



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

Issued by the Chief Inspector

Name of designated centre:	Glenveagh
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Unannounced
Date of inspection:	24 January 2024
Centre ID:	OSV-0002381
Fieldwork ID:	MON-0038548

About the designated centre

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

Glenveagh is a designated centre operated by St. Michael's House. The centre is comprised of a six-bedroom bungalow located within the main St Michael's House complex on the Ballymun Road. It is within walking distance of lots of local amenities. The centre provides residential care for six residents over the age of 18 years of age with physical and intellectual disabilities with co-existing mental health concerns. The centre is a fully wheelchair accessible house. Each resident has their own bedroom and the centre provides communal areas for residents to use. There is a well proportioned private garden to the rear of the centre for residents to use as they wish. The centre is managed by a person in charge and person participating in management as part of the overall provider's governance oversight arrangement for the centre.

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
Wednesday 24 January 2024	10:30hrs to 17:00hrs	Karen McLaughlin	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor ongoing regulatory compliance in the designated centre. It was carried out as part of the regulatory monitoring of the designated centre.

Conversations with staff, observations of the quality of care, a walk-around of the premises and a review of documentation were used to inform judgments on the implementation of the national standards in this centre.

The centre consisted of one large residential bungalow situated on a congregated campus setting in North Dublin. The designated centre has a registered capacity for six residents, at the time of the inspection there was five residents living here and one vacancy.

The person in charge was present to facilitate the inspection and accompanied the inspector on an observational walk around of the centre. Overall, the centre was found to be clean, bright, homely, nicely furnished, and the lay out was appropriate to the needs of residents living there.

The wall in the hall had the house floor plans clearly displayed alongside the centre's fire evacuation plan. The hall also had the centre's certificate of registration and portrait paintings of the residents, alongside artwork and photos on display.

There were two sitting rooms and a separate dining area which was connected to a modest sized kitchen. New couches had just been ordered for one of the sitting rooms. The house benefited from the use of domestic staff including a cook and a cleaner. This arrangement was Monday to Friday and staff took over cooking duties at the weekend with night duty assigned general cleaning duties as per cleaning schedule.

In one of the bathrooms, the ceiling was peeling and early signs of mould were observed by the inspector.

Each resident had their own bedroom. All the bedrooms were personalised to the resident's tastes with art-work, photos of family and of residents attending events and activities on display. One resident had recently gotten a fish tank and was being supported by staff to feed the fish and tend to their needs.

The utility room was appropriately fitted out with a washing machine and dryer. Staff were aware of correct procedures for laundry management and there was further guidance on the wall.

The centre was appropriately resourced, with adequate numbers and skill level of staff to facilitate and support residents during the day and night. Residents were

observed to be supported by staff who knew them and their individual needs well.

The inspector spoke with the service manager, the person in charge and staff on duty on the day of inspection. 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. The inspector observed residents coming and going from their home during the day. Staff were observed to interact warmly with residents. They were observed to interact with residents in a manner which supported their assessed communication and behaviour support needs.

The inspector briefly met two of the residents who lived in the centre, one was enjoying a cup of tea at the time and the other was having her lunch. The residents were unable to provide verbal feedback about the service, therefore the inspector carried out observations of residents' daily routines and of their home and support arrangements. On observing residents interacting and engaging with staff, it was obvious that staff could interpret what was being communicated to them by the residents.

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 service being provided, with one person commenting on the 'good atmosphere and caring attitude from staff' and another said they 'have no concerns about the safety and well being' of their loved one 'over the past year.' Staff feedback demonstrated that the centre 'benefits from continuity and the reliability of the staff team.'

It was noted that the accessible questionnaires provided for the annual review were not suitable for all residents therefore their views were obtained by staff through key-working, personal plans and house meetings to ensure their voices were heard. The consensus from the review showed that residents were generally comfortable living here. Residents enjoyed in house activities such as massage and music. They all attended or had access to a day service provision and in the evenings and at weekends enjoyed trips out such as going for a drive, dinner out, walks in the park and attending shows.

