



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

Issued by the Chief Inspector

Name of designated centre:	Riverside Residential
Name of provider:	St Michael's House
Address of centre:	Dublin 17
Type of inspection:	Unannounced
Date of inspection:	04 February 2020
Centre ID:	OSV-0003600
Fieldwork ID:	MON-0025325

About the designated centre

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

Riverside Residential is a designated centre operated by St. Michael's House. This community based residential centre is located in Dublin. The centre provides residential support to adults with an intellectual disability. Residents with additional physical or sensory support needs can also be accommodated in the centre. The house is a bungalow set on a small campus with one other residential service, two day services and a leisure centre. The house contains seven single bedrooms one of which is used for staff. There is a kitchen and dining area, a living area and a separate sitting room available for residents. Local amenities within the area includes shops, restaurants, and hotels. There is transport available for residents use. The centre is managed by a person in charge and staffed by a team of 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
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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
Tuesday 4 February 2020	09:10hrs to 17:00hrs	Amy McGrath	Lead

What residents told us and what inspectors observed

The inspector met three of the residents who live in the centre, two of whom chose to speak with the inspector. One resident decided not to meet with the inspector, and two residents were out of the centre for the majority of the inspection. Residents were observed over the course of the inspection in their home, and engaging with staff and each other.

It was observed that residents who were at home chose when to get up and how to spend their day. While all residents attended a day service, the arrangements for each resident were tailored to their needs and preferences, and as such some residents had a number of days they spent at home. Residents were seen to be comfortable in their home. Residents spoken with were knowledgeable of their own support needs and associated plans.

Residents expressed that they were happy living in the centre. One resident had made a complaint regarding the levels of noise in the centre, and this was being addressed by a person participating in management. This resident had requested to move to accommodation with more preferable arrangements, however they had expressed that they were satisfied to live in the centre while waiting for another option.

One resident showed the inspector their bedroom, which had sufficient space and storage, as well as a hand-wash basin. The resident had decorated their bedroom to their own taste, and had personal items and photographs on display.

The inspector spoke with a resident who confidently described the arrangements for evacuating in the case of an emergency. One resident also told the inspector that they would be happy to bring any issues to the staff in the centre, and that they were happy with the support they received.

Capacity and capability

For the most part, it was found that the centre was well operated, and that the provider had the capacity to deliver a safe and quality service. However, improvement was required to ensure that the oversight mechanisms were accurately identifying quality issues, and that action plans were implemented effectively. It was found that some actions from the previous inspection had not been fully implemented, including required changes to the complaints arrangement. These issues are outlined throughout the remainder of the report.

There was a clearly defined organisational structure, that outlined the lines of authority and accountability. The centre was managed by a person in charge, who worked in a full time capacity, and managed a team of social care workers and health care assistants. The person in charge reported directly to a service manager.

There was a range of audits and reviews in place to monitor the quality and safety of the service provided to residents. The provider had ensured that a nominated person carried out an unannounced visit to the centre, and that an action plan was developed for any areas requiring improvement; however this had not been completed on a six-monthly basis as required by the regulations. This issue had been identified at a previous inspection. While internal audits had facilitated some quality improvement, it was found that there were outstanding actions in areas identified by the provider, and submitted in the compliance plan related to the previous inspection.

Although the complaints policy had been reviewed since the previous inspection, it did not contain information that identified a person responsible for the oversight of complaints management, as required by the regulations. The inspector spoke with a number of staff who could not identify the person responsible for coordinating complaints. Other incomplete actions were found in the area of medicines management.

The provider had prepared an annual report on the quality and safety of the service for 2018, and at the time of inspection the report for 2019 was being compiled. The inspector saw evidence of consultation with residents in the week preceding the inspection, which elicited their views on the service for the purpose of the annual report.

The centre was adequately resourced to meet the assessed needs of residents. The premises was suitable and contained assistive devices or equipment were necessary, there was transport available for residents' use and the centre was sufficiently staffed.

Residents were supported by a team of social care workers and health care assistants, with the appropriate training and experience to meet the needs of residents. There was a planned and actual roster maintained, with arrangements to ensure continuity of care for residents, such as fixed term contracts and relief staff to cover staff absences. A review of records found that the staffing arrangements were regularly reviewed, and that workforce planning was tailored to meet residents needs.

There were arrangements in place to identify and meet staff training needs. Staff had all received training in areas deemed mandatory by the provider, such as safeguarding, fire safety, and manual handling and there was refresher training available. Staff were engaged in professional development and supervision with the person in charge.

The person in charge had ensured that there were records of all incidents that occurred in the centre, and that notifications were made to the Chief Inspector

within the required time frame, as set out in the regulations.

It was found that the provider had not given notice to the Chief Inspector of a change to the identity of the chief executive of the company.

Registration Regulation 7: Changes to information supplied for registration purposes

The provider had failed to give notice of a change to the position of chief executive.

