

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

Issued by the Chief Inspector

Name of designated centre:	Fairview
Name of provider:	St Michael's House
Address of centre:	Dublin 3
Type of inspection:	Unannounced
Date of inspection:	02 February 2023
Centre ID:	OSV-0002350
Fieldwork ID:	MON-0034046

About the designated centre

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

Fairview designated centre is a community based home in Dublin 3 operated by St. Michael's House. The centre provides residential care and support to adults with intellectual disabilities. The centre has capacity for three people to be accommodated in the house and is home to three gentlemen over 18 years of age. The centre is a two story house which consists of three individual bedrooms, music room, staff bedroom, kitchen/dining room, two sitting rooms, three bathrooms and staff office. The house is located close to local amenities such as local post office, bowling, shops and is well serviced by public transport. The house is staffed by social care workers who are available to residents on a 24 hour basis.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
--	---

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
Thursday 2 February 2023	10:30hrs to 16:00hrs	Louise Renwick	Lead

What residents told us and what inspectors observed

This inspection was unannounced and part of the routine monitoring of the designated centre. On arrival to the designated centre, residents were out in their day service programme, or engaging in their daily tasks. Later in the day, all residents returned home to the centre and the inspector had the opportunity to spend time with them.

There were three residents living in the designated centre, who had shared a home for many years and knew each other well. Some residents were very independent and directed their own daily lives with a low amount of support from the staff team. Other residents had higher support needs and required consistent staff supervision and support during the day and night-time.

The premises were laid out to support residents different support needs. For example, one resident had a downstairs bedroom, wet room bathroom and a living room downstairs. Other residents used the upstairs of the building for the majority of their time. Residents often came together for meal-times during the week, but tended to have different schedules and daily plans. Residents felt that this worked well, and they felt safe, were happy in the designated centre and liked the people that they lived with.

The inspector spoke with two residents who lived in the designated centre about their experience living there, the things they liked to do and the running of the house. Overall, residents really liked their home, where it was located and the support they received from staff. Two residents used the upstairs of the centre as their own shared space and staff were seen to seek permission to come upstairs to speak with them and were respectful of their privacy.

The upstairs of the house had two individual bedrooms, a shared bathroom, a spare room that was being used as a small living room/ TV room and a large landing area with seating. Residents spoke with the inspector while doing their ironing and chatting to staff and each other. Some residents showed the inspector their bedroom. Residents had sufficient wardrobe and storage space, double beds and rooms had blinds and curtains for privacy. Some residents had large display cabinets for items that they liked to collect. Residents told the inspector that upstairs they took care of the household tasks, they cleaned the bathroom, hoovered and did their own laundry. During the day, residents were managing the washing in the utility room downstairs, and had mopped their bathroom floors. It was clear that residents' abilities and desire to manage their own home were respected by staff, with encouragement and guidance available if needed.

Residents explained to the inspector that when they were home, they spent most of their time upstairs in their bedroom, or the upstairs TV room but had shared use of the downstairs kitchen, utility room and gardens. The upstairs living room had previously been a spare en-suite bedroom, which was now being used by two

residents as a relaxing space to watch television, have breakfast and snacks and tea and coffee with friends. Residents used this room a lot, and enjoyed having their own area upstairs.

While the space was ideal for residents who liked to have their own living room space upstairs, it required amendment and decoration to ensure the room was fit for purpose. For example, there was a small fridge, two seats, a television and small table in the room. Residents had a kettle and tea and coffee facilities, however the room was small and had storage items within it which made it difficult to keep clean. The person in charge outlined the provider's plan to convert the en-suite into a small kitchen area that would be more suitable for residents and would provide more appropriate area for food preparation.

Some residents did not communicate verbally, and therefore the inspector spent some time observing some residents being supported by staff in the afternoon on their return to the designated centre. It was seen that residents were supported by staff in line with their written plans. For example, staff completed a hand-over with the day service staff prior to the resident coming into their home, they were supported to follow their routine such as changing their clothes. Staff supported and encouraged the resident to prepare their own tea, verbally prompting them to get the tea bag and cup and pouring the water themselves. There was a new accessible and safe kettle which made this task easier for the resident and encouraged their independence. Throughout the house there were objects of reference and picture guides to support residents communication, for example, a piece of towel to represent having a shower and a picture of dinner on the fridge to represent meal time. Staff had introduced more supportive communication aids to assist the resident to both express their needs, and to understand direction and the routine of their day.

The designated centre was located in Dublin City, and was next to local amenities, transport links and facilities. Residents told the inspector they liked to get the bus to visit family or friends, to run errands or get around the city. Residents liked to use local facilities nearby and were a part of their community. For example, visiting the local pub and coffee shops. Some residents told the inspector of their work with advocacy organisations which they enjoyed being a part of, and work experiences that they undertook locally.

