



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

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| Name of designated centre: | Woodview |
| Name of provider: | St Michael's House |
| Address of centre: | Dublin 9 |
| Type of inspection: | Announced |
| Date of inspection: | 28 March 2018 |
| Centre ID: | OSV-0002376 |
| Fieldwork ID: | MON-0021043 |

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 six adults both male and female with a moderate to profound intellectual disability. Residents in the centre are supported with their medical, behavioural, physical, spiritual and emotional needs. The centre is situated in a suburban area of Co. Dublin with access to a variety of local amenities such as a local shopping centre, hotel, large park, bus routes, and churches. The centre has a vehicle to enable residents to access day services, local amenities and leisure facilities in the surrounding areas. The centre consists of a large two-storey house with seven bedrooms. Residents in the centre are supported 24 hours a day, seven days a week by a staff team comprising of a person in charge, registered nurses, care assistants and a house keeper. Residents' needs are continuously changing and staff supports are offered in line with this.

The following information outlines some additional data on this centre.

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| Current registration end date: | 31/08/2018 |
| Number of residents on the date of inspection: | 4 |

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 |
|---------------|----------------------|-------------|------|
| 28 March 2018 | 08:15hrs to 17:00hrs | Marie Byrne | Lead |

Views of people who use the service

On the day of inspection, the inspectors met and spoke with the six residents in the centre. The atmosphere was relaxed and homely, and residents appeared happy during the inspection.

The inspector observed residents to self-direct their day and engage in activities of their choice including attending their day service. Two residents were at home on the day of inspection and were observed to be supported by staff to participate in a meaningful day by engaging in activities of their choosing, both home and community based.

Residents who spoke with the inspector were complimentary towards the care and support in the centre. They spoke fondly of the staff and stated that they were happy and felt safe in the centre. Some residents discussed decorating their bedrooms in line with their wishes, and the range of activities they enjoyed and were supported to engage in.

There were similar positive comments in the six questionnaires which were completed by residents or their representatives prior to the inspection. Feedback was positive in relation to comfort levels in the centre, personal space and storage space, food and mealtimes, visitors, rights, activities and staffing in the centre.

Through observation the inspector found that interactions between residents and staff were positive. Residents were observed to be treated with dignity and respect at all times during the inspection. There were forums in place in the centre for residents to raise concerns such as the complaints process, residents' meetings, and keyworker meetings.

Capacity and capability

Overall, inspectors found that the registered provider and person in charge were ensuring a good quality and safe service for residents in the centre. Care and support was found to be person-centred and in line with residents' choices, needs, and wishes.

The provider had put measures in place to complete all the actions required following the last inspection. However, improvement was required in relation to ensuring one resident's contract of care was reviewed and updated.

The inspector found that the centre was well managed and that this was bringing

about positive outcomes for residents. There was an annual review of the quality and safety in the centre and six monthly visits by the provider or their representative. The inspector found that learning and improvements were brought about as a result of the findings of these reviews.

There were clearly defined management structures which identified the lines of authority and accountability in the centre. The staff team reported to the person in charge who in turn reported to the service manager. Residents and staff could clearly identify how and to whom they would report any concerns about the quality of care and support in the centre.

The inspector found that there were sufficient numbers and an appropriate skill mix of staff to provide quality and safe care and support for residents in line with the centres' statement of purpose. The staff team were in receipt of support, supervision, training and refresher training to ensure they had the skills and competencies to meet residents' needs. Staff meetings were held regularly and a broad range of topics were discussed which were contributing to the quality and safety of care provided for residents in the centre.

There was adequate quality assurance systems in place such as regular audits, which were ensuring a safe and quality service for residents. The person in charge and service manager were meeting every six to eight weeks to discuss residents' needs, personal plans, family input, clinical supports, audits, budgets, health and safety, safeguarding, complaints and compliments, and other issues as they arise. The inspector found that the person in charge had systems in place to ensure that records were up to date, accurate and reviewed in line with residents' changing needs.

There was a policy in place for residents' admissions, transfer and discharges in the centre. Contracts of care were in place and signed for the majority of residents and they were reflective of the services in the centre, and charges and additional charges in place. However, one resident did not have an up-to-date contract of care which was reflective of the current charges and services provided.

Regulation 15: Staffing

Residents were supported with their care and support needs by a skilled and competent workforce. There were sufficient staff with appropriate skills, qualifications and experience to meet the assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff in the centre had access to education and training in line with residents' assessed needs. They were in receipt of supervision and support to ensure they were delivering high quality and safe care and supports for residents.

Judgment: Compliant

Regulation 21: Records

Records in the centre were well maintained and contributing to improved communications, identification of risks, and safeguarding for residents. Records were reviewed regularly to ensure they were supporting effective and efficient running of the centre. The inspector reviewed a number of staff files and found they contained all the information required by schedule 2 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The provider had adequate insurance in place in the centre to protect residents, staff and visitors.

