



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

Issued by the Chief Inspector

Name of designated centre:	A Canices Road
Name of provider:	St Michael's House
Address of centre:	Dublin 11
Type of inspection:	Short Notice Announced
Date of inspection:	29 July 2020
Centre ID:	OSV-0002332
Fieldwork ID:	MON-0030095

About the designated centre

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

A Canices Road is a designated centre operated by Saint Michael's House located in North County Dublin. It provides community residential services to six adults who have varied support requirements. The centre is a two story house comprising of a living room, kitchen/dining room, utility room, three bathrooms, an office and six bedrooms. There is a well maintained enclosed garden to the rear of the centre with a seomra. The centre is located close to local shops and transport links. The centre is staffed by a person in charge and social care workers. The staff team have access to nursing support through a nurse on call service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

5

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 29 July 2020	10:00hrs to 16:10hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with the five residents living in the designated centre during the inspection. The inspector also observed elements of their daily lives at different times over the course of the inspection.

The residents spoken with said they liked living in the centre and told the inspector about their interests including family, holidays and TV programmes they enjoyed. The inspector observed residents engaging in activities of daily living including gardening, relaxing in their home and watching TV. It was observed that residents appeared relaxed, comfortable and enjoying the company of staff members.

The inspector completed a walk-through of the premises accompanied by the person in charge and found that the premises of the centre was decorated in a homely manner. Residents' bedrooms were decorated in line with their tastes and preferences. However, there were some areas of painting and flooring which required attention.

Capacity and capability

Overall, this inspection found that residents appeared content and relaxed in this centre. The governance and management systems in place ensured that the service provided was monitored to ensure the effective delivery of care and support. However, some improvement was required in relation to the six monthly provider visits.

The centre had a defined management structure in place. The centre was managed by a suitably qualified and experienced person in charge who worked in a full-time role and worked directly with residents. The person in charge was supported in their role by a experienced social care worker. There were a number of quality assurance audits in place to review the delivery of care and support in the centre. This included the six-monthly unannounced provider visits and an annual review for 2019 as required by the regulations. These audits identified areas for improvement and developed action plans. However, the timeliness of the six monthly audits required some improvement as the last six monthly audit was completed in October 2019. The inspector was informed that the six monthly unannounced provider visit was planned for August 2020.

The person in charge maintained a planned and actual staff roster. At the time of the inspection a number of staff had been redeployed from the provider's day service due to COVID-19 pandemic. From a review of the staff roster, the inspector

found that the staffing arrangements at the centre were appropriate to meet the needs of the residents. In addition, continuity of care and support to residents was ensured as any gaps in the roster were covered by the current staff team or regular relief staff. On the day of the inspection, there was two whole time equivalent social care worker vacancies in the centre's staffing complement. The inspector was informed that these vacancies had been filled and new members of staff were identified to start working in the centre. This was reflected in the planned roster for August 2020. Throughout the day of inspection, positive interactions were observed between residents and the staff team.

There were systems in place for the training and development of the staff team. From a review of a sample of staff training, the inspector found that the staff team had up-to-date mandatory training including medication management, fire safety and safeguarding vulnerable persons. This meant that the staff team had up-to-date skills and knowledge to meet the needs of the residents.

There were systems in place for the recording and management of all incidents. The inspector reviewed a sample of incidents and accidents which had occurred in the centre and found that they were notified as appropriate to the Office of the Chief Inspector as required by Regulation 31.

Regulation 15: Staffing

The person in charge maintained a planned and actual staff roster. The staffing arrangements at the centre were appropriate to meet the needs of the residents and ensured continuity of care and support to residents. Throughout the day of inspection, positive interactions were observed between residents and the staff team.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a defined management structure in place. There were a number of quality assurance audits in place to review the delivery of care and support in the

centre. However, the timeliness of the six monthly audits required some improvement as the last six monthly audit was completed in October 2019.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All incidents were notified as appropriate to the Office of the Chief Inspector in line with Regulation 31.

Judgment: Compliant

Quality and safety

The management systems in place ensured the service was effectively monitored and provided a safe, appropriate care and support to residents. However, some improvements were required with regards to premises and personal plans.

The inspector completed a walk through of the premises accompanied by the person in charge. The centre is a two story house comprising of a living room, kitchen/dining room, utility room, three bathrooms, an office and six bedrooms. Overall, the centre was decorated in a homely manner. Since the last inspection the carpet on the stairs had been replaced and bathroom decorated to create a homely environment. In addition, some residents told the inspector about recent work done on their bedrooms including painting and decoration. However, there were some areas of painting and flooring in the centre which were in need of attention. This had been self-identified by the provider and plans were being developed to address these issues at the time of the inspection.

