



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

Name of designated centre:	Landscape
Name of provider:	St Michael's House
Address of centre:	Dublin 14
Type of inspection:	Announced
Date of inspection:	26 June 2018
Centre ID:	OSV-0002397
Fieldwork ID:	MON-0021685

## About the designated centre

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

Landscape Park provides full-time residential care to male and female adults with an intellectual disability. Support provided at Landscape Park aims to provide a safe and stimulating environment, which encourages residents to make choices on all aspects of their lives and develop their skills and abilities. Landscape Park is located in a residential area of a city and is close to local shops and other amenities. The centre also had its own transportation as well as being close to public transport links, which enables residents to access further leisure opportunities in the surrounding area.

The centre comprises of two premises which are located in close proximity to each other. The centre's larger premises is a seven bedded two-storey house of which five of the bedrooms are used by residents. The remaining two bedrooms are used by the provider as office facilities, with one of the offices also being utilised as overnight accommodation for staff. Residents have access to two communal sitting rooms, dining room and kitchen. The house has three bathrooms available to residents offering either bath, shower or wet room facilities. A further separate toilet is located on the ground floor. Residents have access to laundry facilities in the house's ground floor utility room. A fully accessible rear garden area is also provided at the house which incorporated paved seating areas.

The centre's second premises is a three bedded two-storey house, with one of the bedrooms being used by the provider as office space and overnight accommodation for staff. The house comprises of a communal sitting room, dining room and kitchen, as well as an upstairs bathroom with shower facilities. Laundry facilities are provided as part of the kitchen area and residents have access to a garden located to the rear of the house.

Residents at Landscape Park are supported by a team of social care workers. Residents in the larger house are supported during the day and at evening times by two staff members. One staff member is available during the same times in the smaller bedded house. At night-time, one overnight staff member is available in both houses to provide assistance to residents if required. In addition, the provider has arrangements in place to provide management and nursing support outside of office hours and at weekends if required.

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

Current registration end date:	05/01/2019
Number of residents on the date of inspection:	6

## 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
26 June 2018	09:00hrs to 17:25hrs	Stevan Orme	Lead
26 June 2018	09:00hrs to 17:30hrs	Sinead Whitely	Support

## Views of people who use the service

Inspectors had the opportunity to meet five residents who lived at Landscape Park during the inspection. Residents, who spoke with inspectors, told them that they were happy at the centre and were supported to do activities of their choice.

Where residents were unable to tell inspectors about the care and support they received or choose not to, inspectors observed that they appeared both relaxed and comfortable at the centre as well as with the support they received from staff.

In addition, inspectors reviewed questionnaires completed by residents with staff support on the quality of the service provided at Landscape Park. Questionnaires reviewed reflected comments made by some residents, that were happy at the centre and with the support they received.

Inspectors also had the opportunity to speak with one family member during the inspection. The family member told inspectors that they felt their relative was safe at the centre and was supported with their assessed needs.

## Capacity and capability

The provider's governance and management arrangements ensured that residents received care and support in-line with their assessed needs at Landscape Park. The care and support provided to residents ensured that they were protect from harm, and assisted with all aspects of their daily living where required. However, improvement was required to the provider's governance and management arrangements to ensure compliance with both the regulations and the provider's own policies and procedures.

The provider had ensured that staffing arrangements were sufficient and available at all times to meet residents' needs in a timely manner. Since the last inspection staffing arrangements at the centre had following been affected by both planned staff absences and vacancies. However, the provider had ensured continuity of care for residents through the use of qualified temporary workers and the recruitment of new staff to the centre. Daily staffing arrangements reflected residents' personal support plans and ensured their assessed needs were met in a timely manner.

Governance and management arrangements regularly monitored both residents' care and support and the centre's operational practices. The provider ensured that unannounced six monthly visits occurred at the centre and an annual review of the care and support provided was undertaken. In addition, the person in

charge completed a range of management audits with the outcomes shared with both staff and line management. However, inspectors found that auditing and governance arrangements had not ensured compliance with both the provider's own policies and the regulations in areas such as residents' personal planning and fire safety arrangements.

Following the last inspection findings, the provider had ensured that staff had regular opportunities to access up-to-date training. With training provided ensuring that staff knowledge and practices reflected both the provider's organisational policies and current developments in health and special care practice. In addition, staff were able to either seek clarification or raise concerns about the operational management of the centre through regular team meetings and one-to-one supervision meetings with the person in charge.

The provider's risk management systems ensured that any accidents and incidents were appropriately reported by staff. Once reported, they were subject to investigation and review by the centre's management team, with any subsequent learning being shared with staff and incorporated into practices at the centre.

