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:	Kilfenora
Name of provider:	St Michael's House
Address of centre:	Dublin 13
Type of inspection:	Announced
Date of inspection:	12 August 2021
Centre ID:	OSV-0002343
Fieldwork ID:	MON-0025910

About the designated centre

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

Kilfenora is a designated centre operated by Saint Michael's House located in North Dublin. It provides residential care to six adults with a disability. The centre comprises of a two storey house and a self-contained apartment which is located to the rear of main house. The house consists of two sitting rooms, a kitchen/dining room, utility room with laundry facilities and six bedrooms of which five are used by residents, office/staff sleepover room and two bathrooms. The apartment consists of a sitting room with kitchenette facilities and a bedroom with an en-suite. The centre is staffed by a person in charge and social care workers. In addition, the provider has arrangements in place to provide management and nursing support outside of office hours and at weekends if required.

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 12 August 2021	09:50hrs to 15:50hrs	Maureen Burns Rees	Lead
Thursday 12 August 2021	09:50hrs to 15:50hrs	Jennifer Deasy	Support

What residents told us and what inspectors observed

Inspectors had the opportunity to meet with all residents on the day of inspection. Three residents asked to meet with inspectors to talk to them in more detail. Five residents had completed questionnaires to inform the inspectors on the quality of their lives in their home. In line with public health guidance, inspectors wore PPE and maintained social distancing during all interactions with residents and staff. Inspectors used conversations with residents and key staff, resident questionnaires, observations and review of documentation to inform judgments on the quality of care in the designated centre. Overall inspectors found that residents were receiving a good quality of care and were living in a home which was striving to provide a person-centred and safe environment.

Inspectors observed residents coming and going from their home during the day. Two residents left to attend their day service while another resident independently cycled to his work place. Three residents have been unable to return to their day service since they were closed due to COVID-19. These residents were supported to access the community on the day of inspection. Staff were observed to interact warmly with residents. Staff and residents were observed talking and sharing jokes throughout the inspection. Staff were observed to interact with residents in a manner which supported their assessed communication and behaviour support needs.

Inspectors observed that the designated centre was clean and tidy. It had been recently refurbished and resident bedrooms were decorated in accordance with their individual preferences. Two residents showed the inspectors their bedrooms and appeared proud of them. The residents had access to two sitting rooms and a large kitchen, all of which were decorated well and displayed personalised photographs. Visual supports were observed throughout the house, with a visual schedule in the kitchen, visualised fire escape procedures and choice boards for supporting decision making regarding food and community activities.

Resident questionnaires detailed that residents are happy with the food and their bedrooms. Through the questionnaires, residents informed inspectors that they feel their rights are well respected and that they are happy with the arrangements for receiving visitors. The designated centre appeared to be well integrated into the local community with several residents stating that they know their neighbours well. Prior to COVID-19 several residents accessed the local Mens' Shed. Residents have begun to access community activities as they have reopened including the barber, the shopping centre, the driving range and going out for coffee. Residents stated they also have access to a range of activities within the house including online painting classes, online bingo and playing guitar. Two residents told the inspectors that they "love it here". One resident told the inspectors that the other residents are his friends and that they all get on well together.

Overall, the inspectors found that the residents in this centre were supported to

enjoy a good quality of life which was respectful of their choices and wishes. The person in charge and staff were striving to ensure that residents lives in a supportive environment. It was evident that the residents' views and wishes were listened to and that their autonomy was respected.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care in the centre.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and to inform decision making for the renewal of the centre's registration. The inspector found that this designated centre met and exceeded the requirements of the regulations in many areas of service provision.

There were effective management arrangements in place that ensured the safety and quality of the service was consistently and closely monitored. The provider had systems in place to monitor and review the quality of services provided within the centre such as six monthly unannounced visits and an annual review of quality and safety. The annual review of quality and safety set out clearly how the views of staff, residents and families' were captured in order to inform the review.

