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:	Whitehall Lodge
Name of provider:	St Michael's House
Address of centre:	Dublin 14
Type of inspection:	Short Notice Announced
Date of inspection:	02 July 2020
Centre ID:	OSV-0002396
Fieldwork ID:	MON-0029591

About the designated centre

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

Whitehall Lodge provides is a designated centre operated by Saint Michael's House located in South County Dublin. It provides a community residential service for up to six adults with a disability. The centre is located in a residential area and is close to local shops and public transport links. The centre is a bungalow which comprises of six resident bedrooms, staff bedroom, communal sitting room, kitchen/dining room, utility room and two bathrooms. There is a patio area leading off the living room that can be used for dining and relaxing. The centre is staffed by a person in charge and social care workers. In addition, the provider has arrangements in place outside of office hours and at weekends to provide management and nursing support if required by residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 2 July 2020	10:00hrs to 16:00hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with five residents on the day of inspection. Residents spoken with said they were happy in their home. The inspector also observed elements of their daily lives at different times over the course of the inspection. The inspector observed residents engaging in activities of daily living including accessing the community, relaxing in their home watching TV, having lunch and engaging positively with staff. It was observed that residents appeared relaxed, comfortable and enjoying the company of staff members.

The inspector completed a walk-through of the premises accompanied by the person in charge and found that the premises of the centre was 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. However, from a review of the Annual Report 2019, it was noted that a number of residents highlighted that they felt the sitting room was too small to accommodate all residents and staff.

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. However, some improvement was required in relation to staffing arrangements.

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. 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 maintained a planned and actual staff roster. 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.There was evidence of staffing level changing in line with residents needs. For example, an additional waking night staff was put in place in response to a change in residents needs. However, at the time of the inspection a number of staff had been redeployed from the provider's day service due to COVID-

19 pandemic. While the current staffing levels were appropriate, they were reliant on redeployed staff from the day service and it was not clear that plans were in place to ensure continuity of 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 as required by Regulation 31.

Regulation 14: Persons in charge

The person in charge worked full time and was suitably qualified and experienced to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual staff roster. At the time of the inspection, staffing arrangements at the centre were appropriate to meet the needs of the residents and ensured continuity of care and support to residents. However, due to the changing needs of residents, it was not clear that plans were in place to ensure continuity of appropriate staffing levels in line with the residents' needs when redeployed staff returned to work in the day services.

Judgment: Substantially 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

There were systems in place for the recording and management of all 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 appropriate care and support to residents. However, improvements were required to meet the changing needs of residents with regards to premises, personal plans and fire safety management.

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. However, improvement was required in the arrangements in place to meet the needs of each resident. For example, from a review of an Occupational Therapy report, it was identified that the current bedroom space for one resident was not suitable. The inspector was informed that the provider had made an application to their funder to make changes to the premises in February 2020. At the time of the inspection, this application was still being reviewed. In addition, the provider was currently in the process of exploring alternative accommodation to meet the resident's needs.

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), Speech and Langauge Therapy, Occupational Therapy 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 positive behaviour support plans which outlined proactive and reactive supports to guide the staff team in supporting the residents. However, one positive behaviour support plan reviewed required additional detail to appropriately guide the staff team on the use of a PRN (as required) medication. On the day of the inspection, no identified restrictive practices were in use in the centre.

There were systems in place to safeguard residents and safeguarding plans in place for identified safeguarding concerns. The safeguarding plans reviewed outlined the measures in place to manage the identified concerns. The inspector reviewed a sample of incidents occurring in the centre which demonstrated that incidents were appropriately managed and responded to. In addition, it was observed that

residents appeared relaxed and content in their home.

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 inspector carried a walk through of the premises accompanied by the centre manager. Overall, the centre was well maintained and decorated in a homely manner. The centre consisted of six resident bedrooms, staff bedroom, communal sitting room, kitchen/dining room, utility room, two bathrooms. The Annual Report 2019 completed by the provider noted that a number of residents highlighted that they felt the sitting room was too small to accommodate all residents and staff. The inspector viewed some residents bedrooms which were personalised and decorated in line with the residents' preferences. However, the current premises was not designed or laid out to meet the changing needs of a resident as outlined under Regulation 05: Individualised Assessment and Personal Plans.

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 were available in the centre. In addition, as further precautions, the provider had introduced three staff groupings within the staff team to work together and that each staff member had their temperature checked daily. These arrangements reduced the risk of infection and ensured the safety and quality of care being delivered to residents.

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. The previous inspection identified that the provider had not conducted a simulated fire drill under minimal staff conditions to ensure its effectiveness and residents could be evacuated safely. While centre records demonstrated that fire evacuation drills and walks were completed regularly, improvement was required in the arrangements for reviewing fire precautions. For example, the provider identified the increased risk to evacuate one resident due to changing needs in the monthly and quarterly fire audits. However, a night time fire evacuation drill had not been completed in the last year in line with the provider's policy. Each resident had an up-to-date Personal Emergency Evacuation Plan (PEEP) in place which outlined the supports for each resident to evacuate the designated centre.

In addition, 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.

Regulation 17: Premises

The premises of the designated centre was not designed or laid out to meet the changing needs of residents as outlined in the report.

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 including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. However, improvement was required in the arrangements for reviewing fire precautions as outlined in the report. Also, the provider's fire safety officer had identified some upgrade works were required to fire/smoke detection and containment measures already in place in the centre. The provider had a organisation wide plan to address these areas for improvement.

Judgment: Not 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, due to the changing needs of residents, the arrangements in place to meet the needs of each resident required improvement.

Judgment: Not compliant

Regulation 6: Health care

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

Residents were supported to manage their behaviours and there were positive behaviour support plans in place as required. However, one positive behaviour support plan reviewed required additional detail to appropriately guide the staff team on the use of a PRN (as required) medication.

Judgment: Substantially compliant

Regulation 8: Protection

There were systems in place to safeguard residents and safeguarding plans in place for identified safeguarding concerns.

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	Substantially 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	Not compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Whitehall Lodge OSV-0002396

Inspection ID: MON-0029591

Date of inspection: 02/07/2020

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The registered provider has ensured that the number qualifications, skill mix is appropriate to the current assessed needs of the residents. Two residents presenting with changing needs have transferred to a more suitable environment.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The registered provider will request approval to extend the sitting room from funders. Two residents presenting with changing needs have transferred to a more suitable environment.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Regulation 28 (2) (b) (ii) Fire detection identified as required in some additional locations in the house will be completed by 31/12/20.	

Regulation (3) (d)
Since the inspection took place the SU of concern has moved to a more suitable residential to cater for his needs. Another SU has also moved out and so the evac procedure is under review based on new resident that is due to move in Oct 2020. As such evac concerns identified and discussed on the day of the inspection are closed.
In addition there are proposed works to have two bedroom windows changed to doors to future proof any potential evac issues that may arise in the future. Fire drill will be completed once new resident moves in to gauge response and test evac plan accordingly by the end of November 2020.

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:
Regulation 5 (2)

PIC has completed all relevant support plans for residents.
Two residents presenting with changing needs have transferred to a more suitable environment.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
Resident presenting with changing needs have transferred to a more suitable environment. Positive support plan and PRN guidelines are currently been reviewed in the new environment by MDT.

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.	Substantially Compliant	Yellow	24/07/2020
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	17/07/2020
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire	Not Compliant	Orange	31/12/2020

	precautions.			
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.	Not Compliant	Orange	30/11/2020
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	23/07/2020
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	24/07/2020