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:	Sallowood
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Announced
Date of inspection:	14 March 2019
Centre ID:	OSV-0002378
Fieldwork ID:	MON-0022460

About the designated centre

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

Sallowood is a community based service that provides a service to six adult residents with complex needs. Sallowood provides 24 hour nursing cover, complimented by social care and direct support input. The service is provided from a spacious bungalow that is located in Dublin 9 with bus routes nearby and within walking distance to nearby amenities such as local food stores and a large shopping centre. Each resident has their own bedroom and has access to a lounge room, a sensory room, a spacious kitchen/dining area in addition to an accessible bathroom and two separate toilets one of which is accessible. Residents also have access to a large garden area at both the front and rear of the house and is equipped with table and chairs. The centre also consists of a sluice room, a staff office and a staff sleepover room complete with an ensuite.

The following information outlines some additional data on this centre.

Current registration end date:	13/07/2019
Number of residents on the date of inspection:	6

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
14 March 2019	09:00hrs to 17:00hrs	Ciara McShane	Lead

Views of people who use the service

The inspector met with five residents on the day of inspection and communicated with them on their own terms. One resident was in hospital at the time of inspection and therefore the inspector did not interact with them. Residents, who were able to, confirmed with the inspector they like living at the centre and the staff treated them well. The inspector elicited other views of residents through observations. Residents appeared relaxed, content and jubilant in the company of staff. Residents interacted freely with each other and with staff and it was evident that staff understood and knew the residents well.

Residents were observed to get up in the morning at a time of their choosing and staff were observed to support residents with this. Residents were observed to direct their day in other activities such as attending day service, walking to the local shop with staff to make some purchases whilst others were happy to be at home for the day in the company of their fellow residents and the staff. Whilst residents relaxed in the late afternoon they were observed to be content and happy in the company of each other amongst a calm environment listening to music and interacting with each other.

Five questionnaires were completed with input and support from both family members and staff. For the most part the feedback was very positive stating that the care and support received was good and that staff supported residents well in addition to residents being happy. Two areas for improvement were highlighted; one family member mentioned they would like more snacks for the resident and another questionnaire stated that at times the temperature of the centre was 'cool'.

Capacity and capability

The provider demonstrated they had the capacity and capability within their governance structures to provide a service to six residents in Sallowood that was of high quality and one that ensured residents' needs were met in a safe manner.

The governance structure in place resulted in residents experiencing a service that was person centred, meeting their individual and collective needs and overseen by a competent person in charge and a experienced and motivated staff team. The provider assured themselves of this through the completion of an annual review and a quality enhancement plan which involved the participation of residents and their families and staff members. The provider had also established a system that ensured lines of accountability and reporting were in place. The person in charge was supported by a service manager who in turn reported into a Director of Service.

The person in charge met with the service manager on a regular basis, approximately every six weeks and minutes of these meetings were maintained. The person in charge met with her team on a monthly basis and these were also minuted. It was evident from a review of these minutes that the residents and their needs were at the centre of these meetings.

Since the previous inspection the person in charge had implemented a local auditing system which reviewed areas including the use of restrictive practices, a log of incidents and accidents, a log of medication errors, medication management and also the quality of care. Whilst this was an improvement from the most recent inspection it was not evidenced how learning was being garnered from all of the audits. For example, the audit of incidents and accidents was a list of the incident/accident detail as oppose to an anaylsis therefore it was not evidenced that learning was occurring. However, the person in charge from a review of medication errors identified that a change in the administration procedures would assist in reducing errors and as a result of this two staff, one of whom is usually a nurse, would check the medication prior to it being administered.

Training records also demonstrated that residents were protected and supported by staff as staff, for the most part had up to date training and the skills necessary to support them with meeting their needs. Where there were deficits in these areas the person in charge had ensured training was arranged including refresher training and further centre specific training such as training about dysphagia.

Supervision for staff was also in place however this was not consistent for all staff and not in line with the provider's policy in terms of frequency. This had been attributed to the large staff team and the fact that only the person in charge had the skill set to formally supervise staff. To mitigate this going forward a clinical nurse manager is attending training in this area which was hoped would alleviate this issue. Staff spoken with however felt well supported in their roles and would raise a concern should they have one.

Regulation 14: Persons in charge

The person in charge was suitably qualified, experienced, held a full time position and met the requirements of the regulations. She had worked in the centre for approximately eight years and was well informed of the residents' needs.

Judgment: Compliant

Regulation 15: Staffing

The centre was resourced adequately to meet the needs of residents. Through a recent review of the roster the provider identified a vacancy and were in the

process of recruiting for the post which was related to direct care. In the meantime, the hours were being completed, for the most part by familiar staff.

The staff skill mix met the needs of residents and consisted of nursing staff, social care workers and direct care workers.