Judgment: Compliant

Regulation 23: Governance and management

The quality of care and support for residents was monitored by the provider through six monthly unannounced visits completed by the provider or their representative and an annual review of quality and safety of care. These reviews included the views of residents and their representatives and were informing actions to improve outcomes for residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose in the centre contained the information set out in schedule 1 of the regulations and had been reviewed in line with the timeframe

identified in the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures were available to guide staff practice to support residents. Schedule 5 policies were in place and had been reviewed in line with the timeframe identified in the regulations.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There was a policy in place to guide admissions, discharges, transfers and temporary absence from the centre. The majority of residents had a contract of care in place which was reflective of services, charges and additional charges. However, improvement was required to ensure one resident's contract of care was reviewed to reflect the service provided and current charges.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that residents lived in a comfortable, safe home and were enjoying a good quality of life in line with their wishes and goals. The provider had put measures in place to complete all the actions required following the last inspection.

The design and layout of the premises met the number and needs of residents in the centre. Works had been recently completed by the provider to ensure residents had access to a bathroom in line with their assessed needs. Residents' bedrooms were decorated in line with their wishes, and the centre was clean throughout and well maintained.

Residents in the centre were supported to enjoy a good quality of life. They had personal plans in place which identified their strengths and needs and supported them to stay healthy and safe. Each resident had an assessment of needs in place and care plans were developed in line with residents' assessed needs. There was a keyworker system in place and meetings were held on an annual basis with

residents, their representatives, their keyworker and the person in charge to review personal plans. During these meetings progress on existing goals were discussed and plans were put in place for developing meaningful goals for the year ahead.

The inspector found that residents were supported and encouraged to enrich their lives by building relationships and engaging in activities of their choosing in the community. Each resident had a community access and participation care plan which incorporated their goals. These goals were reviewed regularly using a goal tracker.

Residents' healthcare needs were appropriately assessed and care plans were in place in line with these assessed needs. Each resident had access to appropriate allied health professionals. Meal times were observed to be a positive and social event and residents were observed to receive assistance with their meals in a sensitive manner in line with the recommendations in their personal plans.

The inspector found that the provider and person in charge were promoting a positive approach to responding to behaviours that challenge in the centre. Systems were in place to ensure regular monitoring of the approach to behavioural support in the centre. Residents' positive behaviour support plans clearly guided staff practice in supporting residents to manage their behaviour and restrictive practices were regularly reviewed by the multidisciplinary team. Residents' intimate care plans were found to be detailed, to guide practice, and to incorporate residents' wishes and preferences.

The inspector found that the provider was proactively protecting residents in the centre. Safeguarding plans were developed as necessary in conjunction with the designated officer. A complete review of restrictive measures in the centre had been put in place following a safeguarding concern and staff had received additional safeguarding training facilitated by the designated officer. Staff were found to be knowledgeable in relation to keeping residents safe and reporting allegations of abuse.

Residents in the centre were protected by policies, procedures and practices in place relating to health and safety and risk management. There was a system in place for keeping residents safe while responding to emergencies and there were also systems in place to identify, record, investigate and learn from adverse events incidents in the centre. There was a vehicle for use by residents to access the community and it was serviced regularly, suitably equipped, insured and roadworthy for their use.

Residents were protected by policies, procedures and practices in relation to medicines management. Audits were completed regularly and there was evidence of learning following incidents relating to medication management.

Regulation 26: Risk management procedures

The safety of residents was promoted through risk assessment, learning from

incidents, and the implementation of policies and procedures in the centre. The provider was responsive to addressing safety issues so that residents were safe and supported to live a good life.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Appropriate medication management policies, procedures and practices were in place to protect residents in the centre. Audits were completed regularly and there was evidence of learning following incidents relating to medicines management.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place which contained quality assessments, care plans and goals which supported them to pursue their goals and engage in activities in line with their interests and wishes. There was evidence of review and evaluation of the effectiveness of these plans and goals.

Judgment: Compliant

Regulation 6: Health care

Residents' health and wellbeing was supported in the centre through access to appropriate healthcare. Residents had healthcare plans in place and had access to allied health professionals in line with their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was a positive approach in responding to behaviours that challenge and residents had access to specialist and therapeutic interventions. Staff had the up-to-date knowledge and skills to support residents. Restrictive practices in the centre were reviewed regularly using a document which considered the effectiveness of restrictions, alternatives considered, and plans to reduce or discontinue restrictive

measures.

Judgment: Compliant

Regulation 8: Protection

The provider had safeguarding arrangements in place to protect residents from all forms of abuse and staff were knowledgeable about these arrangements for safeguarding.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

| Regulation Title | Judgment |
|--|-------------------------|
| Capacity and capability | |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 21: Records | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Regulation 24: Admissions and contract for the provision of services | Substantially compliant |
| Quality and safety | |
| Regulation 26: Risk management procedures | 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 Woodview OSV-0002376

Inspection ID: MON-0021043

Date of inspection: 28/03/2018

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 24: Admissions and contract for the provision of services | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>To ensure that one resident's contract of care was reviewed to reflect the service provided and current charges a meeting was held on 25/05/2018 with the CEO, Director of Adult Services and the individual's Next Of Kin. During this meeting the Next of Kin expressed her rational for refusal to sign the contract of care and attached is the supporting documentation –</p> <ul style="list-style-type: none">- minutes of the meeting and- Letter from the family member. <p>Work in being carried out by St Michael's House in relation to some of the wording in the Contract of Care with the aim of providing a specific Contract of Care for this individual and his family.</p> | |

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 24(4)(a) | The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged. | Substantially Compliant | Yellow | 30/06/2018 |