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:	Glenanaar
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Short Notice Announced
Date of inspection:	27 August 2020
Centre ID:	OSV-0002380
Fieldwork ID:	MON-0026738

About the designated centre

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

Glenanaar is a designated centre operated by St. Michael's House located within a campus setting in North County Dublin. It is a residential home for six adults with an intellectual disability and additional needs which require nursing care. The centre is a bungalow which consists of a kitchen, dining room, sitting room, staff office, staff sleepover room, sensory room, shared bathroom and shower room and six individual bedrooms for the residents. The centre is located close to local shops and transport links. The centre is staffed by a person in charge, clinical nurse manager, staff nurses, social care workers, healthcare assistants and household staff.

The following information outlines some additional data on this centre.

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
Thursday 27 August 2020	10:15hrs to 16:15hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with the six residents living in the designated centre during the inspection. The inspector also observed elements of their daily lives at different times over the course of the inspection.

The residents who spoke with the inspector said they liked living in the designated centre and spoke about their interests such as TV programmes they enjoyed. The inspector observed residents engaging in activities of daily living including relaxing in their home, watching TV, going for walks and spending time in their room. It was observed that residents appeared relaxed, comfortable and enjoyed being in the company of staff members.

The inspector viewed the complaints and compliments folder and reviewed recent complaints recorded in relation to staffing levels.

Capacity and capability

Overall, the governance and management arrangements in place were monitoring the quality and safety of the care and support provided to residents. However, improvement was required in relation to staffing arrangements.

The centre had a defined governance and management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge also demonstrated a good knowledge of the residents and their support needs. There were a number of quality assurance audits in place to review the delivery of care and support in the centre. These included the six-monthly unannounced provider visits and an annual review for 2019 as required by the regulations. These audits identified areas for improvement and action plans were developed in response.

The person in charge maintained a planned and actual roster. At the time of the inspection a number of staff had been redeployed from the provider's day service due to the COVID-19 pandemic. In addition, there was one whole time equivalent (WTE) staff nurse vacancy in the centre's staffing complement. The inspector was informed that this vacancy had been filled and new members of staff were identified to start working in the centre. This was reflected in the planned roster for September 2020. Throughout the day of inspection, positive interactions were observed between residents and the staff team.

The inspector found that staffing levels required further review to ensure staffing levels were appropriate to the changing needs of residents. There was evidence that

the provider had recently increased staffing levels, supported residents to access advocacy services and made an application to the provider's funder regarding increasing staffing levels. However, it was not demonstrated that staffing arrangements in the centre were appropriate to meet residents' needs. For example, the centre's annual review in 2019 identified that increased staffing levels were needed due to the changing needs of residents. An individual risk assessment for one resident identified service deficits such as staffing levels as a high risk in implementing some personal plans to meet the needs of that resident. In addition, the inspector reviewed the complaints and compliments folder and found that there were recent complaints in relation to staffing levels. Given that the implementation of some personal plans were dependent on staffing levels to keep residents safe and meet their assessed needs, the provider was required to ensure effective staffing levels were in place.

There were systems in place for the training and development of the staff team. From a review of a sample of staff training, the inspector found that the staff team had up-to-date mandatory training including medication management, fire safety and safeguarding vulnerable persons.

The inspector reviewed a sample of incidents and accidents occurring in the designated centre and found that they were appropriately notified to the Chief Inspector as required by Regulation 31.

Regulation 14: Persons in charge

The centre was managed by a suitably qualified and experienced person in charge. The person in charge demonstrated a good knowledge of the residents and their support needs.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual roster. The staffing levels at the designated centre required review to ensure they were appropriate to meet the changing needs of residents.

Judgment: Not compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The staff team had up-to-date mandatory training in place.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. There was evidence of regular quality assurance audits taking place which identified actions to address areas that required improvement.

Judgment: Compliant

Regulation 31: Notification of incidents

The Chief Inspector was notified of incidents and accidents as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the inspector found that there were systems in place to ensure that residents received a quality and safe service. However, improvement was required in relation to fire safety, positive behaviour support and medication management.

The inspector completed a walk through of the premises accompanied by the person in charge. The centre consisted of a kitchen, dining room, large sitting room, staff office, staff sleepover room, sensory room, shared bathroom, shower room and six individual resident bedrooms. Overall, the centre was well maintained, decorated in a homely manner and residents' bedrooms were decorated in line with their preferences. The previous inspection identified that some improvement was required in some furniture and areas of flooring and this had been addressed.

