	08:40hrs to 14:30hrs	Amy McGrath	Lead

## Views of people who use the service

The inspector met and spoke with three of the six residents who live in the centre. Residents were also observed in their home throughout the inspection.

Residents spoken with were very satisfied with the service they received in the centre. They were comfortable showing the inspector around their home. One resident showed the inspector their bedroom, and their display of awards and certificates which they were very proud of. Residents spoke about their daily lives, and told the inspector that they enjoyed socialising with their friends and family, and relaxing in their home.

Some residents in the centre had part-time jobs, and they told the inspector that they travelled independently to work. One resident spoke with the inspector about self-administering medication, and was confident in knowing what each medication was for, where and when to collect it, and when to administer it. This resident was also supported to self manage some other health care needs, with support from nursing staff, and the resident was happy to be independent in this regard.

Residents spoken with said that they liked living in the centre, and each was happy with the level of support received. Residents said that they liked to do things for themselves when they could, for example, cooking or laundry, and that this was respected and facilitated.

Residents said that they felt safe in the centre, and knew how to raise concerns with staff. They also had knowledge of external advocacy services. Residents were happy that they could have visitors to the centre whenever they chose to.

## Capacity and capability

The governance and management arrangements in the centre had ensured that the service provided to residents was safe, appropriate to residents' needs, consistent and effectively monitored. There was a clearly defined management structure in place, and staff were knowledgeable of their roles and responsibilities therein.

The provider had carried out an annual review of the quality and safety of the service, that included consultation with residents. There were unannounced audits carried out on a six monthly basis, and the findings from these audits, and the annual review, contributed to a quality enhancement plan for the centre. There was evidence that this plan was utilised by the person in charge to affect change in the centre.

The centre was managed by a person in charge, who was sufficiently skilled and

experienced to manage the centre. The person in charge supervised a team of social care workers, and reported to a service manager, who in turn reported to a director of care. Staff spoken with were knowledgeable of their own roles and responsibilities within the management structure, and it was evident that staff had autonomy in their own roles.

There was sufficient staff, with the appropriate skills and qualifications, to meet the assessed needs of residents. Where required, nursing support was available to residents through an on call system. The person in charge maintained a planned and actual roster for the centre, and there were contingencies in place to ensure continuity of care for residents.

A review of admissions to the centre found that residents were admitted on the basis of transparent criteria, and in accordance with the centres statement of purpose. Residents were supported to visit the centre prior to admission, and there were accessible transition plans in place to support this process. Each resident had a contract of care in place, that included detail of the service to be provided to the resident, and outlined the fees to be charged.

The centre had systems in place to manage complaints, including a complaints policy, and an accessible complaints process which was displayed in the centre. There was a nominated complaints officer. A review of complaints in the centre found that they were managed appropriately, with prompt responses and a record of the complainants satisfaction.

There was a statement of purpose available, which was reviewed regularly. It contained most of the information required by Schedule 1 of the regulations, however it did not contain full detail of the information set out in the Certificate of Registration.

#### Regulation 14: Persons in charge

The person in charge was suitably qualified, skilled and experienced to manage the centre. The role of the person in charge was full-time.

Judgment: Compliant

#### Regulation 15: Staffing

There was sufficient staff in the centre, with the appropriate skills and experience, to meet the assessed needs of residents.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had received all mandatory training, as well as additional training required to meet the needs of residents. There were mechanisms in place to ensure that staff were appropriately supervised.

Judgment: Compliant

### Regulation 23: Governance and management

The governance and management arrangements ensured that the service delivered was safe and of high quality, and was effectively monitored.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

Admissions to the centre were carried out on the basis on transparent criteria. Residents had a contract of care in place that contained sufficient information regarding the service and facilities provided, and the fees to be charged to residents.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose contained most of the information required as per Schedule 1 of the regulations, however there was insufficient detail on the information contained in the Certificate of Registration.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The centre had a complaints policy, and an accessible complaints process in place. A record of complaints was held and it was found that complaints were managed promptly.

Judgment: Compliant

## Quality and safety

Overall, the systems in place in the centre ensured that the care and support received by residents was safe, person centred and of high quality. Residents were supported to maximise their individual potential, maintain good health, and develop and maintain natural relationships. There were some improvements required in relation to risk documentation although this did not have a direct impact on the experience of residents. Further improvement was required in relation to the ordering and receipt of medicines.

Residents in the centre were supported to access opportunities for occupation and education in accordance with their preferences. Some residents had part-time paid jobs, and some were engaged in training programmes. Some residents had recently completed college courses, and showed inspectors their certificates, and pictures of their graduation ceremonies. Residents were supported to be active consumers in their local community, and enjoyed shopping in local shopping centres, and dining in nearby restaurants and cafés.

Residents were involved in the purchasing and preparation of meals in the centre. There were weekly residents meetings, where residents could choose meal ideas for the week ahead, and there were wholesome and nutritious snacks available in the centre.

The centre was well maintained and decorated, including residents bedrooms, which were decorated according to their personal preference. The design and layout of the centre was appropriate to meet the assessed needs of residents, and there was assistive equipment available for residents where necessary. The provider had taken measures to promote accessibility throughout the premises.

The health care needs of residents were identified through a needs assessment framework, and on an ongoing basis. Health care plans were developed to support residents to maintain best health, and staff spoken with were knowledgeable of residents health care needs. Residents had access to a general practitioner of their choosing, and a range of allied health professionals, such as physiotherapists and neurologists. Residents were supported to attend health screenings as appropriate. There was evidence that the recommendations of allied health professionals were facilitated in the centre, and staff had received additional training in order to meet some health care needs.



