



Office of the Chief Inspector

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

Name of designated centre:	36 Elmwood Park
Name of provider:	St Michael's House
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	05 February 2019
Centre ID:	OSV-0002392
Fieldwork ID:	MON-0022467

About the designated centre

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

Elmwood provides residential care and support to adults with an intellectual disability. Residents with additional physical or sensory support needs can be accommodated in this designated centre. Elmwood can support residents with additional support needs such as alternative communication needs, specialist diet and nutrition programmes and residents with well managed health conditions such as epilepsy or diabetes. The centre can also support people with dual diagnosis intellectual disability and mental health diagnosis.

Elmwood offers support to residents in activities of daily living including support in personal care, meal preparation, organising, planning and participating in social activities. Multi-disciplinary support is available to assess and support residents' changing needs.

The following information outlines some additional data on this centre.

Current registration end date:	24/07/2019
Number of residents on the date of inspection:	6

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
05 February 2019	10:00hrs to 18:00hrs	Ann-Marie O'Neill	Lead

Views of people who use the service

The inspector met and spoke with all residents present in the designated centre on the day of inspection. The inspector spoke in a more in-depth way with three residents. Residents spoken with were complimentary of the service they received. They spoke highly of the staff that worked in the centre. Residents said staff worked as a team to support and help them achieve personal goals and to also engage in hobbies and activities they liked. Residents told the inspector they could tell the managers and staff if they had a problem and knew there was a complaints procedure that they could use if they wished. Questionnaire feedback reviewed was also positive. Residents' families provided complimentary feedback about the centre, this included compliments about the standard of cleanliness of the centre, the positive attitude of the staff and the quality of care and support their loved ones received. Staff were observed to interact with residents in a respectful and caring way throughout the inspection.

Capacity and capability

The registered provider was effective in ensuring residents were receiving a good quality service in this designated centre. Overall, the inspector found evidence of a responsive, fit provider capable of monitoring its own governance arrangements and where necessary taking responsive action to improve services.

Governance and management systems and oversight by the provider and person in charge had ensured these findings which in turn were having positive impacts for residents living in this designated centre.

The person in charge was employed on a full time basis, worked directly with the residents and had administration time during the week. They were also supported by a deputy manager that participated in the overall operational management of the centre. The person in charge demonstrated they understood their regulatory role and responsibilities to a good standard. This included knowledge of notifications required by the regulations. All incidents had been notified as required.

Overall, good levels of compliance with the regulations and standards were found on this inspection. There were a number of quality assurance audits in place to ensure the service provide was safe, effectively monitored and appropriate to residents' needs. These included a quality enhancement plan, an annual review and the six monthly unannounced provider visits. Further audits carried out in the centre included medication management audits, health and safety audits and infection control audits. These audits identified areas for improvement and there was evidence of self-identified issues being addressed in a timely and effective way by the person in charge and persons participating in management.

The centre maintained a planned and actual roster. The inspector reviewed a sample of the rosters and found that, on the day of the inspection, there was sufficient staffing levels in the centre to meet the assessed needs of the residents. The rosters reviewed demonstrated that staffing levels were organised and amended to meet the needs of the residents.

The provider and person in charge had recognised the changing needs of residents and their presenting health care needs and had resourced the centre with additional nursing support during the week. At the time of the inspection the provider was in the process of assessing and reviewing this resource with a view to increasing nursing support within the centre in order to meet the needs of residents. This was an example of a provider demonstrating responsive action to the assessed changing needs of residents.

The provider also had effective governance arrangements in place to ensure the statement of purpose for the centre was regularly reviewed and met the requirements of Schedule 1 of the regulations.

The provider had effective systems in place to ensure a full and complete application to renew registration had been submitted to the Office of the Chief Inspector within the correct time frame.

The provider had also ensured the centre had appropriate up-to-date insurance in place.

Registration Regulation 5: Application for registration or renewal of registration

A full and complete application to register was received.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge presented as an experienced and professional person with a good understanding of their regulatory responsibilities. Good levels of compliance were found on this inspection. The person in charge had created effective localised management systems which ensured residents' health and social care needs were met in an effective way.

Judgment: Compliant

Regulation 15: Staffing

At the time of the inspection, there was sufficient staffing levels in the centre to meet the assessed needs of the residents. The provider had also recognised the changing health-care needs of residents and had ensured nursing care resources were available in the centre with a view to increasing this staffing resource in response to the needs of residents.

