



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

## Issued by the Chief Inspector

Name of designated centre:	Shanowen
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Unannounced
Date of inspection:	04 December 2019
Centre ID:	OSV-0002374
Fieldwork ID:	MON-0025292

## About the designated centre

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

Shanowen is a designated centre operated by St. Michael's House. This centre provides a full-time residential service for a maximum of five adults over the age of 18 years with intellectual disabilities. It is located in a community setting in North Dublin and is within walking distance of a range of local amenities. The centre is a single storey house comprising of five bedrooms, a wheelchair accessible bathroom, a shower room, a kitchen/dining room, living room and a quiet room. Residents have full access to all communal areas. The house is wheelchair accessible. The centre is primarily staffed by social care workers who are available to residents on a 24 hour basis. There is a staff nurse on the team to support and advise staff in relation to nursing matters, as well as working as a team member. Additional nursing supports are provided by the provider's nurse manager on-call service.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
--	---

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 4 December 2019	09:00hrs to 17:00hrs	Maureen Burns Rees	Lead

## What residents told us and what inspectors observed

As part of the inspection, the inspector met with three of the four residents living in the centre. Two of the residents told the inspector that they enjoyed living in the centre and spending time with staff. The third resident was unable to tell the inspector their views but was observed to be in good spirits. One of the residents provided the inspector with a demonstration of his guitar playing skills and told the inspector how he loved his weekly lessons. This resident had met with, and had a picture taken with his music idol which was on display in his bedroom. The inspector observed warm interactions between the residents met with and the staff caring for them.

There was evidence that residents and their family representatives were consulted with and communicated with about decisions regarding their care and the running of their house. Residents were actively supported and encouraged to maintain connections with their families through a variety of communication resources and facilitation of visits. The inspector did not have an opportunity to meet with the relatives of any of the residents to attain their views of the quality and safety of care provided. However, it was reported, by staff, that residents' family representatives were happy with the care their loved ones received in the centre.

## Capacity and capability

There were management systems in place to promote the service provided to be safe, consistent and appropriate to the residents' needs. However, some improvements were required in relation to staff supervision arrangements.

The centre was managed by a suitably qualified, skilled and experienced person. The person in charge was on planned leave on the day of this inspection but was spoken with separately over the phone. They had an in-depth knowledge of the needs of each of the residents and of the requirements of the regulations and standards. The person in charge had been working with the provider for more than 23 years, with 12 of those years being in management positions. They were in the process of completing a degree in social care.

The person in charge participated in a significant number of duty shifts each week and these were reflected on the duty roster. Although this, and the changing psychological needs of one of the residents, had the potential to negatively impact, the person in charge was found to be effectively involved in the governance and operational management of the centre. Staff members spoken with told the inspector that the person in charge supported them in their role and encouraged a culture of openness where the views of all involved in the service were sought and

taken into consideration.

There was a clearly defined management structure in place that identified lines of accountability and responsibility which ensured staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the service manager who in turn reported to the director of adult services. There was evidence that the service manager visited the centre at regular intervals. This demonstrated clear lines of reporting and accountability systems for the operational management of the centre.

An annual review of the quality and safety of care and unannounced visits on a six-monthly basis to assess the quality and safety of the service had been completed. There was evidence that actions were taken to address issues identified on these visits. A limited number of other audits had been undertaken and included finance, assessments of need and client monies audit.

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. A number of relief staff were used to cover staff leave. This meant there was consistency of care for the residents in the centre.

Training had been provided to staff to support them in their role and to improve outcomes for the residents. There was a staff training and development policy, dated March 2018. A training programme was in place which was coordinated by the provider's training department. Training records indicated that staff had attended all mandatory training requirements. There were no volunteers working in the centre at the time of inspection.

Staff supervision arrangements were in place. However, from speaking with a number of staff on the day of inspection it was evident that some staff had not received formal supervision in an extended period. The person in charge confirmed this subsequent to the inspection. This was not in line with the frequency proposed in the providers policy. This meant that all staff may not have been appropriately supported to perform their duties to the best of their abilities.

Each resident had a written agreement in place which outlined the services to be provided and all fees. This met with the requirements of the regulations.

#### Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre.

Judgment: Compliant

## Regulation 15: Staffing

The staff team were considered to have the required skills and competencies to meet the needs of the residents living in the centre.

Judgment: Compliant

## Regulation 16: Training and staff development

Training had been provided for staff to improve outcomes for residents. However, supervision undertaken had not always been completed in line with the frequency proposed in the providers policy.

Judgment: Substantially compliant

## Regulation 23: Governance and management

The governance and management systems in place promoted the delivery of a high quality and safe service.

Judgment: Compliant

## Regulation 24: Admissions and contract for the provision of services

Each resident had a written agreement in place which outlined the services to be provided and all fees.

Judgment: Compliant

## Quality and safety

Overall, the residents living in the centre received care and support which was of a good quality and person centred. However, the changing psychological needs of one the residents, due to a medical condition, was sometimes difficult for staff to manage in a group living environment and had the potential to negatively impact on

the other residents.

Residents' well-being and welfare was maintained by a good standard of evidence-based care and support. However, a number of the personal plans had not been reviewed in a prolonged period or in line with the requirements of the regulations. Overall, care plans and personal support plans reflected the assessed needs of the individual residents and outlined the support required to maximise their personal development in accordance with their individual health, personal, communication and social needs and choices.

