

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Landscape Park
<b>Centre ID:</b>	OSV-0002397
<b>Centre county:</b>	Dublin 14
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St Michael's House
<b>Provider Nominee:</b>	Maureen Hefferon
<b>Lead inspector:</b>	Helen Thompson
<b>Support inspector(s):</b>	Marie Byrne
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	1

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was following an application to vary registration conditions. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 26 October 2017 14:30 To: 26 October 2017 17:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

**Background to this inspection**

This was the first inspection of the premises by the Health Information and Quality Authority (HIQA). It took place following an application to vary conditions of registration of the centre by the provider. The centre originally comprised two houses, supporting five residents in one house and one resident in the other. In the application to vary the provider applied to close the house which accommodated one resident, and to open a new house for this resident.

Two inspectors carried out a one day, seven outcome inspection to inform a registration decision. As part of the application to vary conditions of registration the provider submitted the required documentation to HIQA.

**Description of the new premises:**

The new premises identified by the provider in the application to vary is a short walk from the other house that will continue to be part of the designated centre. The new premises is a large detached two-storey, house comprising of four bedrooms, two recreation rooms, two bathrooms, a kitchen-dining room, and a large back garden. The premises is leased from a third party and the lease tenure is three years.

**How we gathered our evidence:**

As part of the inspection process inspectors met with the service manager and the

person in charge. The inspectors viewed the premises and reviewed documentation such as transition plans, statement of purpose, and policies and procedures. Following the inspection, the person in charge forwarded further documentation which was reviewed by the inspector. This documentation included training records, the lease agreement, fire detection and maintenance documentation, evidence of installation of emergency lighting, the annual review of quality and safety for the designated centre, and six monthly reviews of quality of care and support carried out by the registered provider.

#### Summary of inspection findings

Seven outcomes were assessed on this empty build inspection. One outcome was found to be substantially compliant with the Regulations; Outcome 17 workforce. All other outcomes were found to be compliant.

Findings are detailed in the body of this report under each outcome. The regulation which is not being met is included in the action plan at the end of this report.

**Section 41(1)(c) of the Health Act 2007. Compliance 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.**

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

There were arrangements in place to assess the resident's needs and choices and to review their personal plan within 28 days of the proposed transition to the new premises. The person in charge reported that this review would be inclusive of the resident, their family, their keyworker, and relevant members of the multidisciplinary team. There were proposed processes to formally review the resident's personal plans on an annual basis as outlined in the statement of purpose.

Transition planning meetings had taken place involving the resident, their family and relevant members of the multidisciplinary team. A step by step plan for the transition process had been developed and agreed upon by the resident's occupational therapist, day service staff, the person in charge, and their psychologist. The resident's psychologist had visited the proposed premises as part of developing the transition plan. It was proposed that objects of reference and pictures would be used alongside a social story to support the resident during the transition period. The resident had visited the outside of the premises and plans were in place to visit and fully view it. Members of the resident's family had visited the premises.

The person in charge will continue to ensure weekly resident meetings are held, with agenda items to include menu planning, the complaints process, fire precautions, and activity planning. It was proposed that the existing individualised day service which the resident currently receives would be facilitated in the new premises. A good range of activities for the resident to engage in, had been identified in the local community, including the use of local transport links.

It was proposed by the person in charge and service manager that a multidisciplinary team meeting would be held approximately four weeks after the resident's transition to the premises, or sooner if required.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The location, design and layout of the premises was as described in the statement of purpose. The property is a large detached two storey house comprising of four bedrooms, two recreation rooms, and a kitchen/dining room. It had adequate living space and rooms were of a suitable size and layout to meet the needs of the proposed incoming resident.

On the day of inspection the premises did not contain furniture or furnishings. The person in charge and service manager described plans for the resident to choose their bedroom and personalise their living space as part of their transition plan. They reported that a snag list would be completed and that all identified issues would be addressed. Additionally, it was outlined that a company would be employed to carry out a deep clean of the premises prior to the resident's admission.

There was a large garden to the rear of the property and it was evident from speaking to the person in charge and service manager that they had considered the needs of the resident when choosing the property.

There were sufficient toilets and suitable shower facilities in place to meet the needs of the resident. There were arrangements in place for the safe disposal of general and clinical waste. The service manager reported that the washing machine and dryer would be placed in an outdoor shed which had just been purchased and placed in the back garden.

The resident's psychologist on visiting the premises had made recommendations in relation to the use of the dining room side of the kitchen and there were proposals in place to meet these recommendations. The resident's occupational therapist had also

visited the premises and made recommendations for adaptations to be made to the environment to suit the needs of the resident. On the day of inspection these adaptations were in place.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

There were policies and procedures in place for risk management, emergency planning, and health and safety in the designated centre. The centre had a risk register in place and risk assessments for identified risks.

