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:	Donabate Residential
Name of provider:	St Michael's House
Address of centre:	Co. Dublin
Type of inspection:	Short Notice Announced
Date of inspection:	30 July 2020
Centre ID:	OSV-0003597
Fieldwork ID:	MON-0026364

About the designated centre

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

Donabate Residential is a community residential service, comprising a seven bedroom bungalow, located in North Dublin. The provider organisation is St. Michael's house. The service can accommodate up to six adults with intellectual disabilities and can also support residents with health care support needs. The centre is managed by a Clinical Nurse Manager and is staffed by a team of staff nurses, social care workers, and health care assistants.

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 30 July 2020	10:35hrs to 16:35hrs	Louise Renwick	Lead

What residents told us and what inspectors observed

The inspector observed residents interacting with staff members and staff responded in a personal and friendly manner.

Throughout the inspection, the inspector saw some residents relaxing in their home listening to music or watching television, and other residents going out with staff for a drive and for walks during the day. Residents appeared to be able to move around their home with ease and the premises was accessible. The inspector observed residents being supported with their meals and encouraged to eat slowly.

There was a half-door in the kitchen area which was open for the duration of the inspection, unless staff were preparing or cooking food.

The inspector saw photographs and personal art work on display in the designated centre. The inspector noted that staff were aiming for a total communication approach, with photographs to demonstrate which staff members were on shift, and photographs of the inside of each room on the entrance door. The inspector observed staff responding to residents' communication styles in a dignified manner, while promoting physical distancing, where possible.

Capacity and capability

There was a clear management structure in place in the designated centre and wider organisation. There was a full-time person in charge who worked as a clinical nurse manager.

There had been an annual review completed by the provider for the designated centre. This was found to be inclusive of the views of residents, families, staff and allied health professionals. The annual review for the previous year highlighted staffing as an ongoing issue, with a plan for a permanent and consistent staff team to be the focus for the coming year. However, there was no formal plan in place to outline this and the person in charge had arranged for temporary staff to fill a number of shifts in the coming months until a more permanent solution was found.

Due to restrictions on visitors and restrictions imposed from the COVID-19 epidemic, an unannounced visit on behalf of the provider had not yet taken place as planned. In the absence of this visit, the provider had not put in place alternative arrangements to seek assurances and oversight of practice during this time.

The systems of oversight and continuous monitoring of the care and support being delivered in the designated centre required some improvement, to ensure good

information was being collated, evaluated and responded to, in order to sustain and improve quality.

Some improvements were required in relation to the staffing resources in the designated centre. For example, at the time of the last inspection in January 2018, there were five residents living in the centre and staffing was found to be non-compliant. Since then, a sixth resident had returned to live in the designated centre, and similarly, some residents' support needs where changing. While the provider had ensured an increase in staffing during the closure of day services, a more robust plan was required to ensure a permanent and consistent staff team were employed to work in this designated centre and to fill long standing vacancies.

Overall, there was a system in place to identify and provide training for the staff team. Mandatory training was identified through the provider's policies and procedures. For the most part, training was up to date in required areas, however, there had been a delay in some of the refresher training due to the impact of COVID-19 restrictions.

The required policies and procedures under Schedule 5 of the regulations were in place, and some new or updated policies had been implemented to reflect changes since COVID-19. These policies were available in the designated centre.

Regulation 15: Staffing

Nursing staff were available to meet residents' needs, with a nurse on duty during the day and night.

There were a number of vacancies currently in the staff team, and the centre had gone through a lot of changes regarding staff in the past year. This was an issue at the previous inspection in January 2018 and had not yet been adequately addressed.

There was a reliance on relief staff employed by the provider, or agency staff from an external employer to address current vacancies in the staff team which did not fully promote consistency of care for residents.

During the COVID-19 restrictions the provider had redeployed staff from other parts of the service, to support residents in this centre as their formal day service programme was closed. This was a positive action taken by the provider. However, some of these staff had now returned to their previous roles, and plans for the remaining staff to return at the end of the month. There was no long-term plan in place to demonstrate what staffing supports would be available in the coming weeks, based on residents' needs and their days being spent at home.

Judgment: Not compliant

Regulation 16: Training and staff development

Overall, there was a system in place to identify and provide training for the staff team and the person in charge had oversight of these training needs. There were some gaps in the provision of training for staff members.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clear management structure in the designated centre and the wider organisation.

An annual review had been completed, this was in an easy-to-read format and included views of residents, families, staff members and members of the multidisciplinary team. The annual review for the previous year highlighted staffing as an ongoing issue. However, there was no formal plan in place to outline how the provider was going to address this.

Oversight and monitoring systems required review to ensure in the absence of unannounced visits that the provider was fully aware of the care and support being delivered in the centre, and any actions that might be needed for improvement.

An overview of the resources, and the mix of residents living in the designated centre had been completed in October 2019. However, the outcome of this review had not been made available to the person in charge, and no formal plan or assurances had been put in place at the time of this inspection.

