



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

Issued by the Chief Inspector

Name of designated centre:	Ratheanna
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Unannounced
Date of inspection:	05 August 2022
Centre ID:	OSV-0002367
Fieldwork ID:	MON-0037535

## About the designated centre

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

Ratheanna is a designated centre operated by St Michael's House located in North County Dublin. It provides a community residential service to five adults with a disability. The designated centre is a bungalow which consists of sitting room, a kitchen/dining room, five bedrooms – one of which is a staff office and two shared bathrooms. The centre is staffed by the person in charge and social care workers. Nursing support is provided through the provider's nursing manager on call system.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	5
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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 (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
Friday 5 August 2022	09:30hrs to 12:30hrs	Jacqueline Joynt	Lead

## What residents told us and what inspectors observed

Since the last inspection, there had been significant building works completed to the premises of the designated centre's. In consultation with the residents and where appropriate, their families, the residents had moved out of the centre for the works to be completed and returned on 1st of June 2022. The improvements to the premises meant that the residents' were now living in a house that was safe, promoted their rights and ensured they were living in an environment that was in good state of upkeep and repair.

On the morning of the inspection, the inspector was provided the opportunity to speak with all five residents living in the house. While some residents met with the inspector individually, four residents chose to relay their views, about the care and support provided to them in the centre, as a group. Conversations between the inspector and the residents took place from a two metre distance as much as possible, wearing the appropriate personal protective equipment in adherence with national guidance.

Residents told the inspector that they were happy living in the house and that they were very content with the work that had been completed on their home. In particular, two residents who previously shared a bedroom, expressed their happiness of having their own individual bedrooms. One of the residents showed the inspector their room and relayed how they enjoyed having their own space.

Since the residents had returned to their home, the person in charge had carried out individual resident meetings with each resident to discuss living in the centre. On review of the minutes of the meeting, the inspector saw that many of the residents expressed their happiness of living in the centre, with a number of residents noting, that they loved living in their home.

The inspector observed the house to have a homely and welcoming feel to it. For the most part, the physical environment of the house was clean and in good decorative and structural repair. A new extension had been built to the rear of the house. This consisted of a large bedroom including an en-suite bathroom. The rest of the house had significant upkeep and repair completed to it, including a new kitchen, paintwork throughout and a number of new furnishing and fitting had been put in place. The layout of the new kitchen promoted and assisted the residents to use the room as independently as they were capable of. For example, lower drawers were installed so that all residents had easy access to crockery and kitchen items they needed.

Each resident was provided with their own bedroom. Some of the residents chose to show the inspector their bedrooms and appeared happy and proud to show their rooms. The residents were consulted about the décor of their rooms, which included family photographs, paintings and memorabilia that were of interest to them. Residents informed the inspector that they had had chosen the colour of their newly

painted bedroom walls. Some residents were still planning the final layout of their room. For example, where to hang pictures and photographs that were personal to them.

One resident pointed out the large television in their bedroom however, told the inspector that it was not working. Staff explained to the resident that the person in charge was currently organising a contract with a television provider to access channels. On review of residents' house meeting minutes, the inspector saw that a complaint had been made by residents regarding the issue of accessing channels. The person in charge had been notified about the complaint and was in the process of following up on the matter.

Residents were facilitated and encouraged to engage in their communities. Residents spoke to the inspector about their recent summer holidays. Some residents had enjoyed hotel breaks away in other counties with their staff. Two residents, who preferred a warmer climate, went on holidays abroad with their staff. In addition, some residents went away on holidays with their family members. Residents told the inspector that their families and friends visited their home on a regular basis but that they also enjoyed meeting them out in the in their local community.

Residents were encouraged and supported around active decision making and social inclusion. Residents participated in regular residents' meetings with their staff where, health and safety matters, rights, personal protective equipment (PPE), household tasks, community activities and other matters were discussed and decisions made. Where appropriate, residents were encourage to help out with household tasks. Residents talked to the inspector about the different jobs they enjoyed doing around the house such as helping with the gardening, recycling and tidying their rooms.

In summary, the inspector found that each resident's well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the designated centre. Overall, the inspector found that systems in place endeavoured to ensure residents were in receipt of a safe and good quality care and support. There had been significant improvements to the premises which had a positive impact on the lives of the residents living in the centre. There were some outstanding works however, these are discussed further in the next two sections of the report.

Through speaking with residents and staff, through observations and a review of documentation, it was evident that staff and the local management team were striving to ensure that residents lived in a supportive and caring environment where they were empowered to have control over, and make choices, in relation to their day-to-day lives.

