



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

Issued by the Chief Inspector

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| Name of designated centre: | St Michael's House |
| Name of provider: | St Joseph's Foundation |
| Address of centre: | Limerick |
| Type of inspection: | Short Notice Announced |
| Date of inspection: | 14 October 2020 |
| Centre ID: | OSV-0001827 |
| Fieldwork ID: | MON-0030586 |

About the designated centre

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

St Joseph's Foundation provides a range of day, residential and respite services in North Cork and Limerick. The centre provides 24 hour care and support for people with autism and or intellectual disability who require support to manage their behaviour and who have medium to high dependency levels.

This centre is located in a community setting in county Limerick and comprises a purpose-built single storey-house which can accommodate five residents in single bedrooms.

The following information outlines some additional data on this centre.

| | |
|------------------------------------------------|---|
| Number of residents on the date of inspection: | 5 |
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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 |
|------------------------------|-------------------------|---------------|------|
| Wednesday 14 October 2020 | 10:40hrs to 16:14hrs | Carol Maricle | Lead |

What residents told us and what inspectors observed

The inspector met with three residents who lived full-time at the centre. The inspector was introduced to and briefly spent time with a further two residents.

The inspector met with each of the three residents alone, as was their preference. Each resident overall gave positive feedback on their experience of living at their home and how they were supported to live their life.

The inspector met with a resident who enjoyed telling them about activities that they had completed with staff members redeployed from day services in the previous number of months. There were pictures displayed of them and their peers participating in themed activities (such as making homemade pasta). This resident spoke with the inspector about how they were enjoying spending time in their home in the previous months and how they did not want to return to their training centre upon its reopening. They repeated this on a number of occasions and this information was shared with their consent by the inspector with the person in charge. The resident was happy to show the inspector their bedroom from afar and enjoyed pointing out their loudspeakers, karaoke machine and other electronic equipment. They told the inspector about their love of country music.

The inspector met with a second resident who spoke about how they enjoyed living in their home. They said they got along with their peers and also talked about how they stayed in contact with some of their family during the COVID-19 pandemic. This resident spoke proudly of the accredited training they were participating in at a nearby college and the change from attending college to now studying online. The resident spoke about their positive relationship with a member of staff who was supporting them in a key worker role.

The inspector met with a third resident who talked about how they enjoyed participating in baking that morning in their home. They said they were happy living in their home and were interested in the purpose of the inspection.

All three residents had a good understanding of the COVID-19 pandemic and all enjoyed showing the inspector their alternative to the shaking of hands. They had an interest in the purpose of the visit of their home by this inspector and they listened attentively to the reasons why they had been visited at their home on this day.

All five residents were very busy on the day of the inspection going about their routine, some liked spending time with staff and others were observed enjoying their own company while focusing on craft work. They were observed going out for walks and going on short spins. There was lots of chat and laughter observed by the inspector.

Overall, the residents were content, comfortable and appeared very relaxed in the

company of each other and the staff. Their home was spacious and clean and very homely. Their garden was big with outdoor furniture and had expansive views of the countryside.

At the end of the inspection, the inspector shared some of the findings of the inspection with three of the residents and reminded them of how they could access a copy of the report in due course from the provider.

Capacity and capability

This was the fifth inspection of this centre. This inspection took place during the COVID-19 pandemic. This inspection was conducted to inform the registration renewal of the centre.

The findings of this inspection indicated a high level of compliance with the Regulations. The management team and staff were very person-centred in how they delivered the service. In particular, there was evidence that residents were supported to live their life their way.

The registered provider had put in place management systems in line with the requirements of the Regulations. The provider had ensured that appropriate people were employed to manage and lead the service. There was a clearly defined effective management structure in place. There was a person in charge who worked on a full-time basis in the centre and she was a qualified social care professional. She was supported in her role by an area manager. The area manager reported to the head of client services.

This inspection took place during the COVID-19 pandemic and there was evidence of good leadership both within the registered provider and locally by the management team regarding the management of this risk. The registered provider had a contingency plan in place and a formal organisational response to the risks posed by COVID-19. The person in charge had self-assessed the preparedness, contingency and outbreak management plans of the centre to assure herself that the infection prevention and control practices in the centres were at a safe level of compliance. Staff had engaged in mandatory training around matters relating to COVID-19 pandemic. The area manager discussed plans with the inspector of how they could create isolation areas within the centre if required throughout the COVID-19 pandemic. There was a small gap identified by the inspector around the completion of COVID-19 related training and a plan to address this gap was set out immediately after the inspection by the person in charge.

