Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

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

Name of designated centre:	Abbeyfield Residential
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Announced
Date of inspection:	07 March 2019
Centre ID:	OSV-0002362
Fieldwork ID:	MON-0026428

About the designated centre

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

The centre is operated by St. Michael's House and is situated in North Dublin. It comprises of a six bedroom bungalow located close to local shops and transport links. A service vehicle is available for residents. The centre provides care to female residents who have an intellectual disability, some of whom have additional health and social care needs. Care is provided using the social care model of support. All residents attend day services.

The following information outlines some additional data on this centre.

Current registration end date:	14/08/2019
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
07 March 2019	09:50hrs to 16:50hrs	Amy McGrath	Lead

Views of people who use the service

The inspector met with, and spoke to three of the residents. Residents were observed to be comfortable in their home, and were seen to direct the care and support that they received. Residents and staff engaged in a friendly and respectful manner.

Residents told the inspector that they liked living in their home. One resident showed the inspector her personal plan, and discussed the goals and progress. Residents were happy to have been involved in the decoration of the house, and their own bedrooms. One residents described the support she was receiving to increase independence in managing her health care needs.

Capacity and capability

The inspector reviewed the capacity and capability of the designated centre and it was found that overall the provider had ensured a safe and quality service was delivered to the residents. There were some improvements required in relation to roster maintenance, and oversight of safeguarding arrangements, however for the most part, residents were in receipt of an individualised, quality service. All areas for improvement identified on the previous inspection had been adequately addressed by the provider.

The provider had prepared a statement of purpose, that was reviewed at regular intervals. While it contained most of the information required by Schedule 1 of the regulations, some amendments were required so that it accurately reflected the service provided. These corrections were made on the day of inspection.

There was a clearly defined management structure in place, and the provider had ensured that the centre was adequately resourced to deliver safe care that was of good quality. The provider had carried out an annual review of the quality and safety of care, and had consulted with residents, family members and staff to produce a report and action plan for improvement. There had been unannounced visits carried out on behalf of the provider, however these had not been conducted on a six monthly basis as required by the regulations.

There was a person in charge appointed in a full time capacity, who had the appropriate skills and experience to manage the centre. The person in charge was a qualified social care worker, with additional qualifications in management. For the most part, the person in charge had ensured effective oversight of the quality and safety of the service, however the arrangements in place for safeguarding residents did not ensure that the person in charge could carry out their responsibilities under

the regulations effectively. This is describe in further detail later in the report.

There were sufficient staff, who were adequately qualified and experienced to deliver care and support to residents. There were arrangements in place to ensure continuity of care for residents. The person in charge had prepared and maintained an actual roster, that accurately reflected the staffing arrangements in the centre, however there was no planned roster available.

Staff received additional training to support residents, including training in areas that the provider had determined as mandatory training; such as safeguarding adults, manual handling, and safe administration of medication. There were mechanisms in place to monitor staff training needs and to ensure that adequate training levels were maintained. There were formalised supervision arrangements in place, with the person in charge providing supervision to the staff team on a quarterly basis. The person in charge was supervised by a service manager, who in turn was supervised by a director of care.

The inspector reviewed records related to the admission of a resident to the centre, and found that the admission had been determined on the basis of transparent criteria as outlined in the statement of purpose. The provider had facilitated the resident to visit the centre in advance of the admission, and a phased transition to the centre was supported. A comprehensive assessment of need had been undertaken, as well as an assessment of the suitability of the environment.

There was a complaints policy, and associated procedures in place.
An accessible version of the policy was available for residents, and a copy of the complaints process was displayed in a prominent position. There had been no complaints made in the period since the last inspection. There were designated complaints officers nominated, and staff spoken with were knowledgeable of the complaints process.

A review of incident records in the centre found that not all incidents were notified to the Office of the Chief Inspector as required by the regulations.