There were measures in place to keep residents safe in the centre. All staff in the centre had received training in safeguarding adults. Where required, residents had a safeguarding plan in place, and safeguarding concerns were reported to the centres designated officer, and managed in accordance with national policy. Residents were aware of advocacy services, and one resident was actively involved in an external advocacy group, and was supported to share information at residents meetings.

A review of risk management in the centre found that the systems in place were effective in identifying, assessing and managing risk. There was a record maintained of all accidents and incidents in the centre, and these were reviewed on a quarterly basis by the person in charge to identify any emergent risks. There was a risk register in place that detailed the risks in the centre, and associated control measures; there were also detailed risk assessments in place for each risk identified. The risk register was updated on a regular basis, however at the time of inspection, there were some risks that had been assessed, that were not present on the risk register. This did not have an impact on the safety of residents.

There were adequate fire protection measures in place in the centre, including fire fighting equipment and containment measures. The centre carried out regular reviews of fire risks in the centre, and implemented appropriate safety measures. There were individual personal evacuation plans in place for residents, that detailed the supported residents required to evacuate the centre safely. Residents participated in regular fire drills, and there was evidence that learning from fire drills was incorporated into residents' evacuation plans. All staff in the centre had received training in fire safety.

The practices related to the storage and administration of medicines was found to be appropriate. The centre had secure storage for medication and a review of administration records showed that residents were administered medication as prescribed. A stock check carried out on two PRN (medicines to be taken as the need arises) medications found that the balances were correct. Some PRN medication dispensed did not have an expiry date present, and staff could not confirm if the medication was in date. Residents were supported to take responsibility for their own medication, according to their need and ability, following an assessment of capacity and risk assessment.

### Regulation 13: General welfare and development

Residents had access to a range of facilities for occupation and recreation, and were engaged in various activities according their preferences. Residents were supported to access opportunities for education and training, and to maintain and develop personal relationships.

Judgment: Compliant

## Regulation 17: Premises

The centre was well maintained and decorated. The design and layout of the premises met the assessed needs of the residents, and efforts had been made to promote accessibility throughout the centre.

Judgment: Compliant

## Regulation 18: Food and nutrition

Residents were supported to purchase and prepare their own meals, and were involved in choosing wholesome and nutritious options. Where required, residents received assistance with eating and drinking as recommended by an appropriate allied health professional.

Judgment: Compliant

## Regulation 26: Risk management procedures

There were systems in place in the centre to manage risk, and for the most part these were effective. There were some gaps in documentation on the day of inspection, however this did not have an impact on the safety of residents.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

There were arrangements in place for detecting, containing and extinguishing fires, and for evacuating residents safely. Fire equipment was well maintained and serviced regularly as required.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

There were appropriate practices in place in relation to the storage and

administration of medication. There was improvement required to ensure that expiry dates were known for all medicines. Some residents self-administered medication, and a capacity assessment and risk assessment was in place for each resident in relation to this.

Judgment: Substantially compliant

### Regulation 6: Health care

Health care needs were assessed regularly, and there were detailed support plans in place for any need identified. Residents had access to a general practitioner of their choice, as well as a range of allied health professionals according to their individual needs.

Judgment: Compliant

### Regulation 8: Protection

There were systems in place to safeguard residents, and all staff had received training in safeguarding adults. Staff spoken with were knowledgeable on their roles in relation to safeguarding, and were confident in knowing how to respond to safeguarding concerns.

Judgment: Compliant

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Lorcan Avenue OSV-0002373

Inspection ID: MON-0021672

Date of inspection: 03/08/2018

## 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 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ul style="list-style-type: none"> <li>The registered provider has prepared in writing a statement of purpose containing information in Schedule 1 of the regulations , this is available to residents and their representatives .</li> </ul> <p><b>In response to the area of non-compliance found under regulation 03 (3):</b></p> <ul style="list-style-type: none"> <li>Statement of purpose previously sent to the Inspector did not contain two pages which referenced the conditions of registration. Revised Statement of Purpose forwarded to the authority on the 17/9/2018  </li> </ul>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> <li>Registered provider has a risk management policy in place.</li> <li>All staff are aware of risk management and identified risks within the centre</li> <li>Monthly Hazard Inspections are carried out and from these identification of risk within the Designated centre.</li> <li>Risk management and emergency planning is a fixed topic on staff meetings</li> <li>Residents meetings have health and safety as fixed item on weekly meetings</li> </ul> <p><b>In response to the area of non-compliance found under regulation 26 (2):</b></p> <ul style="list-style-type: none"> <li>All risks will now be included on unit Risk Register quarterly and a rating allocated proportionate to the risk identified.  </li> </ul>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

- The Organization has a policy & procedure in place for the Safe administration of Medication, which is underpinned by national policy.
- 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.
- The Organization ensure that all staff are provided with training in the safe administration of medication.

**In response to the area of non-compliance found under regulation 29 (4) (c):**

- Review of PRN medications completed on the 3/8/2018 Expiration date in line with the regulations on medication management
- Review of all Medication systems carried out on the 3/9/2018 by the PIC |

## 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 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	04/08/2018
Regulation 29(4)(c)	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 out of date or returned medicines are stored in a secure manner that is	Substantially Compliant	Yellow	03/09/2018



	segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.			
Regulation 03(3)	The registered provider shall make a copy of the statement of purpose available to residents and their representatives.	Substantially Compliant	Yellow	17/09/2018