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. Each resident had a personal emergency evacuation plan (PEEP) in place which guided the staff team in supporting residents to evacuate. There was evidence of regular fire evacuation drills. However, the fire drills did not demonstrate that the arrangements in place

would evacuate all residents in a timely manner. For example, a recent simulated night time fire drill took over seven minutes to evacuate all residents. At the time of inspection, the provider was requested to ensure
a suitably qualified person reviewed the arrangements in place for the evacuation of the designated centre.

The inspector reviewed a sample of personal plans and found that each resident had an up-to-date assessment of need. The assessment of need identified residents' health and social care needs and informed the residents' personal support plans. In addition, there was evidence that residents' health care needs were appropriately identified and managed. Residents were supported to access allied health professionals as required including general practitioners (GPs), occupational therapy, speech and language therapists, psychology and psychiatry. 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. There were some restrictive practices in use in the centre on the day of the inspection. There was evidence that restrictive practices in use in the centre were regularly reviewed by the provider's positive approaches monitoring group. However, as noted, the staffing levels in the centre required review to ensure that positive behavior support plans could be implemented at all times and that a restrictive practice was the least restrictive procedure for the shortest duration necessary.

There were systems in place to safeguard residents and there were safeguarding plans in place for identified safeguarding concerns. The inspector reviewed a sample of incidents and found that they were appropriately managed and responded to. Residents were observed to appear comfortable and content in their home throughout the inspection.

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 and individual risks and the measures in place to mitigate 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. There was infection control guidance and protocols for staff to implement while working in the centre. Personal protective equipment (PPE) including hand sanitisers and masks were available and were observed in use in the centre on the day of the inspection.

There were medication practices in place for the ordering, receipt, storage and disposal of medicines. The previous inspection identified that medication audits were being completed and regularly identifying discrepancies in medication stocks. Since

the last inspection, the medication press had been moved to a new location to reduce possible distractions. However, some discrepancies were still occurring. This was reviewed by the provider's medication management group and the person in charge was in the process of implementing the recommendations.

Regulation 17: Premises

Overall, the centre was well maintained and decorated in a homely manner.

Judgment: 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 management of risks associated with infection.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. However, the arrangements in place for the evacuation of the designated centre in the event of a fire required review.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were medication practices in place for the ordering, receipt, storage and disposal of medicines in place. However, medication audits identified discrepancies in medication stocks.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had an up-to-date assessment of need which informed the residents' personal support plans. Personal support plans were found to be person centred, up to date and provided appropriate guidance to the staff team.

Judgment: Compliant

Regulation 6: Health care

Residents' health care needs were appropriately managed. Residents were supported to access allied health professionals as required. The healthcare plans were up to date and suitably guided the staff team to support residents with identified healthcare needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

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. However, it was not evident that one restrictive practice was the least restrictive procedure for the shortest duration necessary.

Judgment: Substantially compliant

Regulation 8: Protection

There were systems in place to safeguard residents.
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 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Glenanaar OSV-0002380

Inspection ID: MON-0026738

Date of inspection: 27/08/2020

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • The Person in Charge, Deputy Manager, HR Manager, Admin Manager and Service Manager will carry out a review of the centre incorporating the needs of the residents in order to ensure that the staffing levels are appropriate to meet the supervision and support needs of the residents. Roster Review due 12.10.2020 • The Person in Charge, Service Manager, Admin Manager and Director of Nursing will carry out a nursing review of the centre to ensure the staffing levels and skill mix reflect the changing needs of the residents.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Registered Provider has taken all reasonable measures to ensure compartmentation is in place in the centre in line with the requirements set out in the Code of Practice for fire in Community based dwellings. All doors were upgraded to FD30s, the attic was subcompartmented from the living and sleeping areas, fire stopping completed at necessary compartment lines and in addition the bedroom corridor was subcompartmented by an FD30s to support the evacuation of residents in a timely manner as possible. The Person in charge has a system in place to ensure that staff training is completed and all staff are up to date with fire evacuation procedures. The Person in Charge has ensured that each resident has an up to date Personal Evacuation Plan and ensures same is updated as required or annually	

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: •The Person in Charge and staff team will continue to ensure that robust medication management including medication audits will be carried out to identify and reduce medication errors and ensure safe practice. •The Person in Charge, PPIM and staff team are commencing the Nursing Metric System within the Centre	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: • The Person in Charge, Deputy Manager, HR Manager, Admin Manager and Service Manager will carry out a review of the centre incorporating the needs of the residents in order to ensure that the staffing levels are appropriate to meet the supervision and support needs of the residents. Roster Review due 12.10.2020 • The Person in Charge, Service Manager, Admin Manager and Director of Nursing will carry out a nursing review of the centre to ensure the staffing levels and skill mix reflect the changing needs of the residents.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	12/10/2020
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	05/10/2020
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable	Substantially Compliant	Yellow	25/11/2020

	practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	12/10/2020