Judgment: Not compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing and implemented the policies and procedures as required by Schedule 5 of the regulations. These guiding policies and procedures were available to staff.

Judgment: Compliant

Quality and safety

This inspection found that residents were in receipt of a service that was person-centred and the designated centre offered a comfortable and pleasant place to live. Some improvements were required by the provider to ensure adequate access to allied health professionals and to ensure consistent and familiar staffing was in place, based on residents current needs and situations.

Staff were observed to be friendly and respectful, and staff members engaged well with residents and responded kindly to their requests.

The designated centre was accessible and each resident had their own private bedroom. The centre was seen to be clean and in a good state of repair with personal photographs and art work on display which gave it a homely feel. Residents had two communal sitting areas to use and a large back garden with swing and seating area outdoors.

There were fire safety systems in place in the designated centre. For example, a fire detection and alarm system, emergency lighting system, fire containment measures and fire fighting equipment. There was a written plan to follow in the event of a fire or emergency during the day or night, and fire drills along with simulated practice exercises had taken place in the designated centre. Residents had a written personal evacuation plan which was reviewed following each fire drill or evacuation practice.

The provider had implemented a risk management policy and procedures as required by the regulations, and there was a risk register maintained highlighting any known risks in the designated centre. Risk assessments were reviewed and updated regularly and outlined practical control measures to alleviate risks. There was a system of recording and reporting and accident, incident or adverse event in the designated centre, which were all individually reviewed by the person in charge. The collation and use of this information by the provider from a monitoring perspective required some improvement.

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 through formal risk assessments. There was a folder with information on COVID-19 infection control guidance and protocols for staff to implement while working in the centre. Personal protective equipment was available along with hand-washing facilities and hand sanitiser and staff were observed to use these throughout the day. Each staff member and resident had their temperature checked daily as a further precaution. The provider had plans and facilities in place, should a resident require self-isolation. Staff were promoting physical distancing with residents, where possible, in a dignified manner.

Residents' needs were noted and assessed in a comprehensive manner using an assessment tool implemented by the provider. Based on these assessments, personal plans or care plans were written up to outline how each individual need would be met and supported. Assessments and plans were reviewed regularly by

the person in charge and staff team.

Residents usually attended formal day services during the week, however following restrictions from COVID-19 these services had ceased in March 2020. During this time, residents had been supported by additional redeployed staff from day services. When restrictions were eased, residents had opportunities to go out for walks, drives and visits to places in nature. It was difficult for residents to return to certain community-based activities, as they required a good understanding of physical distancing rules and the use of face coverings. Staff were providing meaningful activities from the designated centre, such as home baking, music and ensuring contact with families through other media and other resources available to them.

There were six residents living in this designated centre. Some residents did not always get on well living together in a group environment with their peers. For example, if noise levels increased or the centre had more activity. This presented as a challenge at times for staff in relation to safeguarding all residents. While staff worked diligently to ensure increased supervision and implemented behaviour support plans to keep people safe, it required further review. Some resident had recently been diagnosed with additional needs and at the time of inspection staff were awaiting further guidance from psychology services. Due to a change in allied health professionals, this was taking longer than anticipated. Some residents had written behaviour support plans to guide staff on proactively supporting any behaviour of concern. While these plans were comprehensive, some residents' behaviour had changed and support plans and interventions required review by a relevant professional.

A number of environmental restrictive interventions were in place in the designated centre. These were assessed and reviewed by an organisation committee who were responsible for the oversight of restrictions. During the inspection, the inspector found that restrictive measures were used for the shortest duration of time. However, due to the needs of some residents, restrictions were put in place for all residents. For example, a half-door to the kitchen area during cooking. Given the varying needs of residents living in this centre, some residents had restrictions imposed due to the group living setting and not necessarily because they needed them on an individual basis.

Overall, the inspector found that residents were comfortable living in the designated centre and were receiving person-centred care. Some improvements were required in relation to staffing arrangements, the longer term plan for occupation and activities for residents in the absence of a day service, and access to allied health professionals to guide specific care needs.

Regulation 17: Premises

The designated centre was designed and laid out to meet the needs of residents. The premises was also accessible and based on one level.

The parts of the designated centre seen by the inspector were clean and in a good state of repair.

The centre was nicely decorated and residents had their own private bedroom.

The provisions of Schedule 6 were in place, for example suitable private and communal space, suitable bathroom facilities and appropriate heating and lighting.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had implemented a risk management policy and procedure. There was a risk register maintained in the designated centre.

There was a system in place for the assessment, management and review of risks in the designated centre. Risk controls were proportionate to the risk identified, control measures were reviewed regularly.

There were systems in place to respond to emergencies, and written plans for all eventualities.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had put in place procedures for the management of the risk of infections in the designated centre, which were guided by public health guidance and national standards. The risk of COVID-19 was assessed and reviewed regularly, and the provider had plans in place to support residents to isolate if they were required to. Staff were balancing residents' rights as best they could with the requirement to protect them from infection.

