



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:	16 July 2024
Centre ID:	OSV-0002343
Fieldwork ID:	MON-0035239

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
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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 (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 16 July 2024	10:15hrs to 16:15hrs	Karen McLaughlin	Lead

What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of designated centre, Kilfenora. The inspection was carried out to assess compliance with the regulations following the provider's application to renew the centre's registration.

The inspector used observations and discussions with residents, in addition to a review of documentation and conversations with key staff, to form judgments on the residents' quality of life.

The centre comprised of a two-storey house located in a housing estate in North County Dublin. The centre was located close to many services and amenities, which were within walking distance and good access to public transport links. The centre had the capacity for a maximum of six residents, at the time of the inspection there were six residents living in the centre full-time.

On arrival to the designated centre, the inspector was greeted by the person in charge and two staff members on duty. They were later joined by the service manager and two residents who had a cup of tea with the inspector and joined in the conversation about their home.

The inspector observed residents coming and going from their home during the day, attending day services and making plans for the evening. Staff were observed to be responsive to residents' requests and assisted residents in a respectful manner. Residents were being supported to partake in a variety of different leisure, occupational, and recreation activities in accordance with their interests, wishes and personal preferences. Throughout the inspection, residents were seen to be at ease and comfortable in the company of staff, and were observed to be relaxed and happy in their home. It was clear during the inspection that there was a good rapport between residents and staff.

All residents were aware of the inspection visit and were supported to meet with and talk to the inspector. The inspector met and chatted to all six of the residents throughout the day. They spoke of a recent holiday they had gone on and about activities they do in the evening and weekends. For example, going to the amusement arcade, the pub, train trips and hotel breaks in Ireland and abroad. One resident likes to purchase fresh flowers for the house and everyone enjoys going to the pub and having take-away nights.

One of the residents accompanied the inspector on an observational walk around of the premises, including his bedroom. Another resident showed the inspector their bedroom and one resident showed the inspector his apartment at the back of the premises

The design and layout of the premises ensured that each resident could enjoy living in an accessible, comfortable and homely environment. The provider ensured that

the premises, both internally and externally, was of sound construction and kept in good repair.

Residents had access to a range of private and communal facilities. Doors were observed to remain open throughout the course of the inspection making all communal areas accessible to all residents. There were two sitting rooms for residents use and the kitchen was busy and frequently accessed by residents throughout the day.

Residents each had their own bedroom. The inspector saw that resident bedrooms were personalised and individually decorated and furnished. Residents had access to a back garden with garden furniture.

The person in charge and staff members on duty throughout the course of the inspection spoke about the high standard of care all residents received and had no concerns in relation to the well being of any of the residents living in the centre.

They all spoke about the residents warmly and respectfully, and demonstrated a rich understanding of the residents' assessed needs and personalities and demonstrated a commitment to ensuring a safe service for them.

Residents were observed receiving a good quality, person-centred service that was meeting their needs. Observations carried out by the inspector, feedback from residents and documentation reviewed provided suitable evidence to support this.

From speaking with residents and observing their interactions with staff, it was evident that they felt very much at home in the centre, and were able to live their lives and pursue their interests as they chose. Photo's and memorabilia around the house showed evidence of residents engaging in activities such as golf, soccer, Tae Kwon Do and swimming. One resident showed the inspector his art-work and a photo book of all the activities and outings he participated in over the last year.

Furthermore, in advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre. The feedback in general was very positive, and indicated satisfaction with the service provided to them in the centre, including the premises, meals, and staff, and also noted that residents felt safe and were able to make choices and decisions in their lives.

Overall, the person in charge and staff were striving to ensure that residents lived in a supportive environment. It was clear that residents' views and wishes were listened to and that their autonomy was respected. The inspector found that this centre was meeting the requirements of the regulations in all areas looked at and was, in many instances, going beyond the requirements of the regulations to meet the national standards.

The next two sections of the report 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 the service being

delivered to each resident living in the centre.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and, to contribute to the decision-making process for the renewal of the centre's registration. This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

The findings of this announced inspection were that residents were in receipt of a good quality and safe service, with good local governance and management supports in place.

The registered provider had implemented governance and management systems to ensure that the service provided to residents was safe, consistent, and appropriate to their needs and therefore, demonstrated that they had the capacity and capability to provide a good quality service. The centre had a clearly defined management structure, which identified lines of authority and accountability.

There was a planned and actual roster maintained for the designated centre. Rotas were clear and showed the full name of each staff member, their role and their shift allocation. The inspector found that the provider had ensured that the number, qualifications and skill-mix of staff was suitable to meet the assessed needs of the residents.

Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents. The person in charge provided support and formal supervision to staff working in the centre.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents including annual reviews and six-monthly reports, plus a suite of audits had been carried out in the centre.

Records set out in the schedules of the regulations were made available to the inspector on the day of inspection, these were found to be accurate and up to date including an accurate and current directory of residents, residents guide and complaints log all of which were made available to the inspector on the day of inspection.

An up-to-date statement of purpose was in place which met the requirements of the regulations and accurately described the services provided in the designated centre at this time.