There were clearly defined management structures in place which identified the lines of authority and accountability within the centre. The centre was managed by a suitably qualified and experienced person in charge who was employed on a full-time basis.

Staffing levels and skill mix were appropriate to the assessed needs of the residents and were in line with the centre's statement of purpose. Where agency staff were required, the provider had taken measures to ensure that the same agency staff was employed to support consistency in service provision for residents. A planned and actual roster was maintained. A day service staff who had been redeployed to the designated centre during COVID-19 had recently transferred back to day services. The person in charge informed inspectors that he had recently submitted a proposal to increase staffing levels in the designated centre in order to support residents as they age and who may prefer an individualised day service.

A training matrix was maintained which demonstrated that staff generally have a high level of both mandatory training and refresher training. Staff spoken with were knowledgeable about residents and appeared to know them well. Supervision arrangements were in place for the person in charge and for staff. A review of the supervision records found them to be in line with the organisational policy. The supervision content was appropriate to meet the needs of the staff.

A review of incidents and accidents within the centre was conducted by inspectors. All incidents appeared to have been notified in line with the requirements of the regulations. An incident reporting system was in place. Staff spoken with reported that there is a good culture of incident reporting in the centre.

Regulation 14: Persons in charge

The designated centre was run by a suitably qualified and experienced person in charge. The person in charge was full-time and had oversight solely of this designated centre.

Judgment: Compliant

Regulation 15: Staffing

The designated centre was staffed by suitably qualified and experienced staff to meet the assessed needs of the residents. Staffing levels were in line with the centre's statement of purpose. A planned and actual roster was maintained. The provider had put in place strategies to ensure continuity of care and support for residents, where staff were employed on a less than full-time basis and where agency staff were required.

Judgment: Compliant

Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained. Education and training had been provided to staff which enabled them to provide care that reflected up-to-date, evidence based best practice. There was clear evidence that staff received supervision as appropriate to their role.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined governance structure that facilitated the delivery of good quality care and support that was routinely monitored and evaluated. An annual review had been completed in consultation with residents and families. The report set out an action plan for the centre. The centre was managed by a suitably qualified and experienced person in charge. The centre was sufficiently resourced to meet the needs of all residents.

Judgment: Compliant

Regulation 3: Statement of purpose

An up-to-date statement of purpose was in place which met the requirements of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Inspectors conducted a review of accidents and incidents within the centre and found that all incidents were notified in accordance with the regulations.

Judgment: Compliant

Quality and safety

Overall, this inspection found that the day to day practice within this centre ensured residents were safe and were receiving a quality service. The provider had taken steps to address an area of non-compliance in safeguarding identified on previous inspections. It was found that one resident's personal plan required a review. Inspectors also found, that while the designated centre was operating in line with the most recent COVID-19 public health advice, the COVID-19 risk assessments required updating to ensure they reflected this advice and practice.

The provider had adopted a range of infection prevention and control procedures to protect residents from the risk of acquiring a health care associated infection. The designated centre was observed to be clean and tidy. Cleaning schedules and rotas were in place with additional cleaning in high traffic areas. The provider demonstrated their capacity to communicate with residents, their families and visitors to promote and enable safe infection prevention and control practices. A COVID-19 contingency plan was in place for the designated centre with clear

processes set out. There was evidence that a family member had complimented the staff on the arrangements they had implemented to maintain contact between residents and families during the pandemic.

There were suitable fire precautions in place to mitigate against the risk of fire. Clear evacuation routes and plans were documented. There was evidence that the fire alarm and emergency lighting had been serviced on a quarterly basis and that fire fighting equipment had been been serviced annually. Staff were trained in fire prevention and suitable drills were completed which demonstrated residents were able to evacuate in a timely and safe manner. Personal evacuation plans were in place for residents.

Arrangements were in place to support and respond to residents' assessed support needs including in the area of positive behaviour support. Staff reported that there were low levels of behaviour support needs in the designated centre. However, up-to-date positive behaviour support plans were in place for residents who required them. Staff spoken with were knowledgeable with regard to residents' behaviour support plans. Staff had completed positive behaviour support training.