In summary, the inspector found that the residents enjoyed living in the centre and had a good rapport with staff. The residents' overall wellbeing and welfare was provided to a reasonably good standard. However, the premises required some upgrading in particular the management of leaks in the ceiling of the storage room and bathroom.

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 levels of compliance with the regulations. 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 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, 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.

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.

Resources in the centre were planned and managed to deliver person-centred care. 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 which demonstrated that there were sufficient staff to meet the residents' needs.

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 inspector spoke with staff members on duty throughout the course of the inspection. The staff members were knowledgeable on the needs of each resident, and supported their communication styles in a respectful manner.

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.

A directory of residents was made available to the inspector on the day of inspection, and was found to be accurate and up to date.

Overall, the inspector found that the centre was well governed and that there were systems in place to ensure that risks pertaining to the designated centre were identified and progressed in a timely manner.

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 and were well managed to suit the needs and number of residents, with additional staffing sourced for activity management.

The person in charge maintained a planned and actual staff rota which was clearly documented and contained all the required information.

The inspector observed staff engaging with residents in a respectful and warm manner, and it was clear that they had a good rapport and understanding of the residents' needs.

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. All staff had completed or were scheduled to complete mandatory training.

Supervision records reviewed by the inspector were in line with organisation policy and the inspector found that staff were receiving regular supervision as appropriate to their role.

Judgment: Compliant

Regulation 19: Directory of residents

The centre had an up to date directory of residents and it was made available to the inspector to view.

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 suitable local oversight and the centre was sufficiently resourced to meet

the needs of all residents.

It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre. The staff team was led by an appointed person in charge.

The person in charge reported to a service manager. They also held monthly meetings which reviewed the quality of care in the centre.

A series of audits were in place including monthly local audits and six-monthly unannounced visits. Audits carried out included a six monthly unannounced audit, restrictive practices, fire safety, infection prevention and control (IPC), maintenance and an annual review of quality and safety.

These audits identified any areas for service improvement. The inspectors saw that actions were progressed across audits.

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

Judgment: Compliant

Regulation 3: Statement of purpose

An up-to-date statement of purpose was in place which met the requirements of Schedule 1, and clearly set out the services provided in the centre and the governance and staffing arrangements.

A copy of the statement of purpose was readily available to the inspector on the day of inspection.

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 the governance and management systems had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored. 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.

The premises was found to be designed and laid out in a manner which met residents' needs. There was adequate private and communal spaces and residents had their own bedrooms, which were being decorated in line with their tastes.

The provider had made marked improvements to its infection prevention and control procedures (IPC) by implementing a range of IPC measures to protect residents and staff from the risk of acquiring a health care associated infection.

There were appropriate fire safety measures in place, including fire and smoke detection systems, an addressable fire alarm and fire fighting equipment. The fire panel was addressable and there was guidance displayed beside it on the different fire zones in the centre.

The inspector reviewed a selection of the residents files. It was found that residents had an up-to-date and comprehensive assessment of need on file.

Residents' health and support needs were assessed on an ongoing basis and there were measures in place to ensure that residents' needs were identified and adequately met. The inspector saw that residents had access to health care in line with their assessed needs.

Behaviour support plans were available for those residents who required them and were up to date and written in a person centred manner. Staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour.

The registered provider had safeguarding policies and procedures in place including guidance to ensure all residents were protected and safeguarded from all forms of abuse.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were receiving a safe and quality service.

Regulation 17: Premises

The premises provided for residents to live in was seen to be clean, homely and well furnished. The layout and design of the designated centre was appropriate to meet the needs of residents.

The previous inspection identified that the provider needed to carry out work in the residents' home to ensure that it was in a good state of repair, for example repairs to flooring, skirting and kitchen cupboards. These matters were found to have been suitably addressed on this inspection.

However, the inspector did observe that there were parts of the residents' home that still required decoration and repair, namely the bathrooms where in one particular shower room the ceiling painting was beginning to peel and early signs of mould were observed, a storage room where issues with a leak around the velux window was causing mould on the ceiling, broken handles on the windows in five of the residents bedrooms and the walls throughout the premises were scuffed from general wear and tear.