The risk assessments detailed measures to be put in place to control these risks. The person in charge gave assurances to the inspector that these would be reviewed as necessary during the transition period. The person in charge reported that systems were in place for the identification, recording, investigation and learning from serious incidents in the designated centre. Incidents and near misses are documented using an on-line system in the centre. This is then reviewed by the person in charge, the service manager, and the health and safety officer. Risk registers and risk assessments are then amended as necessary.

The resident had a personal evacuation plan in place and the person in charge reported that this would be reviewed for the resident during the transition period. There was a schedule in place for daily and weekly fire checks to be completed in the centre. An external company has been employed to service and maintain fire equipment in the premises. Installation and maintenance records for fire equipment were made available to, and reviewed by the inspector following the inspection. Emergency lighting was not in place on the day of inspection but documentary evidence was forwarded to the inspector post the inspection to reflect that it had been installed. Adaptions had been made to the premises to make one of the fire exits accessible in line with the needs of the resident. There were adequate means of escape and fire exits. Day and night time drills were planned for the premises.

Proposals were in place in relation to prevention and control of infection including colour coded mops and cloths, colour coded chopping boards for food preparation, and a food thermometer probe to check food, fridge and freezer temperatures. A daily cleaning schedule was proposed which will include specific tasks to be completed by staff each

day of the week to ensure the all areas of the premises are clean.

There was a transport vehicle in the designated centre however there were no plans in place for the proposed resident to use it as they utilise public transport.

**Judgment:**

Compliant

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

There were policies and procedures in place for the prevention, detection and response to any allegations of abuse, and for the provision of intimate care in the centre. There was a policy in place in the centre for the provision of behavioural support, and for the use of restrictive procedures and restraint.

There was a system in place in the centre for recording any incidents, allegations and suspicions of abuse, and for investigating and responding to them.

A positive behaviour support plan was in place for the resident which was developed by relevant members of the multidisciplinary team. The person in charge reported that this would be reviewed as necessary during the transition period in line with the resident's transition plan.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*



<p><b>Theme:</b> Leadership, Governance and Management</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b> The centre had a written statement of purpose which outlined the aims, objectives and ethos of the designated centre, and the services and facilities to be provided to residents. The person in charge reported that arrangements were in place for its review at a minimum of annually.</p> <p>The statement of purpose contained the information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centre's for Persons (Children and Adults) With Disabilities) Regulations 2013.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 14: Governance and Management</b> <i>The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.</i></p>
<p><b>Theme:</b> Leadership, Governance and Management</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b> The management structure of the centre was outlined in the statement of purpose. There was a full time person in charge employed in the centre who was suitably qualified and experienced for the role. The person in charge reported to a service manager, who in turn reported to the provider nominee.</p> <p>There were systems in place in the centre for an annual review of the quality and safety of care and for the six monthly visits to the centre by the provider in line with regulatory requirements. The person in charge reported that they would carry out audits in the new premises in line with those they currently complete in the designated centre. The service manager reported that they have six to eight weekly meetings with the person in charge. The agenda items for these meetings include, residents current goals and</p>

necessary supports, data set, and supervision. The service manager holds cluster meetings with the persons in charge of four residential areas. During these meetings the persons in charge rotate as chair and they share learning and give presentations.

The person in charge had completed probation requirements and supervision with the existing staff team in the centre. It was proposed that this team will transfer and will be working in the new premises. The person in charge proposed to hold four to six weekly staff meetings in the centre and to continue to carry out staff supervision in line with the organisations policy.

**Judgment:**

Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

Currently the staff team rotate between the two existing houses in the centre. The proposal is that this arrangement continues once the new premises opens. The staff team comprises nursing staff, social care workers and care staff. There are currently no volunteers attached to the centre. Training records were reviewed for the staff team in the centre and some gaps were identified in relation to training. A number of staff required refresher training in relation to fire safety, and safeguarding vulnerable adults.

The inspector reviewed planned and actual roster for the centre. Staffing levels were in line with the statement of purpose.

There was a lone worker policy in place in the designated centre. It was proposed that risk assessments would be developed for lone workers, and that systems would be in place to include handover and communication systems for lone workers.

**Judgment:**

Substantially Compliant

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Helen Thompson  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate

## Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by St Michael's House
<b>Centre ID:</b>	OSV-0002397
<b>Date of Inspection:</b>	26 October 2017
<b>Date of response:</b>	04 December 2017

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

#### Outcome 17: Workforce

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Not all staff had up-to-date training as outlined in the body of the report.

##### 1. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

development programme.

**Please state the actions you have taken or are planning to take:**

1.Fire Safety Training:

The PIC has scheduled Fire Safety Refresher Training which is outstanding for a staff member

2.Safeguarding Vulnerable Adults

The PIC has scheduled Safeguarding Refresher Training which is outstanding for three staff members.

Proposed Timescale:

1.Fire Safety Training date is scheduled for 9th January 2018.

2. Safeguarding Training date is scheduled for 13th December 2017.

**Proposed Timescale: 09/01/2018**