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

This inspection took place following the removal of a non-standard condition that was previously attached to the designated centre's registration and related to Regulation 17, Premises and Regulation 9, Resident's Rights.

The provider had submitted assurances that the required work to the designated centre's premise would be completed in April 2022. In November 2021 the provider submitted an update to HIQA to advise that they were on track to achieving their plan within the condition time frame, however in April 2022 the time frame had been extended to mid-May 2022. While the provider had not completed the required actions by the initial time line, on the day of inspection, the inspector found that the provider had met the requirement of the condition.

The provider had made significant improvements to the premises of the designated centre which resulted in positive outcomes for residents and in particular, relating to the promotion of their rights and dignity. The substantial upkeep and repair work to the premises including a new extension meant that all residents were provided with individual bedrooms. In addition, residents were now living in a centre that was in good state of repair and upkeep, and could be evacuated safely in the event of a fire.

Furthermore, since the last inspection, the provider had made improvements to the complaints system in place. One of the long-standing complaints, regarding the premise, had been closed and satisfaction levels of the residents were noted. However, one task, (to fix the bathroom's velux window opening/closing device), which residents had made a complaint about, was not completed during the premises work as planned. As such, the provider had not ensured to respond to all complaints in a timely manner, at all times.

The inspector reviewed the complaints procedure and found that was in an accessible and appropriate format for the residents to understand. Since the last inspection there had been improvements to the system in place to monitor the procedures for effectiveness, including outcomes for residents and to ensure residents continued to receive high quality, safe and effective services. Systems were in place, including an advocacy service, to ensure residents had access to information which would support and encourage them to express any concerns they may have. However, while some longstanding complaints had been resolved and had resulted in positive impacts for residents, one complaint, (as mentioned above), remained open despite the provider submitting assurances of resolving it on their previous compliance plan.

## Regulation 23: Governance and management

While the provider had not completed the requirement of a non-standard condition within the required time frame, on the day of the inspection, the inspector observed that, for the most part, the provider had completed the necessary building works to meet the requirements of the condition. As a result, the provider had ensured that residents were now living in a house that was in good state of repair and upkeep, that all residents were provided with individual bedrooms and all residents could be evacuated safely in the event of a fire.

In addition, the provider had made improvements to the complaints systems to ensure that, overall, complaints were dealt with in a timely manner. However, the provider had not responded to all longstanding complaints, as per assurances provided on the previous inspection's compliance plan. This is addressed in Regulation 34.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a complaints policy and procedure in place which was reviewed appropriately and up-to-date. There was a complaint logging system in place in the centre that included a complaint tracker for open and resolved complaints. In addition, there was easy-to-read information for residents on how to make a complaint. Furthermore, the inspector observed an easy-to-read information poster displayed in a communal area of the designated centre which included a photograph and details of the complaint's officer.

A number of residents had recently raised a complaint at their house meeting about the unsatisfactory timeliness of connecting their bedroom television to a television provider. The complaint had been sent to the person in charge on the same day who had already been in contact with senior management and the organisation's director of estates to try resolve the issue.

The inspector saw that the longstanding complaint regarding residents' sharing a bedroom had been closed and satisfaction levels of the residents involved had been noted and signed by them. However, a complaint which was raised on the last inspection, where the provider had submitted assurances that it would be dealt with through the premises work, had not yet been resolved. For example, the electronic opening and closing system for the bathroom Velux window remained broken. The complaint was logged in July 2021 and remained open thirteen months later.

Judgment: Substantially compliant

### Quality and safety

Overall, the inspector found that the resident's well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. The improvements to the designated centre's premises had resulted in positive outcomes for the residents and in particular, in relation to promoting their rights, their safety and their lived experiences in the environment of their renovated home.

The physical environment of the house was clean and in good decorative and structural repair. Since the last inspection, significant building works, including an extension and decorative upkeep and repair to the house had taken place. As a result, the design and layout of the premises ensured each resident could enjoy living in their home in an accessible, safe, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents living in the centre. All residents were provided with individual bedrooms and for one resident, a new en-suite bathroom. Residents' bedrooms had been painted and were laid out in a way that met the residents' likes and preferences. Some residents were at the final stages of laying out and decorating their rooms.