The provider had ensured that there were systems in place to safeguard residents from all forms of potential abuse. All staff had completed safeguarding training. Intimate care plans were in place for those residents who required them. Intimate care plans set out how to support residents' independence and to respect their dignity and privacy. Staff spoken with were familiar with residents' intimate care plans and were aware of their responsibility in reporting safeguarding concerns. Staff were clear on who they should report safeguarding concerns to. There was evidence that a previous non-compliance in the area of safeguarding had been followed up appropriately by the provider.

There was evidence that the designated centre was operated in a manner which was respectful of all residents' rights. The inspectors reviewed notes from resident meetings. These meetings detailed the measures staff use to support residents to take part in decision making with regards to the running of the house. There was evidence that staff use visuals and choice boards to support those residents with communication needs to make decisions. A rights policy was in place for the centre. Residents reported in their questionnaires that they feel their rights are respected. Staff spoken with could describe how they support residents rights' to autonomy and self-determination. Staff stated that residents are supported to vote if they wish to do so.

There were suitable care and support arrangements in place to meet residents' assessed needs. Three resident files were reviewed and it was found that comprehensive assessments of need and support plans were in place for these residents. However, it was found that an annual review of the support plan, in line with the requirement of the regulations, had not been completed for one of the residents.

An up-to-date risk management policy was in place and a risk register was maintained for the designated centre. A local incident log of accidents and incidents

was kept. Risk assessments for mitigating against COVID-19 were in place. However, it was found that these risk assessments were out of date and not in line with current public health advice. The designated centre was found to be operating in line with current public health advice and the person in charge stated he would update the risk assessments on the day of inspection.

Regulation 26: Risk management procedures

A risk management policy was in place. Risk assessments were in place for identified risks. However, COVID-19 risk assessments were not reflective of the current public health advice and required updating.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Suitable infection control procedures were in place. The designated centre was clean and tidy. Cleaning schedules and rotas were in place. Appropriate infection control plans, procedures and contingency plans were in place in the event of a COVID-19 infection.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire equipment was provided and serviced as required including the fire alarm, emergency lighting and fire fighting equipment. There were suitable means of escape and an up to date fire evacuation plan. Staff were trained in fire prevention and suitable fire drills were completed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessments of need and personal plans were available on resident files. However, it was found that one resident's personal plan had not had an annual

review as required by the regulations.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Behaviour support plans were in place for those residents who required them. Staff spoken with were knowledgeable regarding these plans. Staff had received positive behaviour support training.

Judgment: Compliant

Regulation 8: Protection

There were no active safeguarding concerns in the designated centre at the time of inspection. There was evidence that a previous non-compliance regarding safeguarding had been addressed by the provider. Staff spoken with were knowledgeable regarding safeguarding risks and how and to who they would report a safeguarding concern. Intimate care plans were in place for those residents who required them and staff were knowledgeable regarding these.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that the centre was operated in a manner which was respectful of residents' rights. Staff showed inspectors the additional measures they use to support residents with communication difficulties to participate in decision making in a meaningful way. Residents expressed to inspectors that they feel their rights are respected and that they have the freedom to exercise control and choice in their daily lives.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kilfenora OSV-0002343

Inspection ID: MON-0025910

Date of inspection: 12/08/2021

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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Regular review of the Risk Register and Risk Assessments with particular emphasis placed on the frequent changes being made at national level on covid restrictions. PIC to ensure that these Risk Assessments are updated in a timely manner as restrictions change.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: PIC to ensure that a comprehensive assessment of the health, personal and social care needs of each resident is carried out as required to reflect changes in their needs and circumstances and no less frequently than on an annual basis. Same will be reviewed at staff support meetings to ensure personal plans are in date	

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	13/08/2021
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and	Substantially Compliant	Yellow	13/08/2021

	circumstances, but no less frequently than on an annual basis.			