Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Willowpark
Name of provider:	St Michael's House
Address of centre:	Dublin 11
Type of inspection:	Announced
Date of inspection:	25 June 2020
Centre ID:	OSV-0002372
Fieldwork ID:	MON-0029746

About the designated centre

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

Willowpark is a designated centre operated by Saint Michael's House. It provides a community residential services to up to five adults with a disability. The house is an extended double fronted single story home comprising of a kitchen/dining room, one living room, one quiet room, five bedrooms, two bathrooms and a staff office/sleepover room. There is a patio area leading off the living room that can be used for dining and relaxing. The centre is situated in a suburban area of County Dublin with access to a variety of local amenities such as shops, bus routes and the city centre. The centre is staffed by a person in charge and social care workers. Staff 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:	4

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 25 June 2020	10:20hrs to 16:00hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with the four people living in the designated centre. Residents spoken with said they were happy in their home. Some residents used non-verbal methods to communicate or chose to have limited engagement with the inspector and this was respected. The inspector also observed elements of their daily lives at different times over the course of the inspection.

The inspector observed residents accessing the community and relaxing in their home by watching television and listening to music. It was observed that residents appeared relaxed, comfortable and enjoying the company of staff members. Positive interactions were observed between residents and staff as they discussed plans for the day.

Overall, the house appeared well maintained and decorated in a homely manner. Some residents gave permission for the inspector to see their rooms which were decorated in line with their tastes and preferences.

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.

The centre had a defined management structure in place. The centre was managed by a suitably qualified and experienced person in charge. 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 person in charge was supported in their role by appropriately experienced social care leader who facilitated the inspector on the day of the inspection. There were arrangements in place to monitor the quality of care and support in the centre. There were a number of quality assurance audits in place to review the delivery of care and support in the centre. This included 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.

The person in charge had ensured that there was both a planned and actual roster which was maintained. The last inspection identified that improvement was required to ensure continuity of care and support for residents. 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 and ensured continuity of care

and support to residents. On the day of the inspection, there was one vacancy in the centre's staffing complement. The inspector was informed that recruitment had taken place and a new member of staff was identified to start working in the centre in July. This was reflected in the centre's roster. In addition, at the time of the inspection a number of staff had been redeployed from the provider's day service due to COVID 19 pandemic. The person in charge informed the inspector that plans were in place to ensure consistency of staff and appropriate staffing levels in line with the residents' needs when redeployed staff returned to work in the day services.

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

Regulation 15: Staffing

The person in charge maintained a planned and actual roster for the designated centre. Staffing arrangements at the centre were appropriate to meet the needs of the residents and ensured continuity of care.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly 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.

Judgment: Compliant

Regulation 31: Notification of incidents

All adverse 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.

The inspector was shown around the premises by the social care leader. Overall, the centre was well maintained and decorated in a homely manner. The centre consisted of kitchen/dining room, one living room, one quiet room, five bedrooms, two bathrooms and a staff office/sleepover room. The inspector viewed some residents bedrooms which were personalised and decorated in line with the residents' preferences. The last inspection identified that a number of areas in need of maintenance and repair including painting and flooring. While the inspector found that the areas identified in the previous inspection had been addressed, there were some areas of the centre were upkeep was required including paint in the kitchen and small areas of plaster in disrepair. In addition, an internal fire safety report identified some improvement was required to an unused internal window between the utility room and bathroom.

The inspector reviewed a number of residents' personal plans and found them to be person-centred. Each resident had an up-to-date assessment of need in place which identified residents' health and social care needs and informed the residents' personal support plans. While personal plans were in place for the majority of residents' identified needs, one personal plan reviewed did not have a number of personal plans in place for identified needs. This had been self-identified by the provider and was in the process of being addressed.

Residents' health care needs were managed to an adequate standard. Residents were supported to manage their health care conditions and had regular access to allied health professionals including General Practitioners (GP), Dentists and Physiotherapy.The healthcare plans were up to date and suitably guided the staff team to support residents with identified healthcare needs.