These issues had been already been identified prior to the inspection through the provider's own audits and notified to the provider's maintenance department, and had been prioritised on the provider's wait list.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider was able to clearly demonstrate how they were ensuring they had implemented the national standards for infection prevention and control in accordance with regulation 27. This was evident by the following:

- Policies and procedures were in place to guide safe practices in areas including laundry procedures, hand washing facilities and cleaning procedures.
- The inspector observed sufficient laundry facilities in the centre, alginate bags had been introduced since the last inspection and the practice of sluicing had been discontinued.
- There was an adequate supply of personal protective equipment (PPE) in the centre to be used in the event of an outbreak of infections.
- There was dedicated cleaning staff working in the centre Monday to Friday and there were cleaning schedules and tick-lists.
- There was evidence of quality assurance audits being performed on a regular basis to check on the safety and effectiveness of the care being provided.
- Staff working in the centre had completed IPC training.
- Guidance was in place regarding infection transmission and hand hygiene in the form of easy-to-read information displayed throughout the centre.
- The issue of mould in the storage area had been identified by the person in charge and notified to maintenance, furthermore steps had been taken to seal off the area and limit its impact on the residents.

Judgment: Compliant

Regulation 28: Fire precautions

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

There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting arrangements.

The fire panel was addressable and there was guidance displayed beside it on the different fire zones in the centre.

The exit doors were easily opened to aid a prompt evacuation, and the fire doors closed properly when the fire alarm activated.

All staff had completed in house fire safety training.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were systems in place to routinely assess and plan for residents' health, social and personal needs.

A sample of residents' files were reviewed and it was found that comprehensive assessments of need and support plans were in place for these residents.

Care plans were derived from these assessments of need. Care plans were comprehensive and were written in person-centred language. Residents' needs were assessed on an ongoing basis and there were measures in place to ensure that their needs were identified and adequately met.

Support plans included communication needs, social and emotional well being, safety, health and rights.

The registered provider had ensured that there were arrangements in place to meet the health needs of each resident. Residents had access to a range of allied health care professionals. These professionals included psychologists, physiotherapists, occupational therapists, general practitioners and speech and language therapists.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured, where residents required positive behaviour support, appropriate and comprehensive arrangements were in place. Clearly documented de-escalation strategies were incorporated as part of residents'

behaviour support planning.

All staff had completed positive behaviour support training.

There were some restrictive practices utilised in the centre, for example, the use of a harness and vest for transport and the use of video monitors at night for seizure management. These practices were implemented in line with the organisation's policy and procedures and had been notified to the Chief Inspector of Social Services.

Restrictive practices were reviewed every quarter and reduction plans were in place where agreed upon, in line with residents' assessed needs. Each of these restrictive practices had an accompanying risk assessment to substantiate and justify the rationale and risk they managed. It was also evidenced that they were implemented for the least amount of time possible and only to manage the specific risk identified.

Judgment: Compliant

Regulation 8: Protection

The registered provider had implemented measures and systems to protect residents from abuse. There was a policy on the safeguarding of residents that outlined the governance arrangements and procedures for responding to safeguarding concerns.

Staff spoken to on the day of inspection reported they had no current safeguarding concerns and training in safeguarding vulnerable adults had been completed by all staff.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Glenveagh OSV-0002381

Inspection ID: MON-0038548

Date of inspection: 24/01/2024

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Velux window in the storeroom will be replaced. • A contractor has been appointed to investigate the reason for the mould in the shower room. Pending the outcome of the investigation the necessary corrective action will be scheduled. • Quote has been sought to repair or replace the damaged windows. The PIC will then complete a CAPEX to apply for funding approval. • In line with SMH procurement guidelines, 3 quotes will be sought for painting of the interior walls of the centre. The PIC will then complete a CAPEX to apply for funding approval. • CAPEX funding has been approved and new suite of furniture has been ordered for the sitting room. • CAPEX funding has been approved and new dining table and chairs have been ordered. 	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/12/2024
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/12/2024
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Orange	31/12/2024