



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

Issued by the Chief Inspector

Name of designated centre:	La Verna
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Unannounced
Date of inspection:	13 February 2020
Centre ID:	OSV-0002363
Fieldwork ID:	MON-0025567

About the designated centre

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

La Verna provides full-time residential care to adults with an intellectual disability. Support provided at La Verna is based on the social care model with a focus on supporting and assisting residents to participate and be involved in their local community, develop daily living skills and sustain relationships with family and friends. La Verna is located in a residential area of a city and is close to local shops and other amenities. The centre is in addition close to public transport links, which enable residents to access leisure amenities and work placements in the surrounding area. The centre is a two-storey house and comprises of six bedrooms of which five are used by residents. The other bedroom is used by the provider as an office and overnight accommodation for staff. Residents have access to a communal sitting room, kitchen and dining room. In addition, a smaller communal sitting room is provided for residents to meet their family and friends in private. Residents have access to laundry facilities which are located in a purpose built shed located in the centre's rear garden. The centre has two upstairs bathrooms which are both equipped with shower facilities, one of which is of a walk-in design to ensure accessibility to residents. A further additional toilet is located on the ground floor of the house. The centre has a rear garden which is accessible to residents and also contains additional premises which are part of a day service operated by the provider, but is not part of the designated centre. Residents are supported by a team of social care workers, with two staff members being available during the day and at evening times to meet residents' assessed needs. At night-time, residents are supported by one staff member who undertakes a sleep over duty and is available to provide additional support during the night when needed. In addition, the provider has arrangements in place outside of office hours and at weekends to provide management and nursing support if required by residents.

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
Thursday 13 February 2020	11:00hrs to 18:30hrs	Andrew Mooney	Lead

What residents told us and what inspectors observed

During the inspection the inspector met with three of the residents. Residents said they liked living in their home and showed the inspector their private single bedrooms which were highly personalised based on their choices and interests. Residents had been supported to redecorate their bedrooms and while some of this was on-going, they were happy with the progress that had been made.

Residents told the inspector that they got on well with each other and were friends with some of the other residents. Residents told the inspector about the variety of things they enjoyed doing and were supported to do, including going to day service, participating in training and the enjoying social events. Residents told the inspector about their family and when they went home or were visited by them.

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. However, the capacity and capability of the centre was adversely impacted as service deficits were not addressed in a timely manner.

The provider had ensured that there was a statement of purpose in place that included all information set out in the associated schedule. It was reviewed as required and a copy was readily available to residents and their representatives.

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 provider had systems in place to monitor and review the quality of services provided within the centre. However, while these systems identified service deficits, appropriate actions were not always undertaken to address these issues in a timely manner. This showed that while the provider could self identify issues within the centre, it did not always have the capacity or capability to drive the improvements required.

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.

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. Staff were supported and supervised appropriately to protect and promote the care and welfare of the residents within the centre.

Residents were supported to make complaints which were addressed promptly. The provider maintained a log of written and verbal complaints which outlined the actions taken and the outcome of the complaints, with notes as to the satisfaction status of the resident or family member making the complaint.

Regulation 15: Staffing

There was enough staff with the night 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 enabled them to provide care that reflected up-to-date practice. Staff were supervised as appropriate to their role.

Judgment: Compliant

Regulation 23: Governance and management

The management structure was clearly defined and identified the lines of authority and accountability. However, the cumulative impact of non compliance identified during this inspection indicated that the management systems in place did not ensure that the service was effectively monitored.

Judgment: Not compliant

Regulation 3: Statement of purpose

A statement of purpose was in place and contained all information set out in the associated schedule.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were well managed, resolved in a proactive and timely manner and brought about change as required.

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, concerns relating to fire containment and delays in following through on long standing premises issues, negatively effected the quality and safety of the centre.