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced in their role. The position was full time, and the person in charge had sufficient protected time to carry out the required duties of the role.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staff, with appropriate skills and experience, to meet the needs of residents. The person in charge had ensured continuity of care, and there were appropriate contingency arrangements in place to cover staff leave. There was an actual roster available, that was well maintained, however the person in charge had not ensured a planned roster was available.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had received appropriate training, and training needs were overseen by the person in charge. There were effective supervision arrangements in place.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured there were effective oversight arrangements in place. There was a suite of local audits carried out, with action plans developed. The provider carried out an annual review of the quality and safety of care, however the provider unannounced visits had not been carried out on a six monthly basis.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The provider had admitted a resident to the centre since the last inspection, and the admission had been carried out in line the with the arrangements set out in the statement of purpose. The resident had the opportunity to visit the centre, and had a detailed transition and admissions plan.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose, and while it contained most of the information required by Schedule 1 of the regulations, there was some information that required updating to ensure it was reflective of the service. These changes were made on the day of inspection.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The provider had not notified the Office of the Chief Inspector of all incidents as required by the regulations.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was a complaints policy and associated procedures available. An accessible version was available for residents and displayed in a prominent area of the house. There had been no complaints made since the previous inspection.

Judgment: Compliant

Quality and safety

Overall, the systems and arrangements in place had ensured that residents received care and support that was safe, person centred, and of good quality. Residents were facilitated to direct the care they received. There were improvements required relating to the documentation of risk management practices and positive behaviour support guidance, as well as the arrangements around managing safeguarding concerns; however none of these presented a high risk to residents at the time of inspection.

The provider had ensured that a comprehensive assessment of need had been carried out for each resident prior to admission, and this was reviewed on at least an annual basis. The assessment of need identified support needs in areas such as general health, emotional well-being, and social supports, and a detailed plan of care was developed for all identified needs. Residents participated in the development and review of personal plans, and their choices and preferences were upheld and respected throughout this process. Residents' personal plans were

reviewed on a quarterly basis, and this included a review of effectiveness.

Residents were supported to access facilities for occupation and recreation in the community, and were members of various groups and clubs according to their preferences. One resident had a part-time job in a local restaurant. Support was given to residents to maintain personal support networks such as family relationships and friendships, and staff supported one resident to care for a pet.

The health-care needs of residents were found to be assessed well, with support plans in place for all identified needs. Residents had access to a general practitioner, as well as a range of allied health professionals. A review of records found that residents healthcare needs were attended to promptly, and addressed in a holistic manner, with specialist recommendations being implemented where appropriate.

Residents who required support to positively manage their behaviours were in receipt of specialist positive behaviour support. There were comprehensive support plans in place that outlined the preferred supports for each resident, and there were therapeutic interventions in place where appropriate. The inspector found that not all therapeutic interventions had been reviewed in full as part of the personal planning process, and that clearer guidance was required in relation to the use of some therapeutic interventions.

For example, one resident was prescribed PRN (medicine to be taken as the need arises) medication to manage anxiety, which was prescribed to be used after other efforts to support the resident had proved ineffective. The guidance for administration of this medication was not clear, and referred to multiple other documents that did not contain specific detail of the measures to be used prior to administration, or indications that these had not been effective. The inspector spoke with staff and the person in charge in relation to this who demonstrated an understanding of the support needs of this resident in relation to managing anxiety, and a review of medication records found that this medication was used infrequently. However, the systems in place to guide staff to administer PRN medicines as part of a positive behaviour support required addressing to ensure that they were consistently used as prescribed.

There were arrangements in place to safeguard residents, and all staff had received training in safeguarding adults. A review of incidents found that there were a number of potential safeguarding incidents that had occurred and had not been screened or responded to appropriately. While an investigation had been carried out by the provider, this had not been conducted in line with national policy or reported to relevant statutory agencies. While the inspector found that there were no active safeguarding concerns in the centre, the person in charge and person participating in management did not demonstrate sufficient knowledge of best practice in relation to adult safeguarding, and the inspector was not assured that potential safeguarding concerns were screened and addressed in adherence to national policy.

The inspector reviewed risk management practices in the centre, and found that while there were arrangements in place to identify and address risk, there were improvements required in the documentation of risk management practices, such as

risk assessments. In some cases risk assessments were not carried out in line with the provider's own policy, and risk ratings were not reflective of the actual risks and controls in place. For example, some well controlled risks had been rated higher than necessary, and outside the guidance of the providers own risk matrix, however this did not impact on the experience of residents. There was a central risk register that contained the risk rating for a number of risks by category, however not all risk assessments carried out for individual risks pertaining to residents were reflected in this. Improvements were required to ensure that risks were assessed using a consistent and balanced method, and that the centres risk register was an accurate reflection of risks within the service.

The design and layout of the premises was suitable to meet the assessed needs of residents. The matters set out in Schedule 6 of the regulations had been provided for, for example, adequate private and communal accommodation, and adequate space and storage facilities. The premises was well maintained and decorated in a homely manner, with residents own rooms decorated in accordance to their preferences.

