



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

Name of designated centre:	The Pines
Name of provider:	St Michael's House
Address of centre:	Dublin 14
Type of inspection:	Announced
Date of inspection:	14 March 2018
Centre ID:	OSV-0002398
Fieldwork ID:	MON-0021045

About the designated centre

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

The designated centre provides residential care and support to adults with an intellectual disability. Residents with additional physical and sensory support needs can be accommodated in the designated centre. The designated centre 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 a dual diagnosis of intellectual and mental health diagnosis.

Staff are educated and trained to provide care and support to people with intellectual disabilities in a social care model. The focus of the centre is to support people and assist residents to gain experience, live as independently as possible and to live lifestyles similar to their peers without a disability.

The designated centre offers support to residents in activities of daily living including support in personal care, meal preparation, organising, planning and participation in social activities. Multidisciplinary support is available to assess and support residents changing needs.

The following information outlines some additional data on this centre.

Current registration end date:	13/10/2018
Number of residents on the date of inspection:	5

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
15 March 2018	09:30hrs to 17:25hrs	Marie Byrne	Lead
15 March 2018	09:30hrs to 17:25hrs	Michelle McDonnell	Support

Views of people who use the service

The inspectors met and spoke with all five residents during the inspection. Residents who spoke with the inspectors reported that staff were lovely, kind and respectful. Residents were aware of the complaints procedure and named staff they would go to if they had a concern including the person in charge and service manager.

All residents who spoke with the inspectors said they felt safe in the centre. Some residents shared with the inspectors that they were very happy and well looked after. They reported they were involved in the day to day running of centre. A number of residents were very proud to show inspectors around their home and describe how they had decorated their bedrooms.

Feedback on the quality and safety of the service provided was gained from a review of questionnaires completed by each resident prior to the inspection. The questionnaires indicated that overall they were satisfied with the quality and safety in the service. Some residents suggested some dissatisfaction with access to the garden, and how often they could access meaningful activities in the community. All residents were satisfied with the quality of food in the centre, the amount of choice, privacy, protection of their dignity and the complaints process in the centre.

The inspectors observed that residents in the centre were being supported to communicate their needs and wishes, and to receive the support they required to make decisions in relation to their day-to-day lives. This was facilitated through the use of pictures and easy read information for some residents.

The inspectors met and spoke with a residents' family member who was complimentary towards the care and support provided for their relative.

Capacity and capability

Overall, inspectors found that the registered provider was ensuring a good quality and safe service for residents in the centre. The provider had put measures in place to complete most of the actions required following the last inspection.

The service being delivered to residents was observed to be in keeping with the centres' current statement of purpose. Since the last inspection the statement of purpose had been made available to the residents and their representatives.

The quality of care and experiences of residents was monitored in the centre. This was done through an annual review of quality and safety and six monthly visits

had also been completed in the centre by the provider representative. These included the views and experiences of residents and their representatives. Pictures were used with one resident to ensure their views and experiences were captured. The audits in place captured required actions which were tracked, reviewed and completed. The person in charge and service manager met regularly to review the quality of care and support in the centre. Regular staff meetings were also held.

The staffing arrangements in place were found to be effective at the time of the inspection. Staff numbers were sufficient to meet the assessed needs of residents. Staff in the centre had the necessary training, knowledge, competencies and skills to support residents in line with their care and support needs. Staff in the centre were supervised appropriate to their role. They demonstrated an awareness of the care and support needs of residents and of the policies and procedures relating to the general welfare and protection of residents.

Residents were observed to receive assistance with their care and support needs in a timely and safe manner. Staff were responsive to the changing needs of residents and committed to providing a high standard of care and support for residents.

Staff were seen to advocate on the behalf of the residents and had a forum to raise concerns. In the annual review of care and support the staff had identified areas for improvement, such as increasing meaningful activities for residents in the local community and additional training in assessment and personal planning.

The required policies and procedures were in place to guide staff practices in supporting residents with their care and support needs. Contracts of care which had been updated since the last inspection to include financial contributions required by the residents. There was appropriate and valid insurance in place in the centre.

Regulation 15: Staffing

There were sufficient staff in the centre with the right skills, qualifications and experience to meet the assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The education and training available to staff provided them with the necessary skills and competencies to support residents in the centre.

Judgment: Compliant

Regulation 22: Insurance

There was insurance in place in the centre in line with regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure and systems were in place to review the quality and safety of care.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Contracts of care had been updated to include financial contributions required by residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose reflected the service being delivered to the residents and was available to residents and their representatives.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre had the required policies and procedures in place and there was evidence of a review each of these policies.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that residents in the centre were supported and in receipt of a quality service. The provider had put measures in place to complete most of the actions required following the last inspection. However, improvements were required to ensure that the design, layout of the premises were meeting residents' needs. Improvement was also required in relation to maintenance and repair in the centre.