The centre is a two-storey house and comprises of six bedrooms of which five are used by residents. The other bedroom is used by the provider as an office and overnight accommodation for staff. Residents had access to a communal sitting room, kitchen and dining room. A second smaller communal sitting room was provided for residents to meet their family and friends in private. The inspector observed that the kitchen area of the centre was being renovated and the second communal space was being assessed for a change of use, to meet the changing needs of a resident. However, there were other parts of the centre that required remedial works and decoration. There was no clear schedule of works available for review. For instance, a bedroom within the centre required urgent attention as a result of considerable cracks in the plaster of the internal and external walls of the building. These concerns had been ongoing for a number of years but appropriate measures were not taken in a timely manner. This negatively impacted the homeliness of the centre. The provider confirmed post inspection that a new structural assessment by a structural engineer was commissioned and remedial

works identified by the engineer would be procured.

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. However, previous commitments regarding the upgrading of self-closing fire doors had not been fully implemented, despite the provider's compliance plan stating these actions would be resolved by the 30 November 2018. Following the inspection the provider confirmed that a programme of works had been procured to address fire containment across the provider's centres and these works were due to commence in March 2020. However, no definitive schedule of works had been agreed regarding the upgrading of fire doors in this centre.

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 having paid employment, attending day services of their choosing and attending local support groups.

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 psychologist. 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 appropriately supported. However, improvements were required in how the centre ensured all residents were consulted regarding accessing the national screening service.

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 behavioural 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 of abuse at the centre were investigated in accordance with the centre's 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 provider had put systems in place to promote the safety and welfare of the residents. The centre had a risk management policy in place for the assessment, management and ongoing review of risk. This included a location-specific risk register and individual risk assessments which ensured risk control measures were relative to the risk identified. This enabled residents to live full lives without undue restriction. Incidents that occurred were reviewed for learning and where appropriate, additional control measures were put in place to reduce risk.

Regulation 13: General welfare and development

Each resident was provided with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of their disability and assessed needs.

Judgment: Compliant

Regulation 17: Premises

The centre had not been kept in a good state of repair. There was no schedule of works in place regarding identified maintenance issues.

Judgment: Not compliant

Regulation 26: Risk management procedures

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

Judgment: Compliant

Regulation 28: Fire precautions

Previous commitments regarding the upgrading of fire containment measures were not fully implemented.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

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

Judgment: Compliant

Regulation 6: Health care

Appropriate health care was made available for each resident having regard to that residents personal plan.

However, not all residents were consulted or supported to access all appropriate national screening services.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Appropriate supports were in place for residents with behaviours that challenge or residents who were at risk from their own behaviour.

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 allegations of abuse 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	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for La Verna OSV-0002363

Inspection ID: MON-0025567

Date of inspection: 13/02/2020

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	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: All deficits identified in this inspection have now been addressed. Supporting documentation has been provided to HIQA in relation to interim works completed.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • Supporting documentation has been provided to HIQA in relation to interim works completed. The recommendation regarding the installation of a supplementary wall plate internally to support the original one bolted to existing building has been completed (February 2020) • To properly establish subsoil conditions and to arrest further settlement an external contractor conducted a dynamic probe test on Saturday the 20th February. • Based on findings the organisation will be advised on appropriate remedial works – report was forwarded to HIQA on the 20th February 2020. • Works will be procured and completed by organisation in due course. 	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"> • Following a procurement process, the contract for the provision of free wing wired in overhead door closers on all fire doors opening onto escape routes has been awarded to Hollyfort Building Services and the installation of these door closers will commence in March 2020. • HIQA will be advised when a date is scheduled for this location. 	
Regulation 6: Health care	Not Compliant
Outline how you are going to come into compliance with Regulation 6: Health care:	

Information in the form of accessible documents, a short video and staff speaking to residents about the National Screen Programme took place on the 14th February 2020. An accessible document verifying this was devised in consultation with the organisations Medical Officer and residents signed their own copy which is now in their individual file.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The Designated Officer submitted the preliminary screening form on the 14th February 2020 to the National Safeguarding Office. All safeguarding plans were in place prior to this.

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.	Not Compliant	Orange	30/03/2020
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/03/2020
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.	Not Compliant	Orange	01/09/2020

Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	01/09/2020
Regulation 06(2)(e)	The person in charge shall ensure that residents are supported to access appropriate health information both within the residential service and as available within the wider community.	Not Compliant	Orange	14/02/2020
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	14/02/2020