In addition, the provider had procedures in place to respond to adverse incidents, such as an outbreak of fire or loss of utility supplies. However, inspectors found that the provider's governance arrangements had not ensured that all risks were identified and the effectiveness of emergency protocols had been fully assessed.

#### Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced as well as being actively involved in the governance and management of the centre.

Judgment: Compliant

#### Regulation 15: Staffing

The provider had ensured that an appropriate number of staff were employed to support residents' assessed needs and enable them to access activities of choice and work towards personal goals.

Judgment: Compliant

#### Regulation 16: Training and staff development

Following the last inspection, the provider had ensured that arrangements were in place to provide staff with access to regular training opportunities. Training arrangements ensured that staff knowledge enabled them to meet residents' assessed needs and reflected current development in health and social care practice.

Judgment: Compliant

### Regulation 21: Records

The provider's recruitment and selection arrangements ensured that all information required under the regulations such as national vetting disclosures and references were obtained prior to staff commencing employment at the centre.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had clear governance and management structures in place at the centre, which ensured that residents were protected from harm and supported in-line with their assessed needs. However, completed management audits had not ensured that all practices at the centre were in-line with the provider's own policies and compliant with the requirements of the regulations.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The provider had ensured that the centre's statement of purpose was subject to regular review, reflected the services and facilities provided and contained all information required under the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider ensured that residents were made aware of their right to make a complaint through the availability of accessible information and discussions in weekly house meetings. In addition, residents' representatives were aware of their

right to make a complaint about the service on behalf of residents. Where complaints had been made, the person in charge had addressed or was in the process of addressing them in-line with the provider's policy.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

The provider had arrangements in place which ensured that the centre's policies and procedures were subject to regular review, reflected current developments in health and social care practice, and were available to staff.

Judgment: Compliant

#### Quality and safety

Care and support provided at the centre ensured that residents' assessed needs were supported in a timely manner and they were able to access activities in their local community and achieve personal goals. However, although inspectors found that residents were safe and protected from harm at the centre, the provider's management audits had not effectively identified where practices or arrangements at the centre did not adhere to organisational policies and result in compliance with the regulations.

Residents who spoke to inspectors, told them that they were happy living at the centre. Residents said that they enjoyed attending their day services and staff at the centre supported them to enjoy a range of social activities such as ten-pin bowling. Inspectors found that residents were further supported by staff to develop daily living skills such as doing their personal laundry and shopping. Residents were actively involved in making decisions about the day-to-day running of the centre. Residents participated in regular weekly house meetings, where through the use of communication aids such as pictures and objects of reference, they made decisions on weekly menus and social activities and staff informed them on their personal rights.

Residents' personal plans were comprehensive and reflected both staff knowledge and practices. The person in charge further ensured staff consistency to residents' needs through plans being regularly updated to reflect any changes in circumstances or multi-disciplinary professionals' recommendations. However, inspectors found that not all residents' personal plans had been subject to an annual review into their effectiveness as required by the provider's own policies and the regulations. In addition, where an annual review had been completed, associated



records did not consistently show the involvement of residents, their representatives or multi-disciplinary professionals. The person in charge spoke with inspectors about plans to develop accessible personal plans for residents. However, on the day of inspection, accessible plans had not been commenced and were not available to residents to inform them about the care and support they would receive in-line with their assessed needs.

Where residents had moved into the centre following the last inspection, inspectors found that the provider had ensured that transitional arrangements were both well planned and sensitive to the needs of the resident. Transitional arrangements were gradual in nature and subject to regular review in consultation with the resident and all other associated parties.

The provider had risk management arrangements in place at the centre which identified risks and implemented control measures to protect residents from harm. However, simulated fire drills at the centre had not given all residents the opportunity to participate and were not conducted under all circumstances such as at times of maximum occupancy to fully assess their effectiveness in the event of an emergency. In addition, inspectors found that staff knowledge of what to do in the event of an evacuation did not accurately reflect the centre's emergency plan.

The design and layout of the centre's premises ensured that all facilities were accessible to residents and met their assessed needs. Where residents showed inspectors their bedrooms, they were personalised and reflected their individual preferences and interests. However, inspectors observed that the provider's maintenance arrangements for the centre had not addressed general 'wear and tear' such as damage to paintwork and communal furnishings.

### Regulation 13: General welfare and development

Residents were supported to participate in a range of activities which reflected their assessed needs and personal goals.