The provider had suitable arrangements in place for the management of complaints

and an accessible complaints procedure was available for residents in a prominent place in the centre.

Overall, this inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe, person-centred and of good quality.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

The designated centre was staffed by suitably qualified and experienced staff to meet the assessed needs of the residents. The staffing resources in the designated centre were well managed to suit the needs and number of residents.

Planned and actual rosters were maintained in the centre which demonstrated that staffing levels were consistent with the statement of purpose. The inspector reviewed both the planned and actual rosters from April, May and June 2024 and found that these reflected the staffing arrangements in the centre.

There were no vacancies in the centre at the time of inspection and the residents were in receipt of support from a stable and consistent staff team. Residents spoke positively of the support that they received from staff. Furthermore, the centre's statement of purpose states that every effort is made to have all shifts covered by the core staff team. When agency or the provider's internal relief panel is utilised, they will receive a formal handover from a permanent member of staff.

The registered provider had ensured that they had obtained, in respect of all staff, the information and documents specified on Schedule 2 of the Health Act 2007. A sample of which had been requested by the inspector who reviewed two of the staff teams records on the day of the inspection and found them to be accurate and in order.

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.

The inspector reviewed the centre's staff training records. Staff in the centre had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included training in mandatory areas such as fire safety, managing behaviour that is challenging and safeguarding of vulnerable adults.

In addition, training was provided in areas such as feeding, eating, drinking and swallowing (FEDS), first aid and safe administration of medication.

The inspector found that staff were receiving regular supervision as appropriate to their role and, the person in charge had developed a schedule of supervision for 2024 for all staff members. Supervision records reviewed were in line with organisation policy and included a review of the staff members' personal development and provided an opportunity for them to raise any concerns.

Judgment: Compliant

Regulation 19: Directory of residents

A current and up-to-date directory of residents was available in the designated centre and included all the required information specified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The registered provider had ensured the records of information and documents pertaining to staff members as specified in Schedule 2 was correct and in order.

Similarly, the sample of records viewed pertaining to Schedule 3 and 4 were correct and in order and were made available to the inspector upon request including the designated centre's statement of purpose, residents' guide and a record of all complaints made by residents or their representatives or staff concerning the operation of the centre.

Judgment: Compliant

Regulation 22: Insurance

The provider submitted a copy of their insurance along with their application to renew the centre's certificate of registration.

The inspector saw that the provider had in place a contract of insurance against injury to residents and damage to the premises of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined governance structure which identified the lines of authority and accountability within the centre and ensured the delivery of good quality care and support that was routinely monitored and evaluated.

There was a suitably qualified and experienced person in charge who reported to the service manager. The person in charge was found to be present in the centre, knew the residents and their support needs, and was available to staff as required. They worked a regular shift pattern with the staff team but had assigned specific management days throughout the roster.

There were systems in place for reviewing and monitoring the service to ensure that a high standard of care, support and safety was being provided and maintained. Audits carried out included a six-monthly unannounced visit, and audits on risk management, fire safety, infection prevention and control (IPC), safeguarding and medication.

The provider's most recent annual review of the centre had consulted with residents and their representatives. It reported that families were happy with the support that residents received, with one family member commenting that the standard of care was exceptional and commended the staff on their calm and confident approach. The consensus from the review showed that residents were generally comfortable living here and happy with the care provided. With residents saying they 'like it here', 'being able to get out in the community', 'I am involved in house meetings' and 'Kilfenora is a very lovely and homely house.'

A review of staff meetings from April and June showed regular discussions on safeguarding, training, general housekeeping, medication, transport, complaints, maintenance and health and safety issues, including fire safety.

The provider was adequately resourced to deliver a residential service in line with the written statement of purpose. For example, there was sufficient staff available to meet the needs of residents, adequate premises, facilities and supplies.

Overall, it was found during this inspection that the provider's management arrangements ensured that a good quality and safe service was provided for the residents living in this centre.
Judgment: Compliant
Regulation 3: Statement of purpose
<p>The statement of purpose was reviewed on inspection and was found to meet the requirements of the Regulations and Schedule 1 and clearly set out the services provided in the centre and the governance and staffing arrangements.</p> <p>The inspector found that the centre was reflective of the aims and objectives set out in the centre's statement of purpose. The inspector found that this was a centre that ensured that residents received the care and support they required but also had a meaningful person-centred service delivered to them.</p> <p>A copy was readily available to the inspector on the day of inspection.</p> <p>In addition, the statement of purpose was available to residents and their representatives in a format appropriate to their communication needs and preferences.</p>
Judgment: Compliant
Regulation 34: Complaints procedure
<p>The registered provider had provided an effective complaints policy and procedure. The procedure was in accessible format for residents to understand. Residents were supported to make complaints and had access to independent advocacy services.</p> <p>There was an up-to-date complaints log and procedure available in the centre. This was in easy-to-read format and accessible to all.</p> <p>The inspector reviewed the log and found that complaints were being responded to and managed locally. Furthermore compliments were also recorded.</p>
Judgment: Compliant
Quality and safety

This section of the report details the quality and safety of service for the residents who lived in the designated centre. The inspector found that residents in this house were in receipt of a very good quality and safe service which was promoting and respecting the rights of each individual.