Judgment: Not compliant

Regulation 15: Staffing

There was sufficient staff, with the necessary skills and experience to meet the assessed needs of residents.

There was a planned and actual roster that reflected the staffing arrangements, and arrangements to ensure continuity of care for residents.

Judgment: Compliant

Regulation 16: Training and staff development

There were arrangements in place to ensure that staff were appropriately trained to meet the needs of residents. The person in charge monitored staff training needs and ensured that staff availed of training and refresher courses.

Staff development was monitored by the person in charge on an ongoing basis, and staff engaged in supervision at planned intervals.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure, with defined roles and responsibilities. The centre was adequately resourced to provide care and support in line with the statement of purpose and residents' assessed needs.

There was an annual review carried out, and the provider conducted unannounced visits to the centre, although these had not been carried out on a six-monthly basis as required by the regulations.

The provider had failed to fully implement the actions in the compliance plans submitted following the previous inspection.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place, that was reviewed at regular intervals. Improvement was required to ensure that information regarding the organisational structure was accurate, and that the staffing complement included the role of person in charge.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A notification was provided to the Chief Inspector in relation to any relevant occurrence, within the required time frame. The provider submitted quarterly reports to the Chief Inspector of incidents as per the regulations.

Judgment: Compliant

Quality and safety

Overall, the centre was delivering good quality care to residents, that was person centred in nature, although some improvement was required in relation to the oversight of medicines management and residents' rights to have control over personal property.

Residents health care needs were subject to a comprehensive assessment, and there were support plans in place for identified health care needs. A review of health care plans found that they included detail of any specialist recommendations, and there were arrangements in place to facilitate recommended interventions. Residents had access to a general practitioner of their choice, as well as a range of other allied health care professionals.

There were appropriate supports in place for residents whose behaviour posed a risk to themselves or others. Residents behaviour support needs had been assessed, and there were detailed support plans in place. Staff had received training in positive behaviour support appropriate to their role. There were some restrictive practices in place, such as environmental restrictions, however for the most part these were implemented following comprehensive consultation, and in the least restrictive manner in order to promote residents' safety. Improvement was required in relation to the recognition of organisational practices that could limit or restrict residents from exercising their rights, particularly in relation to management of residents' finances.

While residents could decide how to spend their own money on a day-to-day basis, the arrangements in the centre for spending larger sums of money did not identify or include the resident as the decision maker. The procedures in place were not effective in determining if residents' finances were being managed in line with their will and preference, and if supports in place represented the least restrictive option having regard to residents' abilities.

There were arrangements in place to safeguard residents. Staff had received training in relation to the prevention, detection and response to abuse, and were knowledgeable of their role in relation to safeguarding. There was a nominated designated officer, who had responsibility for ensuring any concerns or allegations were investigated appropriately, and the inspector found that investigations had been carried out where indicated, in accordance with the providers own policy. There were safeguarding plans in place for any identified risk, and these were effectively minimising safeguarding risks.

There was a visitors policy in place, and residents were facilitated to have visitors in accordance with their preferences. Residents spoken with told the inspector that their family members were welcomed when they visited. There was ample space in which to receive visitors, including a large living area and smaller sitting room.

There were a range of fire precautions in place, including fire-fighting equipment, fire detection and alarm systems and emergency lighting. Equipment was serviced regularly by a competent person. Staff had received training in fire safety, and supported residents to take part in planned fire drills and evacuation exercises. There were detailed evacuation plans in place for each resident. While there were containment measures in place in the centre, one door did not close fully when checked on the day of inspection.

The inspector reviewed medicines management in the centre, and found that while there were some areas of good practice, improvements were required in relation to the ordering, receipt, and storage of medicines. The inspector found in some cases that the prescription record and medicines labels contained contrary information, such as dosages. It was found in one case that a discontinued medicine remained on a prescription record, and was incorrectly recorded as being administered. In some cases, medicines which were required to be split, were not securely stored and the inspector found that medicines audits indicated that stock levels were

incorrect. This risk had not been addressed by the person in charge.

There were detailed guidance plans in place in relation to the administration of PRN (medicine taken as the need arises) medication, which was an action from the previous inspection. The provider had not ensured that a risk assessment and assessment of capacity had been carried out prior to implementing medicines management plans for residents; this was an action from the previous inspection.

Regulation 11: Visits

There were arrangements in place to facilitate residents to receive visitors in accordance with their own wishes. There was suitable space for residents to receive visitors, including communal and private areas.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to have access to, and retain control of personal property and finances, however some arrangements placed limitations on residents with regard to how they manage and spend their money. Residents had their own clothing, with suitable storage and laundry arrangements that met each persons individual preferences.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Overall, the provider had taken adequate precautions against the risk of fire, and staff were appropriately trained in fire safety. There were sufficient arrangements in place for safe evacuation. There were suitable containment measures installed, although one door in the corridor did not close fully on the day of inspection.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were improvements required to ensure that there were suitable arrangements in place with regard to the ordering, receipt and storage of medicines. The provider had not fully implemented the actions required from the previous inspection. While there was detailed guidance in relation to the administration of PRN (medicine taken as the need arises) medication, the provider had not ensured a risk assessment and assessment of capacity was undertaken in relation to residents participation in the administration of medicines.