The inspector reviewed a sample of personal plans and found that each resident had an up-to-date assessment of need in place. This assessment informed the residents' personal plans which were found to be up-to-date and appropriately guided the staff team in supporting residents with identified health and social care needs. However, there was some improvement required in the personal plans to ensure that each identified need had a personal plan in place to guide the staff team. For example, the inspector found that one personal plan did not appropriately guide staff on how to support a service user with an identified need. While, there was evidence of supporting the resident with this need, it required a formalised plan to ensure the staff team were guided to appropriately support the resident with this identified need.

There were positive behaviour supports in place to support residents where required. The inspector reviewed a sample of the positive behaviour support plans

and found that they were up to date and guided the staff team in supporting residents to manage their behaviour. Residents were supported to enjoy their best possible mental health and, where required, had access to psychiatry and psychology. There were a number of restrictive practices in use in the designated centre. There was evidence that these were reviewed regularly by the Provider's Positive Approaches Management Group.

There were systems in place to safeguard residents. The inspector reviewed a sample of incidents occurring in the centre which demonstrated that incidents were appropriately managed and responded to. There was evidence that identified safeguarding concerns were identified, responded to and appropriately reported on. Residents were observed to appear comfortable and content in the service throughout the inspection and spoke positively about living in the designated centre.

There were systems in place for the assessment, management and ongoing review of risk. The person in charge maintained a risk register which outlined general risks in the centre and individual risks. The risk assessments outlined the control measures in place to manage and reduce the risk in the designated centre.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Each service user had a personal evacuation plan in place and centre records demonstrated that fire drills were carried out regularly. In addition, there was evidence of potential issues being identified and plans being developed to ensure the safe evacuation of all persons in the event of a fire. In addition, the provider's fire safety officer had identified some upgrade works were required to fire and smoke containment measures already in place in the centre. The provider had a organisation wide plan to address these areas for improvement.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19 with contingency plans in place for staffing. There was a folder with information about COVID-19 and infection control guidance and protocols for staff to implement while working in the centre. The inspector observed that personal protective equipment including hand sanitizers and masks were available and in use in the centre.

The previous inspection identified that improvement was required in the safe storage of medication. The provider had installed a locked key storage box to ensure the key for the medication press was stored appropriately.

Regulation 17: Premises

The centre was decorated in a homely manner. However, there were some areas of

painting and flooring in the centre which were in need of attention.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risk.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems were in place for the prevention and management of risks associated with infection.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place which were serviced as required. Centre records demonstrated that fire drills were carried out regularly. However, some improvements were required in the arrangements in place for the containment of fire.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medication was stored securely in the designated centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was an assessment of need in place for residents which were reviewed in line with residents' changing needs. Support plans and risk assessments were developed in line with residents' assessed needs. However, there was some improvement required in the personal plans to ensure that each identified need had a personal plan in place to guide the staff team.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

There were positive behaviour support plans in place as required which guided the staff team in supporting residents manage their behaviour.

Restrictive practices in use in the centre were identified and there was evidence of regular review.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and safeguarding plans in place for identified safeguarding concerns.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for A Canices Road OSV-0002332

Inspection ID: MON-0030095

Date of inspection: 29/07/2020

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Provider will ensure that the required six monthly audit of quality and safety, is carried out in a timely and comprehensive fashion, in line with Regulation 23. The provider will further ensure that this audit captures all required areas of service provision in the Centre as outlined in Regulation 23.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Provider will ensure that the required painting work in the Centre, will be carried out to a high standard, in line with the wishes of those who reside in the Centre, and in compliance with regulation 17.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The Provider acknowledges that the installation of the required self-closing fire- doors, has been delayed due to the Covid 19 pandemic.</p>	

There are comprehensive fire safety evacuation plans and risk assessments in the centre, to minimize the risk of fire. In addition to this, there are waking night staff present in the Centre.

The Provider will ensure that the required self-closing doors are installed in compliance with Regulation 28.

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:

In line with Regulation 5, The PIC will ensure that all assessments of need and related support plans, are comprehensive, up to date, reflective of Residents' needs, and will inform and guide staff practice with regard to the provision of care to all residents.

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	31/10/2020
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place	Substantially Compliant	Yellow	30/09/2020

	to address any concerns regarding the standard of care and support.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/08/2021
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	01/08/2020