The provider and the person in charge were operating the centre in a manner that ensured residents were in receipt of a service that was person-centred, which offered a comfortable and homely place to live.

The inspector found the atmosphere in the centre to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received.

The designated centre was found to be clean, tidy, well maintained and nicely decorated. It provided a pleasant, comfortable and homely environment for residents. There was adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their tastes.

There were fire safety systems and procedures in place throughout the centre. There were fire doors to support the containment of smoke or fire. There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting provided.

A residents' guide was available in the designated centre. The residents' guide was reviewed on the day of inspection and was found to contain all of the information as required by Regulation 20.

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments informed the development of care plans and outlined the associated supports and interventions residents required. Residents were receiving appropriate care and support that was individualised and focused on their needs. Residents' individual care needs were well assessed, and appropriate supports and access to multi-disciplinary professionals were available to each resident.

Staff had completed training in human rights and spoke to the inspector regarding the measures that they took to ensure that residents' rights were upheld. Staff supported residents to self-advocate and, where required, advocated on behalf of residents to ensure that they were facilitated in exercising their rights. Residents decided themselves that they would prefer a monthly residents meeting as opposed to a weekly meeting and this was supported by staff and the provider.

The provider had implemented measures to identify and assess risks throughout the centre.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were in receipt of person-centred care delivered by a stable team of suitably qualified staff.

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

The premises were found to be bright, tidy, and homely, and residents indicated to the inspector that they were happy with their homes.

The centre was maintained in a good state of repair and was clean and suitably decorated.

The registered provider had made provision for the matters as set out in Schedule 6 of the regulations.

The centre had also been adapted to meet the individual needs of residents ensuring that they had appropriate space that upheld their dignity and improved their quality of life within the designated centre.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents' guide which had been made accessible and contained information relating to the service. This information included the facilities available in the centre, the terms and conditions of residency, information on the running of the centre and the complaints procedure. It was evident that there was regular residents' meetings occurring within the centre.

The inspector reviewed two of the residents meetings minutes which demonstrated that residents were given the opportunity to express their views and preferences and were provided with information relating to the running of their centre, their rights, facilities available and how to access additional supports should they be dissatisfied with any aspect of their care and support.

Judgment: Compliant

Regulation 26: Risk management procedures

A comprehensive risk register was maintained for the designated centre. The risk register accurately reflected the risks in the designated centre. Control measures to

mitigate against these risks were proportionate to the level of risk presented.

The person in charge was competent in identifying risk and highlighting those issues with team and the control arrangements in place to mitigate those risks.

The provider had an effective risk management policy which met the requirements of the regulations and was up-to-date.

Risk assessments were individualised and included a falls risk management plan, manual handling assessment, infection prevention and control (IPC), safety in the community, food safety and emergency evacuation plans.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems including fire detection, containment and fighting equipment.

There were adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting arrangements. The exit doors were easily opened to aid a prompt evacuation, and the fire doors closed properly when the fire alarm activated.

Following a review of servicing records maintained in the centre, the inspector found that these were all subject to regular checks and servicing with a fire specialist company.

The inspector reviewed fire safety records, including fire drill details and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances.

There was a written plan to follow in the event of a fire or emergency during the day or night. All residents had individual emergency evacuation plans in place and fire drills were being completed by staff and residents regularly.

One resident provided a very clear description of what to do in the event of a fire when asked by the inspector.

All staff had completed mandatory fire training.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed two of the residents' files over the course of the inspection.

They were found to contain an up-to-date and comprehensive individual assessment of residents' needs. This assessment was informed by the resident, their representatives and relevant multi-disciplinary professionals.

The individual assessment informed person-centred care plans which guided staff in the delivery of care in line with residents' needs.

Care plans were written in a person-centred manner and clearly detailed steps to maintain residents' autonomy and dignity. Staff spoken with were informed regarding these care plans and residents' assessed needs.

The inspector saw that care plans were available in areas including communication, positive behaviour support, social supports, residents rights, health care and safeguarding, as per residents' assessed needs.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was operated in a manner that respected residents' rights. Staff and management spoken with demonstrated a human rights based approach to care and support. They spoke about residents in a person-centred and professional manner.

Residents were found to have choice and control over their daily lives, and were supported in line with their will and preferences.

They were consulted with in the running of the centre, and their choices, will and preferences were supported and upheld.

Residents attended house meetings and discussed matters such as menus and activity planning. They were also involved in carrying out household chores such as doing their own laundry and maintaining the communal areas including the garden. There was also accessible information for residents on complaints, human rights, how to vote and safeguarding. At one of the residents recent meetings the right to make their own decisions was explored through easy-read guides and using case studies as examples.

Residents were active members in their communities and participated in activities meaningful to them. Residents attended day services or were supported by staff in the centre to have a meaningful day, and enjoyed activities such as shopping, walks, visiting family, swimming, going out for coffee, attending the local barbers and events held in the locality.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 9: Residents' rights	Compliant