Residents were supported to manage their behaviours and there were positive behaviour support plans in place as required. The inspector reviewed a sample of behaviour support plans and found that they were up to date and contained appropriate information to guide the staff team. On the day of the inspection, there were some restrictive practices in use in the centre. The restrictions were identified and were regularly reviewed by the provider's Positive Approaches Monitoring Group.

There were systems in place to safeguard residents. Safeguarding plans were in place as required to manage identified safeguarding concerns. The inspector reviewed a sample of incidents occurring in the centre which demonstrated that incidents were appropriately managed and responded to. Residents were observed to appear comfortable and content in their home throughout the inspection. The previous inspection identified that a intimate care plan required some improvement.

From a sample of residents' intimate care plans reviewed, the inspector found they were detailed and appropriately guided staff practice in supporting residents.

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. The centre maintained an up-to-date risk register which detailed centre specific risks and individual risk and the measures in place to manage the identified risks.

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 and isolation of residents if required. The person in charge ensured that all staff were made aware of public health guidance. There was a folder with information about COVID-19 and infection control guidance and protocols for staff to implement while working in the centre. Personal protective equipment including hand sanitizers and masks was available in the centre. In addition, as a further precaution, each staff member had their temperature checked daily.

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. Centre records demonstrated that fire evacuation drills were completed regularly. Each resident had a Personal Emergency Evacuation Plan (PEEP) in place which outlined the supports for each resident to evacuate the designated centre. The provider's fire safety officer had identified some upgrade works were required to fire and smoke detection and containment measures already in place in the centre. The provider had a organisation wide plan to address these areas for improvement.

The inspector reviewed the medication management practices within the centre. There were suitable practices in place for the ordering, receipt, storage disposal and administration of medication. The inspector reviewed a sample of medication administration sheets and found that medication was administered as prescribed. The inspector reviewed a sample of medication errors which demonstrated that they were appropriately managed and responded to.

Regulation 17: Premises

The centre was well maintained and decorated in a homely manner. However, there were areas in need of maintenance and repair including plaster work and painting.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had ensured that systems were in place for the prevention and control of 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. Each resident had a Personal Emergency Evacuation Plan (PEEP) in place and centre records demonstrated that fire evacuation drills were completed regularly.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate policies, procedures and practices relating to the ordering, receipt, prescribing, storage and disposal of medicines. Medication audits were completed regularly in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans were found to be person-centred. 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, one personal plan reviewed did not have a number of personal plans in place for identified needs.

Judgment: Not compliant

Regulation 6: Health care

Residents were supported to manage their health care conditions. Residents had appropriate assessments completed and support plans in place to guide staff on how to support the residents to enjoy the best possible health. Residents had access relevant allied health professionals in line with their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider and person in charge promoted a positive approach in responding to behaviours that challenge. Residents were supported to manage their behaviours and there were positive behaviour support plans in place as required. Restrictive practices in use in the centre were identified and were regularly reviewed by the provider's Positive Approaches Monitoring Group.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents. Safeguarding plans were in place as required to manage identified safeguarding concerns. The inspector reviewed a sample of incidents occurring in the centre which demonstrated that incidents were appropriately managed and responded to. Residents were observed to appear comfortable and content in their home throughout the inspection.

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 23: Governance and management	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	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Willowpark OSV-0002372

Inspection ID: MON-0029746

Date of inspection: 25/06/2020

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The Person in charge has contacted the Technical Services Department to request that the required painting be carried out in the kitchen and the repair \ plastering work in the main living room area.	
Regulation 5: Individual assessment and personal plan	Not Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The person in charge will ensure that the personal plans in place for all residents in the Centre, are clear, comprehensive, up to date, and reflective of the support needs, for each resident, so as to clearly guide staff practice.	

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 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/07/2020
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out	Substantially Compliant	Yellow	31/07/2020

	annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.			