Judgment: Compliant

Regulation 28: Fire precautions

There was a fire detection and alarm system in the designated centre, fire fighting equipment, emergency lighting and fire containment measures. All equipment in place was checked and serviced by a relevant fire professional on a routine basis,

and records of this were maintained.

Staff had received training in fire safety, and this training was refreshed on a routine basis. There were arrangements in place to support residents and staff to evacuate in the event of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a system in place to assess and plan for residents' needs and these documents were reviewed regularly. Where a need had been identified, there was a written personal plan in place outlining how each resident would be supported to achieve this need.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with appropriate health care as outlined in their personal plans.

Residents had access to their own general practitioner along with access to allied health professionals through referral to the primary care team, or to allied health professionals made available by the provider.

Improvements were required to ensure residents had timely access to psychology services and/or behaviour support services, where these had been deemed as required.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Staff had the knowledge and skills to respond to behaviour of concern, through guiding individual behaviour support plans and risk assessment control measures.

Staff were offered training in de-escalation and intervention techniques, however some staff required refresher training in positive behaviour support.

Where required, residents had clear plans in place to guide staff on how to

proactively support them in relation to any behaviour of concern. There had been input from allied health professionals in the creation of these plans, however, some residents' behaviour or needs had changed and plans required further review by a relevant professional.

There was oversight and review of any restrictive interventions being used, mainly environmental restrictions. These were seen to be used for the shortest duration necessary.

Judgment: Substantially compliant

Regulation 8: Protection

While there were some peer safeguarding concerns in the designated centre, these were well managed by the staff team through increased supervision and one-to-one support. That being said, the provider was required to review the number of residents and the staffing resources to ensure a long-term plan was in place to reduce the likelihood of ongoing safeguarding concerns.

The inspector found that the person in charge completed a preliminary screening on any safeguarding issues, and completed a safeguarding plan to promote residents safety. Local or centre based measures outlined in safeguarding plans were put in place by the person in charge. For example, extending the hours of a shift ending from 6pm to 8pm in order to further support residents' needs.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Donabate Residential OSV-0003597

Inspection ID: MON-0026364

Date of inspection: 30/07/2020

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	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • Recruitment for all grades within the organization is ongoing. • Vacancies have been escalated by the PIC/ Service Manager to the provider/ Human Resources Dept. • A Social Care Worker and Direct Support Worker have been identified to fill two existing vacancies. The staff will be in place by 30/11/2020. • While vacancies remain they will be filled with regular and competent relief staff. • The use of transient agency is kept to a minimum to reduce the impact and inconsistency for residents. • A roster review has been undertaken by the Administration Manager and Director of Adult Services to identify what additional resources are required to support residents who do not currently avail of day service supports. • One resident has an individualized day service and staff are identified to support this.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • As a result of the COVID 19 pandemic and subsequent lockdown of services, all centre/ face to face training was cancelled / suspended until further notice. • The organization, as a response to this, moved training to an online platform where staff can access all relevant training via the Open Training College website. • The PIC has reviewed the 2020 training calendar and identified gaps in training requirements. The PIC has liaised with the training department for dates/ access to	

online training.
• All staff in the centre have access to this online platform, to ensure all mandatory/ refresher training remains up to date.
• Training that is not conducive to an online platform EG: Therapeutic Interventions Promoting Safety and Centre based Fire Safety training, have been organizationally reviewed. This training can now be delivered in line with all infection control guidance as required.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
• The COVID-19 Pandemic and subsequent lockdown of all residential services necessitated all centre based 6 monthly Service Manager audits to be suspended.
• The organization identified the need for ongoing audit and review of systems, audits were introduced facilitated by the Quality Manager. A date for this audit in the Centre has been identified as 8th Sept 2020.
• All internal audit systems remain in place throughout the lockdown and the Service Manager maintained regular contact with the centre/ PIC via telephone and video calls.
• A roster review has been undertaken by the Administration Manager and Director of Adult Services to identify what additional resources are required to support residents who do not currently avail of day service supports.
• Following compatibility review referrals were made to relevant departments to meet needs of residents

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
The PIC has liaised with the Psychology Department and a full review of residents Positive Behaviour Support Plans and/or Psychology Support Plans will be be completed by September 30/09/2020.
All positive Behavioural Supports will be reviewed regularly in line with the changing needs of residents.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

• All residents who require them have Positive Behavioural Support plans in place. The PIC has requested that all of these be reviewed by Psychology to ensure they are up to date and comprehensive. This review will be complete by 30/09/2020

• The PIC has liaised with the Dementia Outreach Team in regard to one residents changing needs. A review date is being finalized but due to Annual Leave will not be until late Oct 2020

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	30/11/2020
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/11/2020
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate	Substantially Compliant	Yellow	07/09/2020

	training, including refresher training, as part of a continuous professional development programme.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	08/09/2020
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	08/09/2020
Regulation 06(2)(d)	The person in charge shall ensure that when	Substantially Compliant	Yellow	30/09/2020

	a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.			
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Substantially Compliant	Yellow	30/09/2020
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	30/09/2020