A planned and actual staff roster was maintained in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were supported to access the required training. The person in charge maintained a log of training and where training was required a plan was in place. The person in charge also had plans in place for specific training requirements of staff such as training in dysphagia which was planned for October 2019.

Supervision arrangements had improved since the previous inspection and staff received regular supervision. This however was not in line with the providers policy in terms of frequency. In order to address this failure, which the person in charge was aware of, a clinical nurse manager (CNM) was scheduled for training in providing supervision.

Judgment: Substantially compliant

Regulation 19: Directory of residents

There was a directory of residents available for review which was kept up-to-date and contained all relevant prescribed information.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured there was adequate insurance to cover the service provided.

Judgment: Compliant

Regulation 23: Governance and management

The provider had systems in place that ensured the service was managed effectively. The service provided was adequately resourced to meet the needs and wishes of the residents. Management systems such as regular audits, the development of a quality enhancement plan, and an annual review resulted in areas for improvement being identified and actions developed as a result.

Staff were supported through regular staff minutes which were maintained and signed off by the staff team. Staff spoken with stated they felt supported in their roles and would raise concerns should they have any.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Residents had a contract of care in place which outlined the service provided to them and the cost incurred for same. The inspector reviewed the contract of care for the most recent admission and was satisfied that it was in accordance with the statement of purpose.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was available in the centre as required. It detailed the requirements of the regulations and adequately described the type of service to be provided and was in line with the inspectors observations.

Judgment: Compliant

Regulation 34: Complaints procedure

A clear complaints procedure was available for both staff and residents, and an easy to read version was located in a visible place at the centre. The complaints policy and procedure was up-to-date and detailed all stages of making a complaint in addition to investigating a complaint and reporting back the outcome to the complainant.

A log of complaints and compliments was maintained at the centre, however since the previous inspection there were no complaints logged. A number of compliments regarding the centre had been received.

Judgment: Compliant

Quality and safety

Residents living in the centre received good quality care which met their needs and kept them safe. Their needs were met in a timely and respectful manner and the care provided to them was person centered. Areas for improvement were identified to ensure all aspects of the local health and safety arrangements were robust.

Residents were supported to achieve best possible health as evidenced in their individual support plans. Residents' needs were reviewed on a regular basis and supports were amended in line with emerging or changing needs. Staff spoken with knew residents' needs which ensured residents were at the centre of the service being provided. Residents' best interests were at the core of their support plan, this was further evidenced by multidisciplinary input as required. The types of inputs reviewed by the inspector included psychology, psychiatry, speech and language and dietetic input.

Residents had their social goals outlined within their care plan and detailed through use of a tool 'All About Me'. Some residents had this displayed in their bedrooms in picture and photograph form while another resident availed of a box filled with objects that were of significance to them. Residents were engaged in social activities within their local communities but also maintained links with communities they were previously part of. Staff supported residents maintain these links and the availability of their own transport vehicle facilitated.

Residents' safety was protected by arrangements the provider had put in place such as risk management procedures, arrangements relating to fire and safeguarding. Staff spoken with demonstrated a good understanding of fire safety management and were familiar with safeguarding procedures and who to report a concern to should the need arise. There were risk assessments that looked at risk specific to residents but also the service as a whole and a risk register was also maintained. However, improvement was required relating to risk assessments as they were not reviewed or amended post an incident such as a fall to determine if the measures in place were still valid.

Fire drills occurred in line with the provider's policy and learning was garnered from these. Fire drills also resulted in amendments being made such as the installation of an exit route in a resident's bedroom so they could safely be evacuated at times when they were in bed should the need arise. Fire containment had improved since the last inspection and fire doors were in place. The provider had identified one further area for improvement in relation to glazing within a fire door and had

identified this would be completed by June 2019.

Each resident had a personal emergency evacuation plan which the inspector reviewed and whilst it was a detailed document further pieces of information were required to ensure that the necessary readers of said plan were sufficiently informed. Detail regarding the residents' method of communication was not outlined nor was there a picture of a resident included.

Regulation 10: Communication

Systems were in place to support residents with their specific communication requirements. Picture boards and objects of reference for example were in use at the centre.

Staff spoken with were familiar with residents' communications needs and were observed to communicate with residents in a manner which they were receptive off.

A number of residents had their own computer tablets and used these to maintain links with family members.

Residents had a communication passport in place which was reviewed regularly.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to facilities for occupation and recreation. A number of residents attended a day service, while one resident was retired and another attended a nearby college for further education.

Residents were connected with their local community and the surrounding areas and were supported to local amenities of their choosing such as the barbers, coffee shops and local shops.

The provider had highlighted in their quality enhancement plan a goal to maximise residents' participation in activities even more.