The provider had aimed to renovate the kitchen in the designated centre in April 2022, but this had not yet been carried out. This work would improve the aesthetics of the kitchen but also support infection prevention and control as some counter tops and wooden presses were old and worn. There were sufficient number and size of toilets and bathing facilities in the designated centre, and each resident had their own individual bedroom. Improvements were required to the upkeep of the premises, in relation to general plaster and paint work, cleaning of skirting boards, flooring, rust on radiators in bathrooms and staining of flooring and tiles from wear and tear. The provider had identified this on their own audits, and had general plans to carry out works to the building later in the year 2023.

Overall, residents were provided with care and support suitable to their needs, in a

community based designated centre that was well located to local amenities, facilities and transport links. Residents were supported to be as independent as possible and their privacy and dignity were respected. Residents liked their home and were happy with the support they received from the staff team. Some improvements were required to the upkeep of the premises, and some minor improvements to the staffing resources, fire containment measures and infection prevention and control practices that were somewhat impacted upon due to the premises works required.

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.

Capacity and capability

The provider and person in charge demonstrated the capacity and capability to operate the designated centre in a manner that was promoting good quality care and support for residents.

There were effective oversight and monitoring arrangements in place for the provider to self-identify areas in need of improvement. The provider and person in charge were using information gathered about the designated centre to inform their decisions and bring about improvements for residents. The provider had taken action from the last inspection report in April 2021 and made positive changes to risk management documentation and the refreshing training available for the staff team.

The provider had ensured that there was an adequate number of staff available to work in the centre at day and night-time which was aligned to residents' individual and collective needs. Some improvements were required to recruit for current staff vacancies and reduce the need for relief staff or temporary agency staffing in the designated centre and promote consistency.

Overall, the provider and person in charge had taken action since the previous inspection to bring about improvements, had a clear structure and management systems in place to monitor the care and support in their designated centre and were providing a person-centred service to three residents living in the designated centre. This inspection found eight regulations inspected were fully compliant, three regulations were substantially compliant requiring minor improvements and one regulation was not compliant in relation to Regulation 17: Premises.

Regulation 15: Staffing

Some residents required familiarity and consistency due to behaviour support needs. Residents were provided with support from the appropriate number of staff based on their individual needs and as outlined in the written Statement of Purpose. For example, if required one-to-one staff support and supervision was available.

Residents did not require nursing care support in this designated centre, however there was access to a nursing team if this was required internally through the provider. Residents were supported through a social care model from staff who were experienced or qualified in social care.

The person in charge maintained a planned and actual staff roster for the designated centre.

Some residents required familiarity and consistency due to behaviour support needs. There was currently 1.5 whole time equivalent staff vacancies in the designated centre. For example, this resulted in 28 shifts needing to be covered in the month of January 2023. The person in charge endeavoured to fill these shifts with additional hours from the permanent team but was also reliant on the use of relief and temporary agency staff members.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training as part of continuous professional development. There was good oversight of the training needs of staff, and arrangements were made to plan for training, as required.

Staff were appropriately supervised, both formally and informally by the person in charge in the designated centre.

Information on the Health Act 2007 (as amended), regulations and standards, along with guidance documents on best practice were available in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had put in place a management structure in the designated centre, with clear lines of reporting and responsibility.

There were oversight arrangements and monitoring systems in place, and pathways for information and escalation from the person in charge to the provider. For

example, through monthly information reviews with the services manager.

The provider had completed unannounced visits to the centre every six months, and had completed an annual review of the quality of care and support, which included consultation with residents.

Judgment: Compliant

Quality and safety

The provider and person in charge were providing residents with a safe and good quality service that was person-centred, promoting of residents' independence and abilities and community focused. The person in charge and staff team understood the individual needs of each resident and how to support them, through formal assessments and personal plans.

Residents were encouraged to direct their own lives, make their own choices and have control over their own decision making. This was supported through the provider risk management processes, skills teaching and an increased focus on communication supports for residents.

Residents felt safe in the designated centre and told the inspector they got on well with each other and liked living there. Residents were protected through effective risk management, safeguarding and infection prevention and control practices.

There were appropriate fire safety systems in the designated centre to protect residents from the risk of fire. Some improvements were required however to the fire containment measures, to ensure all fire doors were fully effective and repaired where damage had occurred. The provider had identified this themselves through their own fire safety audits and had a plan to address this.

While the premises of the designated centre was laid out to meet residents' needs, were well located and offered a homely environment, improvements were required to upgrade certain facilities and to enhance the look of the building internally.

The provider and person in charge had implemented good infection prevention and control (IPC) practices in the designated centre, which were guided by the provider's policy and national guidance. However, some of the upgrade works required to the premises, impacted on the infection prevention and control risks in the designated centre. For example, worn wooden counter tops and presses and edging between tiles and flooring.

Overall, residents were provided with safe and person-centred care and support in the designated centre, which promoted their independence and met their individual and collective needs. Improvements were required to the premises which would further enhance the infection prevention and control practices and fire safety

measures in place.

Regulation 10: Communication

Residents were supported and assisted to communicate in accordance with their needs and wishes. There was a focus on improving communication for some residents with the introduction of objects of reference and pictures and photographs to support residents to express their needs and understand requests.

Residents had communication passport and personal plans outlining their communication style and any additional needs in relation to their communication.

