



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

Issued by the Chief Inspector

Name of designated centre:	Kilfenora
Name of provider:	St Michael's House
Address of centre:	Dublin 13
Type of inspection:	Short Notice Announced
Date of inspection:	02 July 2020
Centre ID:	OSV-0002343
Fieldwork ID:	MON-0025915

About the designated centre

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

Kilfenora is a designated centre operated by Saint Michael's House located in North Dublin. It provides residential care to six adults with a disability. The centre comprises of a two storey house and a self-contained apartment which is located to the rear of main house. The house consists of two sitting rooms, a kitchen/dining room, utility room with laundry facilities and six bedrooms of which five are used by residents, office/staff sleepover room and two bathrooms. The apartment consists of a sitting room with kitchenette facilities and a bedroom with an en-suite. The centre is staffed by a person in charge and social care workers. In addition, the provider has arrangements in place to provide management and nursing support outside of office hours and at weekends if required.

The following information outlines some additional data on this centre.

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
Thursday 2 July 2020	09:20hrs to 15:00hrs	Andrew Mooney	Lead

What residents told us and what inspectors observed

During the inspection the inspector met with five residents. Residents said they liked living in their home and a resident showed the inspector their private bedroom, which was highly personalised based on their choices and interests. The resident had been supported to redecorate their bedroom and they were very proud of it.

Residents told the inspector that they got on well with each other and were friends with each other. Residents told the inspector about the variety of things they enjoyed doing and were supported to do. In particular, residents were looking forward to ordering their favourite Chinese take away that day. One resident showed the inspector their personal plan. This plan included very important information about the residents life and this was a document that the resident was very proud of.

Residents got on well with staff members and had developed friendship and trust with them. They told the inspector that they could come to staff with any concerns or fears and that they would be well supported. The inspector observed staff members interacting with residents in a positive and respectful manner and communicating with residents in line with their assessed needs and communication methods.

Capacity and capability

The governance and management arrangements within the centre ensured appropriate resources were available to operate a safe service.

There were clearly defined management structures which identified the lines of authority and accountability within the centre. There was a suitably qualified and experienced person in charge in place who provided effective leadership. The person in charge worked in a full-time role and worked directly with residents. The person in charge reported to the Service Manager who in turn reported to the Director of Adult Services. The provider had systems in place to monitor and review the quality of services provided within the centre. These governance and management arrangements ensured there were clear lines of accountability. The provider utilised a suite of audits to identify service deficits and developed action plans to address any deficits noted. This showed that the provider could self identify issues within the centre and drive improvement which enhanced residents quality of life.

The provider had ensured that staff had the required competencies to manage and

deliver person-centred, effective and safe services to the residents of the centre. Staff were supported and supervised to carry out their duties to protect and promote the care and welfare of residents. During the inspection the inspector observed staff interacting in a very positive way with residents. Social distancing was observed in a sensitive manner that maintained a homely environment within the centre. Staff spoken with were knowledgeable about residents and this led to residents needs being met in a timely manner.

The provider had ensured that staff had the appropriate skills and training to provide support to residents. Training such as safeguarding vulnerable adults, medication, epilepsy, fire prevention and manual handling was provided to staff, which improved outcomes for residents. Some planned refresher training had been deferred in response to the national COVID-19 pandemic and was now being rescheduled by the person in charge. Staff were supported and supervised appropriately to protect and promote the care and welfare of the residents within the centre.

Regulation 15: Staffing

There was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The education and training available to staff enables them to provide care that reflected up-to date, evidence based practice. Staff were supervised appropriate to their role.

Judgment: Compliant

Regulation 23: Governance and management

The management structure was clearly defined and identified the line of authority and accountability, specified roles and detailed responsibilities for all areas of service provision.

Judgment: Compliant

Quality and safety

There were systems and procedures in place to protect residents, promote their welfare and recognise and effectively manage the service when things went wrong. However, some improvements were required in how the provider adhered to their safeguarding policy and procedures.

There were appropriate arrangements in place to ensure that residents had a personal plan in place that detailed their needs and outlined the supports required to maximise their personal development and quality of life. The service worked together with residents and their representatives to identify and support their strengths, needs and life goals. Residents were supported to access and be part of their community in line with their preferences. Residents were assisted in finding opportunities to enrich their lives and maximise their strengths and abilities. This included residents engaging in a variety of meaningful activities within the local and wider community, including attending day services, going swimming and going to the gym. However, due to the national COVID-19 pandemic, opportunities to engage in these activities had been limited in line with public health advice.

Residents' health care needs were well supported. Residents had access to a general practitioner (GP) of their choice and other relevant allied health care professionals where needed. During times of illness, residents' health needs were appropriately supported in consultation with their GP and other appropriate multi-disciplinary team members, such as speech and language therapists, occupational therapists and psychologists. There was appropriate guidance available to staff to support residents with their health care needs and staff demonstrated a comprehensive understanding of residents' needs. This resulted in residents' health being well supported.