Judgment: Compliant

Regulation 17: Premises

The premises was laid out well to meet the needs of residents. It was a spacious bungalow and each resident had their own bedroom. Residents had access to large bathrooms which met their needs and also had access to multiple spacious areas for relaxing such as a sitting room, a sensory/lounge room and a large dining area that accompanied the kitchen.

The bungalow was set amongst a large outdoor space complete with a seating area and a recently acquired awning that residents could avail off. The gardens were well maintained and bright which residents could view from the many windows throughout the house.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported to eat a varied diet and one that was amended, as required, to meet their individual needs. Residents participated in selecting their food choices and had access to snacks and drinks.

Where residents required supporting with eating this was provided and staff had received training and information as required from both dietitians and speech and language therapists.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The provider had ensured that appropriate arrangements were in place to support residents with periods of transition and that information, where relevant, was shared across services ensuring that residents received continuity of care.

Judgment: Compliant

Regulation 26: Risk management procedures

There were arrangements in place for the management of risk. Organisational and individual risk assessments were in place which outlined controls to mitigate the risk. However, post incident risk assessments were not reviewed or updated to ensure the controls were still valid.

A log of incidents and accidents was maintained which the person in charge had

developed. Although this log was maintained there was no system in place to demonstrate that learning was being garnered from incidents or that the incidents were being analysed.

A centre specific emergency plan had been developed and upon review found to be fit for purpose.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire containment measures were for the most part in place. The provider had self identified an outstanding concern in relation to glazing on a fire door and had a timeline of June 2019 when it would be addressed.

Personal emergency evacuation plans (PEEPs) were in place for each resident as too was a 'grab bag' should there be a fire and an emergency evacuation was required.

Staff spoken with were familiar with the evacuation plan and how to operate the fire alarm system and there was evidence that drills were occurring in line with the providers' policy.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need in place which were up-to-date and reviewed at least annually or sooner if required. Where a need had been identified a corresponding support plan was in place.

Changes in residents' needs were captured and multidisciplinary input was clear from a review of the plans.

Judgment: Compliant

Regulation 6: Health care

The person in charge and the staff team had clear healthcare plans in place to support each of the residents with their emerging needs. Healthcare plans, where required, were developed with the input of multidisciplinary team members such as

dietitians and speech and language therapists.

Where residents required support of allied health professionals this was facilitated by the staff team. Residents, when appropriate, were linked in with the relevant national screening programme.

Judgment: Compliant

Regulation 7: Positive behavioural support

On this inspection it was found that those whom required a positive behavioural support plan had one in place. Staff spoken with were familiar with residents' supports in relation to these needs. Fourteen staff had received additional training in breakaway techniques however the person in charge confirmed this was not mandatory for all staff members. Fourteen staff had up to date training in positive behaviour support, the remaining two staff were scheduled to receive the training in the following weeks.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to ensure residents were safeguarded. All staff had up to date training in safeguarding and those spoken with were, for the most part, knowledgeable on what to do should they have a concern. At the time of inspection there was one safeguarding plan in place which had recently been developed following an incident.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the designated centre was operated in a manner that respected the rights of residents. Each resident had their own bedroom that was decorated in line with their own preferences. Residents demonstrated choice and control regarding their daily activities. For example, a number of residents at times wished to not attend their day service, this was facilitated by the staff team as the staffing levels which were maintained throughout the day lent themselves to this.

Residents were consulted with regarding the operating of the designated centre through weekly house meetings and through their interactions with the staff team.

Through observations and listening the inspector ascertained that residents were engaged with in a supportive and respectful manner and their needs/wishes were put at the centre such as personal care and the wish to have a lengthy lie on in the morning.
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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sallowood OSV-0002378

Inspection ID: MON-0022460

Date of inspection: 14/03/2019

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: In response to the area of non-compliance found under Regulation 16 (1)(b): • The PIC has scheduled Supervision Training for the Clinical Nurse Manager 1 in the centre to support the PIC in completing the supervision meeting with the staff team. The CNM1 attended this training on the 9th April 2019. • 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 organisations 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. • The Peron in Charge will also provide on-going feedback and support to all staff members in addition to supervision and support meetings.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: In response to the area of non-compliance found under Regulation 26(2): • After any incident in the centre, the PIC will ensure risk assessments are	

reviewed/updated to ensure the current controls are still effective.

• A log of these reviews will be available for inspection in the centre.

• The PIC will review all Incidents in the Centre and implement a system within the centre to ensure all incidents are analysed to learn from these incidents. This system will be discussed at the next staff meeting scheduled for the 14th June 2019

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: In response to the area of non-compliance found under Regulation 28(3)(a):

• The PIC will ensure that the planned worked will be completed by June 2019 as scheduled.

• The vision panel on the double doors to the sleeping accommodation, to living accommodation and the kitchen was noted to have a gap between intumescent material and wood panelling on the surround. This work is scheduled to be completed by the end of June 2019

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	31/05/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/06/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/06/2019