The registered provider had ensured that the service was inspected internally and the inspector reviewed the previous provider-led unannounced inspections carried out in 2019 and in 2020. The person in charge demonstrated good oversight of

these action plans and could set out their actions taken to date to address the findings. The registered provider had also prepared an annual review of the centre for the year prior to this inspection and this took into account the views of the residents and or their representatives. In addition, the person in charge showed the inspector a number of other internal audits they conducted at the centre. Each audit had an accompanying action plan and the inspector could see that, where required, actions had been closed out.

There was an appropriate number and skill mix of staff at this centre. Staff were appropriately qualified, trained and supported and they had the required skills. At the time of this inspection, there were a number of staff redeployed to the centre from day services. The inspector met with one of the senior day service staff and they set out the range of activities that residents were participating in over the previous months. This meant that there was continuity of service provided to residents during the pandemic.

The registered provider had ensured that there were sufficient use of resources at the centre. The centre was fully staffed. The residents had use of a vehicle that they had access to daily. The person in charge had a multidisciplinary team based within the organisation that they could refer to when identifying how best to care and support the residents. The residents could also use health service executive services (HSE) for consultations and assessments. There were policies in place to guide staff in their care of the residents. There was a designated officer appointed to support staff and residents in matters of a safeguarding nature.

The inspector saw evidence that the provider used, collected and evaluated information and by doing so they responded to information thus striving to provide a better service. There were systems in place at provider level and at person in charge level for the oversight of aspects of the service and the use of audits. A complaints system was in place within the wider organisation. The inspector reviewed complaints received over the previous twelve months. The information showed that one complaint had been made and it was appropriately recognised as a safeguarding concern and processed as such.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted a complete application to renew the registration of the centre.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a person in charge of the designated centre. The person in charge worked full-time and had the required qualifications, skills and experience.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents, the statement of purpose and size and layout of the centre. The person in charge had ensured that there was a planned and actual staff rota and that it was properly maintained.

Judgment: Compliant

Regulation 16: Training and staff development

There was a small gap in the completion of COVID-19 training and this was attended to immediately by the person in charge following this inspection.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of residents and this contained the required information.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had the appropriate insurance in place.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that management systems were in place at the centre to ensure that the service provided was safe, appropriate to their needs, consistent and monitored. There was an annual review of the quality and safety of care and support in the centre. The review provided for consultation with residents and their representatives.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had given the chief inspector notice in writing within three working days of relevant adverse incidents occurring in the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had provided an effective complaints procedure for residents, which was in an accessible and age-appropriate format and included an appeals procedure.

Judgment: Compliant

Quality and safety

Overall, the service provided to residents was safe and of a high standard. Residents reported a high level of satisfaction in the care and support they were given in their home.

On the day of this inspection there were five residents at the centre and the centre was at full capacity. The service also offered a shared care service, however the recipients of this service were choosing not to avail of shared care at the time.

The condition of the premises both inside and outside was of a high standard. A bedroom viewed by the inspector was tastefully decorated in a personalised manner. The centre resembled a home and there were lots of pictures and photographs of the residents throughout the house. The outside of the premises was also of a high standard with plenty of space and outdoor furniture. There were two communal areas within the centre for the residents to use, along with a large kitchen.

Overall, there was a good standard of cleanliness observed throughout the centre. Staff were observed adhering to infection control precautions. On arrival at the centre guests were asked to perform hand hygiene and have their temperature taken. There were posters displayed around the centre that set out the importance of hand hygiene and cough etiquette. The centre was visually clean. Staff wore masks. There were sufficient supplies of personal protective equipment. Residents were highly informed of the COVID-19 pandemic and told the inspector about hand hygiene and cough etiquette that they practiced in their home.

The person in charge maintained a centre risk register which set out generic hazards at the centre. This had been reviewed regularly by the person in charge in the months prior to this inspection. The risks associated with COVID-19 were also set out and the inspector could see that the controls put in place to mitigate against same were carried out. Each resident had their own set of individualised risk assessments that set out important information for staff to be aware of. The inspector saw that these were personal to each resident.

The registered provider had put in place visiting procedures in line with HSE guidance. Visiting arrangements to the centre had been adjusted in the months prior to this inspection in line with changing guidance issued by the HSE. Residents were supported to maintain contact with family members and friends throughout the COVID-19 pandemic using technology.

The registered provider had systems in place regarding personal planning arrangements. The inspector found that that the personal plans of residents were very much about them and their goals, as determined by the residents themselves. Each resident, whose file was viewed, had an assessment of their needs completed in the previous 12 months. Some staff were appointed as key workers to each resident and this role had a number of responsibilities assigned to it. From viewing a sample selection of files, the inspector saw that the residents were being supported to achieve personal and social goals and to maintain links with their families. Personal plans were reviewed annually. Where this had been delayed, the person in charge set out an explanation that was COVID-19 related and she had a

plan to address same.