The inspector observed there to be an open and welcoming atmosphere which was resident centred. Family and friends were welcomed by the service and were regularly involved in the service, in accordance with each resident's wishes. Although residents could receive their visitors in the communal facilities, there was no designated private area, separate from their bedroom where residents could meet with their visitors. However, the person in charge and staff had endeavoured to put arrangements in place so that, at times, communal spaces could be availed of individually. To ensure these arrangements were effective and to ensure continuous quality improvement, evaluation of the effectiveness of the visitation arrangements was required.

The centre had appropriate fire management systems in place. This included containment systems, fire detection systems, emergency lighting, and firefighting equipment. These were all subject to regular checks and servicing with a fire specialist. All residents had individual emergency evacuation plans in place and fire drills were being completed by staff and residents regularly, which simulated both day and night time conditions. These were being completed in a timely and efficient manner. Since the last inspection, improvements to the structure of the building ensured that all residents could evacuate the building in line with their assessed needs and preferences.

The provider and person in charge were fully cognisant that the designated centre was the residents home and supported residents to define their service and make requests as part of the normal running of the service. Through speaking with residents and through a review of residents' house meetings and other documentation, it was evident that residents were consulted with in a meaningful way and in a way they understood, about the day to day running of the centre.

Overall, the improvements in the layout of the premises and in particular, the provision of individual bedrooms for each resident, ensured that residents privacy and dignity was maintained.

### Regulation 11: Visits

There was a sitting room, an open plan kitchen with a dining area, and a large garden with seating out the back of the house where residents could receive their visitors. The person in charge and staff were endeavouring to support the residents receive visitors in private if they wished. The inspector was advised that visits by residents' family and friends were often scheduled around times when other residents were dining out, on a community activity or visiting family and friends. While this systems brought some improvements to the visiting arrangements in place in the centre, overall, a review, in consultation with residents, was needed to ensure the effectiveness of the arrangements in place.

Judgment: Substantially compliant

### Regulation 17: Premises

There had been substantial decorative and structural upkeep and repair the designated centre so that it met the assessed needs of all residents, that it was safe, and ensured that residents' rights were promoted at all times. Part of the premises works included the building of an extension. This allowed for an additional bedroom to be added to the layout of the centre which meant that all residents were now provided with their own bedroom. Other decorative and upkeep repair works had been completed on the centre however, there was one repair item that remained outstanding. This had been addressed in Regulation 34, Complaints.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had completed building works which meant that all residents had easy access to the evacuation route, or where appropriate, through their bedroom doors. One of the rooms, which was part of the new extension, allowed for a bed to be wheeled out the door, if required, in the case of a fire.

Since the residents return to the house the person in charge and staff supported the residents to participate in fire drills to ensure day time and night time scenarios were rehearsed. The fire safety equipment was serviced as required. Residents were

provided with personal evacuation plans.

Judgment: Compliant

### Regulation 9: Residents' rights

Overall, the inspector found that since the last inspection, and primarily due to the completed premises work, that, residents' rights were promoted and their privacy and dignity respected. All residents were provided with individual bedrooms. Residents were consulted and made decisions regarding the services and supports they received and their views were actively and regularly sought by the residential service; for example, the inspector was advised that the residents had been consulted and involved in all the recent structural and decorative upgrade and were continuously updated and kept informed through-out the works.

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
<b>Capacity and capability</b>	
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Ratheanna OSV-0002367

Inspection ID: MON-0037535

Date of inspection: 05/08/2022

## 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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"><li>• There were 2 open complaints in the Designated Centre that were being managed by the PIC and PPIM.</li><li>• The Provider has resolved one complaint and has provided access to additional TV connections to residents who wish to have TV connections in their bedroom. All residents are happy with the outcome of the complaint. Complaint was closed 22/08/2022.</li><li>• At present the provider has sourced a company to address the broken Velux window in the bathroom. The window will be repaired and workable by 01/11/2022.</li><li>• The Person in Charge will provide regular updates regarding this complaint to the residents in the DC.</li></ul>	
Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits: The Person in Charge of the designated centre has met with the residents in relation to supporting each resident to receive visits from family members and friends in their home (16/08/2022). The notes of the meeting document arrangements for visitors that the residents are satisfied with.</p>	

## 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 11(3)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident; a suitable private area, which is not the resident's room, is available to a resident in which to receive a visitor if required.	Substantially Compliant	Yellow	16/08/2022
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Substantially Compliant	Yellow	22/08/2022
Regulation 34(2)(e)	The registered provider shall ensure that any measures required for improvement in response to a complaint are put in place.	Substantially Compliant	Yellow	01/11/2022