The provider had ensured all staff had received up-to-date Garda vetting.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured appropriate insurance arrangements were in place for the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place in the designated centre. The provider had arrangements in place to meet their regulatory responsibilities for regulation 23. Provider led audits had been carried out twice each year. Further audits in relation to health and safety, medication management and infection control also formed part of the audit and quality assurance systems for the centre. The provider was in the process of completing the annual report for 2018 at the time of the inspection.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had arrangements in place to revise and update the statement of purpose as required. The statement of purpose contained all of the information as required by Schedule 1 of the regulations and the service provided in the centre met the description of service set out in the statement of purpose.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were notified to the Office of the Chief Inspector as required by the regulations.

Judgment: Compliant

Quality and safety

The provider had ensured residents living in Elmwood designated centre were provided with good quality, person centred care. Risk management systems were, in the main, effective. Medication management systems were safe and effective, infection control oversight and implementation was to a good standard and the provision and oversight of positive behaviour support for residents was comprehensive.

Elmwood designated centre is a detached two storey property which consists of a two living room spaces, a kitchen/dining area, a staff sleep over room/office. The premises also contains a large utility space where residents can launder their clothes, each resident also has their own bedroom decorated to their personal style and preference. The premises presents as homely, well ventilated and is decorated tastefully with photographs of current and past residents in various areas within the home. Residents told the inspector they liked their home and their bedrooms. The provider had also ensured residents had access to a number of accessible bathing and toileting facilities. A high standard of cleanliness was noted throughout the centre on the day of inspection.

Fire safety systems in the main were robust and in line with the regulations. The centre had suitable fire equipment in place including a fire alarm, emergency lighting and fire extinguishers. There was evidence to demonstrate this equipment had been serviced as required and servicing records were up-to-date. Fire evacuation drills had also occurred and of the sample reviewed they demonstrated residents could be evacuated in a timely manner. Some improvements were required to the containment measures in the centre. The provider had identified the requirement for automatic door closers and smoke seals to be fitted to some doors in the property, for example. However, a time line as to when these improvement works were to occur was not identified.

An effective medication management system was in place in the centre. From a review of a sample of prescription sheets it was noted there were appropriate medication administration and recording systems. Safe and suitable storage facilities for medication was also present in the centre. The deputy manager and person in charge discussed the medication and audit checks carried out in the centre. These were found to be comprehensive and thorough. All staff were appropriately trained

to safely administer medication with refresher training provided as required.

The inspector also reviewed a sample of residents' personal files and found that there was an up-to-date comprehensive assessment of need in place for each resident which in turn informed their care plan. Support needs in areas such as social supports, behaviour support and health care were identified, and support plans had been developed to reflect residents' health and social care needs and guide staff in how to implement good quality care.

Person centred planning meetings occurred with residents and these provided residents with an opportunity to identify goals to work towards for the coming year. Photographic and documentary evidence of some achieved goals from 2018 were maintained in residents' personal plans also. Residents discussed with the inspector their plans for foreign holidays and birthday party arrangements they were planning. They informed the inspector that staff were helping them to plan these goals and their keyworkers would work with them.

Due to the aging profile and changing needs of residents living in this centre, for some, healthcare supports were a significant feature. It was noted that appropriate healthcare supports were provided to residents in this centre. The provider and person in charge had identified the necessity for additional nursing care supports for some residents and this was provided each week. It had also been recognised, by the provider and person in charge, that this support may be required on a more regular basis and a review of this health care staffing resource was underway at the time of the inspection.

Residents were afforded timely access to allied health professionals aligned to their assessed healthcare needs. It was also evident that residents had been supported to avail of National healthcare screening programmes and documentary evidence of this was maintained in some resident's personal plans.

Positive behaviour support plans were in place for residents where required. These plans were up-to-date and provided information and guidance to staff in a manner which promoted proactive management, skill teaching and de-escalation techniques. A system for review of restrictive practices was in place. All potential restrictions used in the centre had been reviewed by the provider's 'Positive Approaches Management Group'. While some restrictions were in place it was demonstrated they were required to manage personal risks for some residents.

Residents spoken with told the inspector that they felt safe and were observed to appear comfortable and content in their home throughout the inspection. Residents also told the inspector that they knew how to make a complaint and would tell their key worker or the manager in the centre if they were unhappy about something. The provider had ensured a safeguarding policy and associated procedures were in place. It was also demonstrated that the provider took responsive and timely action in response to safeguarding concerns or allegations. Where required safeguarding plans were in place with an additional explanatory plan which guided staff in how to support residents.

An action from the previous inspection in relation to the management of residents'

personal finances had been adequately addressed. The person in charge had effectively supported each resident in the centre to secure a deposit account with their bank. This now provided residents with a more secure way of managing their finances and allowed them to accrue interest on saved monies.