There were facilities in the centre, outlined in the statement of purpose, which residents could not access. Some work had been completed to improve accessibility for residents since the last inspection. However, a number of residents in the centre could not access the laundry room if they so wished. Also resident's access to the back garden via the back door was restricted due to steep steps from the dining room to the back door. Access to two residents bedrooms upstairs were via steep stairs.

One resident had requested to move to a downstairs bedroom due to their changing needs and the provider was in the process of exploring the conversion of a room downstairs to a bedroom for this resident. Inspectors found that the premises were clean and suitably decorated but that some areas required maintenance or repair

Residents were supported to live a life of their choosing and were engaged in a variety of activities. This was supported by an assessment of need which informed the personal plans and how staff engaged with residents. Residents were actively involved in the development of their plans. Plans had an easy-to-read section to guide staff and showed resident, family and multidisciplinary input. There was evidence of reviews and who was responsible for updating each plan. Residents were observed to communicate with staff in a style that reflected their needs.

Residents were involved in the running of the centre. Residents' meetings were held in the centre and informed the day-to-day running of the centre, including menu planning and activity planning. Residents in the centre were aware of the complaints procedure and there was information available in an accessible format including how to access advocacy services.

Residents' healthcare needs were attended to. Healthcare needs were detailed in residents' plans. The plans were reviewed as required and any changes were documented supported by evidence that they were implemented through daily records. The healthcare plans showed clear involvement and review by appropriate professionals and that residents were involved in their own healthcare needs.

Residents were supported with their behaviour support needs and behaviour support

plans were in place with proactive, reactive and, where applicable, restrictive strategies. Residents' positive behaviour support plans included clear guidance for staff in relation to supporting residents. Where restrictive procedures were in place, they were closely monitored and reviewed regularly by relevant members of the multidisciplinary team.

The centre was found to be a safe place for residents to live. The provider had put measures in place to protect residents being harmed or suffering abuse in the centre. Staff had been provided with training and refreshers in relation to the prevention, detection and response to abuse, including reporting any concerns or allegations of abuse. Staff were observed by inspectors to treat residents with dignity and respect. Residents reported to the inspectors that they felt safe in the centre. There were policies and person-centred procedures in place in relation to intimate care.

The health and safety of residents, visitors and staff was promoted and protected in the centre. The centre had a risk management policy and a local risk register in place. The risk register was reviewed regularly in line with residents' needs and other risks identified in the centre. Residents' individual risk assessments were reviewed and updated regularly and appropriate control measures were put in place for identified risks. There was regular review of incidents, incident tracking and evidence of learning following incidents.

Residents were being protected by appropriate fire arrangements. Residents had participated in fire drills and residents and staff could describe the evacuation procedures for the centre and all staff. Any issues arising from these were discussed at residents' meeting and there was evidence of this in minutes of these meetings. Improvements such as hand rails had been installed to improve individual evacuation procedures. Documentation reviewed showed appropriate checks and maintenance of fire safety equipment.

Residents were protected by the written operational policies relating to the ordering, prescribing, storing and administration of medicines in the centre. The management of medication was found to be safe and effective with a system in place for reviewing and monitoring safe medicines management practices.

Regulation 17: Premises

The design and layout of the premises did not meet residents' needs and improvement was required in relation to maintenance and repair.

Judgment: Not compliant

Regulation 26: Risk management procedures

There were policies and procedures in place to assess, manage and review risk within the centre. There was emergency planning in place.

Judgment: Compliant

Regulation 28: Fire precautions

There were effective fire management systems in place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices and procedures in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans were developed in consultation with residents and directed residents' care and support needs.

Judgment: Compliant

Regulation 6: Health care

There were plans in place which addressed each residents' healthcare needs and which had input from various allied health care professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was a policy and individual plans in place for the provision of behaviour support and the use of restrictive procedures.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies and procedures in place and staff had received training in relation to safeguarding residents.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	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 The Pines OSV-0002398

Inspection ID: MON-0021045

Date of inspection: 14/03/2018

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 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Regulation 17(1)(a) The registered Provider will convert the ground floor staff bedroom into a bedroom that meets the needs of the resident. Staff bedroom will move upstairs.</p> <p>Regulation 17(1)(b) The PIC has consulted with the Occupational Therapist and the necessary equipment in the shower are has been ordered and will be replaced where necessary</p> <p>Regulation 17(6) The registered Provider's Technical Services Department Manager advised the PIC that contractor will commence work on the designated centre to ensure that the back garden is accessible to residents if they so wish.</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 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	31/08/2018
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	22/06/2018
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting	Not Compliant	Orange	29/06/2018

	accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
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