The residents were supported in their training and development. Some had changed to online training and others were successfully adapting to in-house training and development provided by a number of day service staff reassigned to the centre during the pandemic.

Each resident was supported with their health care needs and had as required access to a range of allied health care professionals, including a general practitioner (GP) and dentist. They generally accessed multidisciplinary services through either the HSE or the internal multidisciplinary team. From reviewing documentation and speaking with staff and residents, it was clear that the majority of the residents enjoyed good health and each had their range of support needs set out in their health plans.

There were systems in place to keep residents safe. Staff had undertaken training in safeguarding of vulnerable adults and staff reacted and responded well to allegations of abuse and peer to peer interactions. Staff understood and had reported concerns of an adult safeguarding nature in the previous number of months and had escalated appropriately concerns of this nature to the management team. The management team had where appropriate, and in conjunction with the designated officer notified the HSE safeguarding team of relevant concerns. The inspector viewed a sample of safeguarding plans put in place to keep residents safe. At the time of this inspection there were some concerns open and staff were supporting residents in their reaction and response to behaviours exhibited by other residents. Residents had attended in-house workshops on the theme of getting along with each other facilitated by the person in charge.

Residents were involved in the running of their home. Meetings were held twice a week with staff supporting the residents to make decisions about their home and weekly shopping.

The registered provider had put systems in place to support staff to respond to and react to behaviours that challenge. Staff were trained in the management of acute and potential aggression. The registered provider employed a behavioural specialist to support staff and residents. A resident had participated in the development of their own behavioural support plan on behaviours they wanted to work on. A small number of restrictive practices were being used in the centre. The inspector acknowledges that these were primarily used to promote the safety of the residents. These restrictions included the front door of the centre being locked only at night-time for security reasons and the front gate locked. From discussions with staff and the management team they were pleased with how they had successfully decreased the amount of practices used at the centre over the previous 12 months, eliminating the locking of the front door during the day and giving where appropriate the code to residents to open the front gate.

Fire safety management systems were satisfactory with the required equipment and fire containment systems in place and serviced as required. The premises had a fire alarm panel, emergency lighting, fire containment doors and a number of

extinguishers present throughout the home. There were systems in place to ensure all fire fighting equipment was serviced as required by a fire safety consultant. Each resident had an up-to-date personal emergency evacuation plan in place. The residents participated in fire drills. An updated fire drill record template had been introduced at the centre since the previous inspection and this contained better information than before on each drill.

Regulation 11: Visits

The registered provider had facilitated residents to receive visitors and this had been done prior to this inspection in line with guidance issued by the health service executive.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider had provided each resident with facilities for occupation and recreation and this has continued throughout the COVID-19 pandemic.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the centre was designed and laid out to meet the aims and objectives of the service and the number and needs of the residents. It was of sound construction and kept in a good state of repair. It was clean and suitably decorated.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that the risk management policy included

hazard identification and assessment of risk and the measures and actions in place to control risk. The registered provider had ensured that there were systems in place for the assessment, management and ongoing review of risk.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had ensured that residents who may be at risk of a healthcare associated infection were protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety managements systems are in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment of the health, personal and social care needs of each resident was carried out annually. Personal plans had been created for all residents and these included the participation of residents.

Judgment: Compliant

Regulation 6: Health care

The registered provider had provided for appropriate health care for each resident, having regard to the resident's personal plan. Residents were supported to access services provided by both the provider and the health service executive.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had the knowledge and skills to respond to behaviour that challenged. The registered provider had ensured that restrictive procedures, where used, were applied in accordance with national policy.

Judgment: Compliant

Regulation 8: Protection

The registered provider protected residents from all forms of abuse. Staff had received appropriate training.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured that the centre was operated in a manner that respected the residents. The registered provider had ensured that residents participated in decisions about their care and support, were supported to exercise choice and control and participated in the running of the centre.

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 |
|------------------------------------------------------------------------------------|-------------------------|
| 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 16: Training and staff development | Substantially compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for St Michael's House OSV-0001827

Inspection ID: MON-0030586

Date of inspection: 14/10/2020

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 16: Training and staff development | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>To come into compliance with Regulation 6: Training and Staff Development the Person in Charge will:</p> <p>To comply with Regulation 6 the Person in Charge will ensure that the identified staff working in the designated centre will complete Covid-19 related training.</p> <p>Completed: 15/10/2020</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 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme. | Substantially Compliant | Yellow | 15/10/2020 |