Residents had access to a telephone and media such as television and radio.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to recreation and occupation and activities that they enjoyed and found meaningful. For example, weekly work experience and previously held employment.

If desired, residents had day service provision outside of the designated centre which was tailored to their individual needs and supports.

Residents were encouraged to maintain relationships with their families and friends, for example, by visiting family members in the evening and spending time with friends.

The designated centre was well located in North Dublin and had local amenities, facilities and transport links available, which residents used.

Judgment: Compliant

Regulation 17: Premises

Overall the designated centre premises required general upkeep and decoration. For example, there were cracks in paint and plasterwork, staining around flooring and tiles, rust on radiators and patch-work of flooring. Where new frames or doors had been hung, these had not been painted and remained exposed wood.

The kitchen while functional, required upgrading due to worn counter tops and presses. This had been identified by the provider and was due to be replaced in 2023.

The communal space in the upstairs of the designated centre required improvement, to ensure it was fit for purpose, de-cluttered and appropriate for what it was intended.

Judgment: Not compliant

Regulation 26: Risk management procedures

Residents' safety was promoted through risk management systems in the designated centre. For example, there was a policy in place outlining how risks were identified, assessed, managed and reviewed and the person in charge maintained a risk register of known personal and environmental risks.

The provider had written plans in place to follow in the event of an emergency. For example, if there was a flood, or loss of power.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had put in place policies and procedures for the management of the risk of infections in the designated centre, which were guided by public health guidance and national standards. The specific risk of COVID-19 was assessed, and the provider had plans in place to support residents to self-isolate if they were required to.

There were written procedures specific to the designated centre, if there was a suspected or confirmed case of an infection and how residents would be supported.

The person in charge had ensured there were cleaning schedules in place and completed, there were adequate supplies of personal protective equipment (PPE), a separate utility room with clean and dirty areas identified and systems in place for colour coding of cleaning equipment.

Residents were responsible for cleaning their home and were encouraged to keep it to a good standard.

The provider had an identified person responsible for infection prevention and control in their organisation. However, a comprehensive audit had not yet been

completed in this house to identify all areas for improvement.

Issues identified in the premises under regulation 17, impacted somewhat on the ability of the team to clean the designated centre and reduce risk. For example, some rooms had a lot of items stored within them which made it more difficult to clean and some equipment was worn and porous.

Judgment: Substantially compliant

Regulation 28: Fire precautions

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 were an adequate number of accessible fire exits.

Some fire doors require repair due to filling of holes, and some doors had gaps in lock mechanisms which would impact their effectiveness.

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.

Staff were provided with routine training in fire safety and fire procedures.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

There was a formal system of assessing and planning for residents' health, social and personal needs, with input from allied health professionals, as required. Assessments and plans were regularly reviewed, and formally reviewed yearly. Residents had accessible information available to them to understand their plans and goals, if they chose to.

Judgment: Compliant

Regulation 7: Positive behavioural support

The staff team had received training in positive behaviour support and training in break-away techniques. Staff had a good understanding of residents' support needs and if required residents had written behaviour support plans which gave clear

guidance on proactive and reactive ways to support residents.

Residents had access to psychology services to assist in the creation of written plans and to review their supports regularly. There was a multi-disciplinary approach to supporting residents' behaviour, for example, to support improved communication.

There were low restrictions in use in the designated centre, with some environmental restrictions in place based on assessed risk. The provider had an internal review committee for approval and review of any restrictive intervention. Restrictions in place, such as locked entrance doors did not impact or restrict other residents.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured there were policies, procedures in place to identify, report and respond to safeguarding concerns in the designated centre. The person in charge and staff team were aware of their responsibilities in this regard and staff had received training in the protection of vulnerable adults.

The person in charge maintained a risk register of all known risks, inclusive of any risks in relation to negative interactions between peers that could occur at certain times. These risks were well managed through safeguarding plans and the designated centre was being operated in a manner to promote all residents' safety.

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	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Fairview OSV-0002350

Inspection ID: MON-0034046

Date of inspection: 02/02/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • The provider, with support of the PIC will ensure that staffing levels are in line with the WTE as designated to the centre. • The PIC will plan roster to include that regular relief staff , who are familiar with residents support needs , are used to fill any gaps . • On going recruitment campaign to fill remaining 1.5 vacancies. 	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • Schedule of works to address outstanding issues indentified in report due to commence on 25th of May 2023 and to be completed by 30th of June 2023. 	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: <ul style="list-style-type: none"> • The provider will ensure that work to premises is completed to ensure the environment is able to be cleaned properly. 30/06/23 	

• On behalf of the provider ,a member of the IPC department will carry out a comprehensive hygiene audit by 10/03/2023 .

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

• The PIC with the support of the Organisational Fire Officer will ensure that the holes in the sitting room and Kitchen doors are filled to the proper specifications. This will form part of schedule of works for premises upgrade . 30/06/23

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(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	30/06/2023
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	30/06/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good	Not Compliant	Orange	30/06/2023

	state of repair externally and internally.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/06/2023
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/06/2023