Regulation 17: Premises

The design and layout of the premises was appropriate to meet the needs of residents, and the Schedule 6 matters had been provided for.

Judgment: Compliant

Regulation 26: Risk management procedures

There were arrangements in place to manage risk, and generally, risks were well controlled. However there were improvements required in the documentation and recording of risk management to ensure effective oversight and monitoring.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

There was a comprehensive assessment of need in place for each resident, which identified their healthcare, personal and social care needs. These assessments were used to inform detailed plans of care, and there were arrangements in place to carry out reviews of effectiveness.

Judgment: Compliant

Regulation 6: Health care

Residents' health care needs were well assessed, and appropriate healthcare was made available to each resident.

Judgment: Compliant

Regulation 7: Positive behavioural support

Therapeutic interventions were not comprehensively reviewed as part of the personal planning process, and guidance for the use of medication to support residents in this area was unclear, and did not effectively guide staff practice.

Judgment: Substantially compliant

Regulation 8: Protection

There were arrangements in place to safeguard residents, and while the provider had carried out investigations in relation to potential safeguarding incidents, these were not carried out in line with national policy.

Judgment: Not 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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Abbeyfield Residential OSV-0002362

Inspection ID: MON-0026428

Date of inspection: 07/03/2019

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • There are clearly defined management structure in place within the designated centre • The Designated centre is suitably resourced to ensure effective delivery of service • The PIC will ensure there is a planned and actual roster is in place showing staff on duty day and night and that it is properly maintained.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The registered provider will continue to complete unannounced visits to the designated centre and will ensure these visits are carried out every 6 months. • Report of these unannounced visits are available for service users and families within the Designate centre for review	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of	

purpose: • The registered provider will ensure the total staffing compliment is now reflected in fulltime equivalents for the designated centre.

Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: • One outstanding NF06 for an incident on the 15/9/2018 was submitted to the authority on the 8/4/2019 • The PIC will ensure that all required notifications will be sent to the authority in the required time frame. • SMH Safeguarding policy is currently under review and will incorporate Positive behavioral support planning . The PIC and Allied Health Care Team will ensure that all processes and procedures are maintained and in line with best practice	

Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: • The organisation has in place a risk management policy • The P.I.C. will ensure all monthly Safety audits are carried out and actions identified and completed where possible within that calendar month. Follow up discussion with Service Manager to ensure escalation where needed. • Comprehensive audit system in place to identify monitor and action risk • Risk management and emergency planning are a fixed topic on staff meetings. • Residents meetings have health and safety as fixed item. • PIC to complete Risk Assessment refresher training by 31/6/2019 • All risks reviewed under HSE Matrix format have proportionate risk allocation reflected on the risk register 30/4/2019	

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: • All staff have received training in the management of behvaiours that challenge and to support residents to manage their own behvaiours • Review of behavioural support plans and guidance for PRN medication has been reviewed to guide staff effectively in their intervention. • Briefing of staff team on the implementation of these new guidelines. 13/3/2019	
Regulation 8: Protection	Not Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: • St Michael's House Policy and procedure for the Protection of Adults from Abuse and Neglect is available in the designated centre. This policy is currently under review • Safeguarding policy will incorporate Positive behavioral support planning . The PIC and Allied Health Care Team will ensure that all processes and procedures are maintained and in line with best practice • All staff have received training in Safeguarding adults. • All staff have completed online Children's First safeguarding training • One outstanding NF06 for an incident 15/9/2018 was submitted to the authority on the 8th April 2019 • Going forward all notifications as required will be submitted to the authority in the required timeframe. • All allegations of abuse will be reported and screened as per St Michael's house and National safeguarding policy	

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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Not Compliant	Yellow	07/03/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	07/03/2019
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated	Not Compliant	Yellow	07/03/2019

	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 to address any concerns regarding the standard of care and support.			
Regulation 23(2)(b)	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 maintain a copy of the report made under subparagraph (a) and make it available on request to residents and their representatives and the chief inspector.	Not Compliant	Yellow	07/03/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the	Substantially Compliant	Yellow	30/03/2019

	assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	07/03/2019
Regulation 31(1)(e)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any unexplained absence of a resident from the designated centre.	Not Compliant	Orange	08/03/2019
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	13/03/2019
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates	Substantially Compliant	Yellow	13/03/2019

	intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	08/03/2019
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.	Not Compliant	Orange	08/03/2019