Residents were each supported to engage in meaningful activities in the centre and within their local community. Three of the four residents were engaged in a formal day service. The fourth resident had retired from their day service but a personalised service was delivered from the centre by staff for this resident. Activities residents enjoyed included, trips to shows, social club, beauticians, shopping, cinema and dinners out. A record was maintained of activities residents engaged in.

The centre was found to be comfortable and homely. However, some areas were identified to require repainting. Each of the residents had their own bedroom which had been personalised to their tastes and choices. This promoted residents' independence, dignity and recognised their individuality and personal preferences.

The health and safety of residents, visitors and staff were promoted and protected. There were risk management arrangements in place which included a detailed risk management policy, and environmental and individual risk assessments for residents. These outlined appropriate measures in place to control and manage the risks identified.

Suitable arrangements were found to be in place for the management of fire. A fire risk assessment had been completed. There was documentary evidence that fire fighting equipment and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks in the centre. There were adequate means of escape and a fire assembly point was identified in an area to the front of the centre. A procedure for the safe evacuation of residents in the event of fire was prominently displayed. Each resident had a personal evacuation plan in place which adequately accounted for the mobility and cognitive understanding of the resident. Staff who spoke with the inspector were familiar with the fire evacuation procedures and had received appropriate training. It was noted that two of the residents had also attended fire safety training with the staff team. Fire drills involving residents had been undertaken at regular intervals.

There were safeguarding measures in place to protect residents from suffering from abuse and residents were provided with appropriate emotional and behavioural support. However, behaviour challenges presented by one of the residents, as a consequence of a medical condition, were on occasions, difficult for staff to manage in a group living environment. This had the potential to have a negative impact on the other residents living in the centre. It was noted that this had been identified by



the provider and that an alternative residential placement had been identified for the resident but a date for transition to a new placement had not yet been agreed. Behaviour support plans and safeguarding plans were in place for residents identified to require same and these provided a good level of detail to guide staff in meeting the needs of the individual residents. There was evidence that plans in place were regularly reviewed by the provider's psychologist.

### Regulation 17: Premises

The centre was found to be comfortable and homely. However, some areas were identified to require some repainting.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The health and safety of residents, visitors and staff were promoted and protected.

Judgment: Compliant

### Regulation 28: Fire precautions

Suitable arrangements were found to be in place for the management of fire. However, fire drills involving residents had not been undertaken for prolonged period.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents' well-being and welfare was maintained by a good standard of evidence-based care and support. However, a number of the personal plans had not been reviewed in a prolonged period or in line with the requirements of the regulations.

Judgment: Substantially compliant

## Regulation 7: Positive behavioural support

Behaviour support plans were in place for residents identified to require same and these provided a good level of detail to guide staff in meeting the needs of the individual resident.

Judgment: Compliant

## Regulation 8: Protection

There were safeguarding measures in place to protect residents from suffering from abuse and residents were provided with appropriate emotional and behavioural support. However, behaviour challenges presented by one of the residents as a consequence of a medical condition, were on occasions difficult for staff to manage in a group living environment.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

# Compliance Plan for Shanowen OSV-0002374

Inspection ID: MON-0025292

Date of inspection: 04/12/2019

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>In response to the area of non-compliance found under Regulation 16 (1)(b):</p> <ul style="list-style-type: none"> <li>• The PIC completed scheduled Supervision Training on the</li> <li>• The person in Charge will complete a schedule of supervision meetings with the staff team in the centre in line with the revised and updated organizations Staff Supervision and Support Policy. Supervision will be provided to every member of the staff team at a recommended minimum of 4 times per year.</li> </ul> <p>The Peron in Charge will also provide on-going feedback and support to all staff members in addition to supervision and support meetings</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>In response to the area of substantial-compliance found under Regulation 17(1)(b)</p> <ul style="list-style-type: none"> <li>• The Registered Provider received 3 quotes and approve funding for the internal paint work required, paintwork will be completed by the end of April 2020.</li> </ul>	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:  In response to the area of substantial-compliance found under Regulation 05(6)(a) and Regulation 05(6)(c)</p> <ul style="list-style-type: none"> <li>• The Person in Charge will continue to ensure that all residents in the centre have comprehensive assessment of needs form and personal plans in place outlining their needs and supports in accordance with their wishes. Comprehensive personal plans will be reviewed annually or more frequently if required.</li> <li>• The Person in Charge will continue to ensure that all residents are involved in the person centered planning process and an annual outcome review meeting takes place with the involvement of MDT team as appropriate. The resident is supported to attend this meeting and any changes in meeting the needs of the resident will be documented, clearly identifying the person responsible for meeting the agreed objectives and within the agreed timescale</li> </ul>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:  In response to the area of substantial-compliance found under Regulation 08(2)</p> <p>The PIC will ensure that all safeguarding concerns are managed as per the Provider's safeguarding policy, and are notified to the authority in line with regulation 8, and the national safeguarding policies.</p> <p>Following review and in consultation with clinical team one resident with a diagnosed medical condition has been supported to successfully transition to an alternative residential placement more suitable to support their needs.</p>	



## 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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/03/2020
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	30/04/2020
Regulation 05(6)(a)	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 be multidisciplinary.	Substantially Compliant	Yellow	30/03/2020
Regulation 05(6)(b)	The person in charge shall	Substantially Compliant	Yellow	30/03/2020



	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 be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
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	30/03/2020
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	05/02/2020