Judgment: Compliant

### Regulation 17: Premises

The centre's premises were accessible to residents and met their assessed needed. However, the provider's arrangements had not addressed general 'wear and tear' to decoration and furnishings.

Judgment: Substantially compliant

<b>Regulation 20: Information for residents</b>
The provider had ensured that residents had access to a 'resident's guide' which informed them about the services and facilities they would receive at the centre.
Judgment: Compliant
<b>Regulation 26: Risk management procedures</b>
The provider's risk management arrangements ensured that residents and staff were protected from harm, but had not identified all risks at the centre.
Judgment: Substantially compliant
<b>Regulation 28: Fire precautions</b>
The provider had not ensured that the effectiveness of the centre's fire evacuation arrangements had been assessed under all circumstances and was reflective of staff knowledge.
Judgment: Substantially compliant
<b>Regulation 29: Medicines and pharmaceutical services</b>
The provider ensured that resident's prescribed medication was securely stored, administered and disposed of in-line with organisational policy by suitably qualified staff.
Judgment: Compliant
<b>Regulation 5: Individual assessment and personal plan</b>
The provider's governance arrangement ensured that residents' personal plans were up-to-date and reflected staff knowledge. However, plans had not been reviewed annually to assess their effectiveness, and where reviews had occurred that did not

show the involvement of residents, their representatives and associated multi-disciplinary professionals. In addition, the provider had not put arrangements in place to provide residents at the centre with accessible versions of personal plans.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents were supported to access health care professionals as and when required and in-line with their assessed needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Where residents had behaviours that challenge, the provider ensured that staff had received up-to-date training and positive behaviour support plans were in place to support the person, guide staff practices and reduce any risk to others. In addition, the provider ensured that where restrictive practices were used to support residents they were subject to regular multi-disciplinary review and the least restrictive in nature.

Judgment: Compliant

### Regulation 8: Protection

The provider had arrangements in place which safeguarded residents from abuse and included clear reporting arrangements and access to up-to-date training for staff.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were supported in-line with their assessed needs and preferred method of communication to make decisions about the running of the centre and accessible information was made available to them about their rights.

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 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Landscape Park OSV-0002397

Inspection ID: MON-0021685

Date of inspection: 26/06/2018

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Regulation 23 (1)( c)</p> <p>The Registered Provider and Person in Charge will ensure that the management systems such as personal planning documentation are reviewed annually or more frequently if there is a change in need or circumstances. The Person in charge will ensure that each resident has maximum participation in their individualised plans and the documentation accurately reflects the full names and profession of people attending such meetings. The Person in charge will ensure that a fire drill is conducted when all residents are present to assess the ability of residents to evacuate under minimal staffing conditions</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Regulation 17(1)(b)</p> <p>The registered provider will ensure that the maintenance arrangements for the centre such as damage to paintwork and communal furnishings will be addressed. The person in charge will contact maintenance dept to schedule the works required.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Regulation 26(2)</p>	

The registered provider has ensured the both designated centre's have the necessary fire equipment in place. Please refer to feedback report.

The registered provider and person in charge will ensure that audits clearly identify where practices or arrangements do not adhere to organizational policies that there is clear plan on how to respond to such emergencies. The service manager will review audits on a six monthly basis.

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Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

Regulation 28(3)(d)

The Person in charge will ensure that a fire drill is conducted when all residents are present to assess the ability of residents to evacuate under minimal staffing conditions.

Regulation(4)(b)

The Person in charge will ensure that all residents participate in regular fire safety management procedures such as 2 Fire walks one day and one night and 2 alarmed fire drills one day and one night, which will clearly document the outcome. The person in charge will ensure that all staff and residents are fully aware of the centre's emergency plan. |

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

Regulation 5(5)

The person in charge will work with key workers to ensure that residents have ownership of personal plans. Personal plans will be accessible and will clearly outline time frames for their goals and wishes to be achieved

Regulation 5(6)(a)

The Person in Charge will ensure that personal plans are reviewed annually or more frequently if needed. The personal plan will be part of the multidisciplinary team review.

Regulation 5(6)(b)

The Person in charge will ensure the individual assessment and personal plan documentation are reviewed annually or more frequently if there is a change in need or circumstances. The Person in charge will ensure that each resident has maximum participation in their individualised plans and the documentation accurately reflects the full names and profession of people attending such meetings. |





## 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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	29/11/2018
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.	Substantially Compliant	Yellow	30/10/2018
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre	Substantially Compliant	Yellow	03/07/2018

	for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	16/08/2018
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	29/09/2018
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	30/10/2018
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a	Substantially Compliant	Yellow	30/10/2018

	review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.			
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	30/10/2018