The provider had created a risk management policy as per their regulatory requirement under regulation 26. There was evidence of its implementation within the centre. The person in charge maintained a risk register and risk assessments were up-to-date. Identified risks were assessed using a risk analysis framework and corresponding control measures were documented to mitigate and manage those risks identified. However, it was noted that the risk policy did not fully meet the requirements of regulation 26. The provider was aware of this and were in the process of reviewing the policy in order to bring it into compliance.

Effective infection control management systems were in place in this centre. It was noted that aspects of infection control best practice were implemented as required, for example colour coded chopping boards, mops and buckets were used. Appropriate management and disposal of sharps used for the monitoring of residents' blood sugars, was also in place. Infection control audits were also carried out and where necessary actions were identified and addressed in a timely and effective way.

Regulation 12: Personal possessions

An action from the previous inspection had been addressed. The person in charge had supported all residents living in the designated centre to have a personal deposit account for their personal monies which would provide them with security and the ability to accrue interest on their savings where applicable.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured the premises was well maintained. A high standard of cleanliness was noted throughout. Residents had decorated their bedrooms in their own personal style. Bathing and toileting facilities were maintained to a good standard. The centre also provided residents with communal space options and a large kitchen and dining room area.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had created a risk management policy and there was evidence of its implementation in the centre. However, it was found to not meet the specific requirements of regulation 26. The provider was aware of this and at the time of inspection the policy was under review in order to bring it into compliance. While the policy did not demonstrate full compliance with regulation 26, it was not demonstrated, on this inspection, that there was an adverse effect to residents as a result.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There was evidence that high standards of infection control practices were in operation in the centre and in line with best practice infection control guidelines. Infection control audits were carried out in the centre to ensure this good standard was maintained.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured overall that appropriate fire safety precautions and measures were in place. Some fire safety containment measures required improvement. The provider had self-identified areas that required improvement. However, at the time of inspection these improvements had not been addressed and a time-line for their completion was not identified.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Safe and appropriate medication management systems were in operation in this designated centre. The provider had produced a medication management policy and there was evidence of its implementation in this designated centre. Medications were stored safely and stock checks and audits were carried out regularly.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an up-to-date personal plan which incorporated an up-to-date comprehensive assessment of need and a corresponding detailed support plan for each need identified. Person centred planning meetings also occurred and there was evidence of residents achieving goals from the previous year which were documented in photographs and written format in their personal plans. Personal planning documentation was found to be well organised in this designated centre.

Judgment: Compliant

Regulation 6: Health care

Some residents living in this centre presented with complex medical needs. It was noted that appropriate and timely healthcare interventions and supports were provided to residents. Residents also received appropriate nursing care interventions if and when required. Residents had also been afforded opportunities to avail of National health screening checks.

Judgment: Compliant

Regulation 7: Positive behavioural support

Positive behavioural support plans were in place for residents who required them. Some restrictive practices were implemented in the centre. Where restrictive practices were used they were necessary for the management of some resident's personal risks. There was evidence that potentially restrictive practices were reviewed by the Positive Approaches Management Group on a regular basis. Residents were supported to avail of mental health allied health professional services if and when required.

Judgment: Compliant

Regulation 8: Protection

Residents spoken with told the inspector they felt safe and happy in their home. The

provider had put in place systems and procedures which were in line with the National Safeguarding Vulnerable Adults policy. A designated person was identified for the centre. The provider demonstrated responsive and timely action in response to allegations of abuse. All staff had received up-to-date training in safeguarding vulnerable adults.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially 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 36 Elmwood Park OSV-0002392

Inspection ID: MON-0022467

Date of inspection: 05/02/2019

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Regulation 26(1) (d) The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.</p> <p>Action:</p> <p>St. Michael's House Integrated Risk Management Policy is at present in draft format with a schedule date for release 31st April 2019. The Risk Management Process will - Identify Risk- Assess Risk - Treat the Risk - Monitor and Report. Monitoring and reporting the Risk, Quarterly or earlier if deemed necessary. Serious incidents are reported and investigated at all levels of the Organisation through the Risk Register process.</p> <p>Regulation 26(1) (e) The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.</p> <p>Action:</p> <p>St. Michael's House Principles of Risk Management Measures agreed in any risk assessment and risk management plan will be proportionate and the least restrictive of a person's rights and freedoms of action as reasonably possible.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Regulation 28(3) (a) The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.</p>	

Action:

There are currently Five Environmental / Fire Precautions actions outstanding, three are rated as a medium risk and two are rated as low risk. Interim measures of work are currently underway with a plan completion date for all of the five risks identified, March 31st 2019.

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(1)(d)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.	Substantially Compliant	Yellow	30/04/2019
Regulation 26(1)(e)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.	Substantially Compliant	Yellow	30/04/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/03/2019