Arrangements were in place to support and respond to residents' assessed support needs. This included the ongoing review of behaviour support plans. Staff were very familiar with residents' needs and any agreed strategies used to support residents. All staff received positive behaviour support training and this enabled staff to provide care that reflected up-to-date, evidence-based practice. This promoted a culture of positive behaviour support within the centre.

The provider had ensured that there were systems in place to safeguard residents from all forms of potential abuse. All incidents, allegations and suspicions at the centre were investigated in accordance with the centre's safeguarding policy. Staff had a good understanding of safeguarding processes and this ensured residents were safeguarded at all times. However, some improvements were required in relation to how safeguarding concerns were notified to the local safeguarding team. The person in charge ensured measures were put in place to address any concerns raised. However, the provider had not ensured that these concerns were notified consistently and in a timely manner to the local safeguarding team.

The inspector completed a walk through of the centre and found the physical environment was clean and kept in good structural and decorative repair. Residents bedrooms were personalised to their tastes and there was suitable storage facilities available for the personal use of residents. The communal areas within the designated centre were appropriately decorated and this contributed to a warm and homely feel to the centre.

A review of risk management in the centre found that the systems in place were effectively identifying, assessing and managing risk. There was a record maintained of all accidents and incidents in the centre, and these were reviewed on a quarterly basis by the person in charge to identify any emergent risks. There was a risk register in place that detailed the risks in the centre, and associated control measures; there were also detailed risk assessments in place for each risk identified. The provider had updated their emergency plan and risk register to account for risks related to COVID-19. This included individual risk assessments and pathways of care for residents, in the event of an COVID-19 outbreak. The provider also had a robust adverse incident management system in place.

There were procedures in place for the prevention and control of infection. A cleaning schedule was in place which was overseen by the person in charge. Colour coded cleaning equipment was in place and stored appropriately. Inspectors observed that all areas of the centre were clean. Sufficient facilities for hand hygiene were observed and hand hygiene posters were on display. There were adequate arrangements in place for the disposal of waste. The provider had developed an appropriate COVID-19 contingency plan, which included adopting relevant public health guidance, such as daily staff temperature checks. The provider engaged regularly with the Department of Public Health and made key information in relation to infection control measures available to staff. Specific guidance in relation to the proper use of personal protective equipment (PPE) and effective hand hygiene was provided to staff within the centre. Additionally, staff had completed appropriate online training relating to infection control and hand hygiene. Disposable surgical face masks were available and being used by all staff in line with national guidance. The inspector observed staff engaging in appropriate social distancing. The cumulative impact of these measures ensured residents were appropriately safeguarding against unnecessary exposure to the COVID-19 virus.

There were appropriate systems in place for the prevention and detection of fire and all staff had received suitable training in fire prevention and emergency procedures. Regular fire drills were held and accessible fire evacuation procedures were on display in the centre. In addition, the provider's fire safety officer had identified some upgrade works were required to enhance the current fire door arrangements. The provider had a organisation wide plan to address these areas for improvement.

Regulation 17: Premises

The premises meets the needs of all residents and the design and layout promotes residents' safety, dignity, independence and wellbeing.

Judgment: Compliant

Regulation 26: Risk management procedures

Arrangements were in place to ensure risk control measures were relative to the risk identified.

Judgment: Compliant

Regulation 27: Protection against infection

The prevention and control of health care related infections was effectively and efficiently governed and managed. Staff were observed to maintain social distancing and demonstrated good hand hygiene during the course of the inspection.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire equipment was provided and serviced as required. There was adequate means of escape, including emergency lighting. Staff were suitably trained and knew what to do in the event of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a comprehensive assessment of need in place that met the needs of the residents and a personal planning process that reflected those assessed needs.

Judgment: Compliant

Regulation 6: Health care

Appropriate healthcare was made available for each resident, having regard to each residents personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate supports were in place for residents with behaviours that challenge.

Judgment: Compliant

Regulation 8: Protection

The person in charge initiated and put in place an investigation in relation to any incident, allegation or suspicion of abuse and took appropriate action where a resident is harmed or suffered abuse. However, not all safeguarding concerns were reported to the local safeguarding office in accordance with the provider's own time-lines.

Judgment: Substantially 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	Compliant
Quality and safety	
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	Substantially compliant

Compliance Plan for Kilfenora OSV-0002343

Inspection ID: MON-0025915

Date of inspection: 02/07/2020

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 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: All safeguarding concerns/ notifications are managed in line with Organizational Policy and Procedure All safeguarding PSF notifications are submitted to the Local Safeguarding Office within identified timelines.	

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 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	10/08/2020