Judgment: Not compliant

Regulation 6: Health care

Residents' health care needs had been comprehensively assessed and there were support plans in place for identified needs. Residents had access to a general practitioner and range of other allied health care professionals, specific to their individual needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were appropriate support measures in place for those who had identified positive behaviour support needs. There were a number of physical restrictive procedures in use, which were based on specialist recommendations to promote safety, and agreed with by the resident.

While for the most part, the use of restrictive practice was well monitored, the provider had not recognised restrictions to residents rights that were imposed by some organisational practices.

Judgment: Substantially compliant

Regulation 8: Protection

There were suitable arrangements in place to safeguard residents. Staff had received training in adult safeguarding, and potential safeguarding incidents were investigated in accordance with the providers policy. Where necessary, there were safeguarding plans in place. There were detailed support plans in place to ensure residents received personal care in a dignified manner, that was in line with their

preferences.

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	
Registration Regulation 7: Changes to information supplied for registration purposes	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Riverside Residential OSV-0003600

Inspection ID: MON-0025325

Date of inspection: 04/02/2020

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
Registration Regulation 7: Changes to information supplied for registration purposes	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes: The provider will come into compliance with Registration Regulation 7 by giving notice of a change to the position of chief executive Completed: Documentation has been submitted to HIQA with details of the new CEO. Ref No: NOT-0258175	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The provider will come into compliance with Regulation 23(2)(a) by preparing a written report at least once every 6 months 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 The provider will come into compliance with Regulation 23(1)(c) by making arrangements for the oversight of how complaints are being responded to and by updating the organisational Complaints policy by June 30th 2020.	

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The person in charge will come into compliance with Regulation 3 by updating information contained in the Statement of purpose pertaining to organisational structure and staffing compliment of the centre</p> <p>Completed: 05th February 2020</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The Provider has a comprehensive policy in place to support the management of Service User monies by staff .This policy is in line with the organisations values of supporting personal independence and the rights of individuals to make their own decisions while safeguarding their money. The Provider encourages Service Users, where possible, to manage their own finances.</p> <p>The Provider advocates for and believes that people using the services have the right to maintain ownership of their own monies and assets at all times.</p> <p>The PIC will consult with The Centre psychologist, to arrange individual capacity assessments for each resident, to ascertain each person’s capacity, will and preference in the management of, and access to their own money. These assessments will be carried out in line with the pending capacity bill</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The provider will come into compliance with Regulation 23 by ensuring adequate precautions against risk of fire are in place</p>	

Completed: 03rd March 2020

Regulation 29: Medicines and pharmaceutical services

Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

The person in charge will come into compliance with Regulation 29(4)(a) by making improvements in relation to the ordering, receipt and storage of medicines.

Completed: 13th February 2020

The person in charge will come into compliance with Regulation 29(5) by undertaking assessment of capacity with each resident regarding self administration of medication

Completed: 01st March 2020

Regulation 7: Positive behavioural support

Substantially Compliant

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

The Provider has robust systems and policies in place to comply with Regulation 7. There is a Positive Approaches Monitoring Group in place to assess, manage and monitor restrictive practices for Service Users. The Provider manages Service Users money through a separate policy. They have supported access to their money as outlined under Regulation 12. This will be reviewed by the Provider, in terms of completing individual capacity assessments, which will be completed by the PIC and The Centre Psychologist. These will be completed in line with the pending capacity bill.

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
Registration Regulation 7(4)(a)	The registered provider shall give not less than 8 weeks notice in writing to the chief inspector if any of the following is proposed to take place: (a) where the registered provider is a body corporate (whether a natural person, a company or other corporate body), there will be any change to: (i) the ownership of the body (ii) the identity of its director, manager, secretary, chief executive or any similar officer of the body (iii) the name or address of the body and shall supply full and satisfactory information in	Not Compliant	Orange	16/03/2020

	regard to the matters set out in Schedule 3 in respect of any new person proposed to be registered as a person carrying on the business of the designated centre under (a), (b) or (c).			
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	31/12/2020
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.	Substantially Compliant	Yellow	30/06/2020
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	Substantially Compliant	Yellow	31/03/2020

	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.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	03/03/2020
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	13/02/2020
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering,	Not Compliant	Orange	13/02/2020

	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 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Not Compliant	Orange	01/03/2020
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	05/02/2020
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used,	Substantially Compliant	Yellow	31/12/2020

	such procedures are applied in accordance with national policy and evidence based practice.			
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