



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

Issued by the Chief Inspector

Name of designated centre:	Longlands
Name of provider:	St Michael's House
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	23 October 2023
Centre ID:	OSV-0002391
Fieldwork ID:	MON-0037454

About the designated centre

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

Longlands is a designated centre operated by St. Michael's House and is based in a suburban area of North County Dublin comprising of a detached two storey building. On the ground floor of the centre there is an entrance hallway, two living rooms, a staff sleepover room and office space, three resident bedrooms, a large bathroom with wet room facilities, a utility room, and a large kitchen and dining space. The first floor of the building contains three resident bedrooms, a bathroom, a hot press, and an additional toilet. There is a driveway to the front of the building and a garden to the rear with an outdoor dining area. The centre provides a residential support service to six individuals with intellectual disabilities. The staff team comprises a person in charge and a team of social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
Monday 23 October 2023	10:00hrs 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.

The centre comprised of a large detached two-storey house located in North Dublin. The centre was located close to many services and amenities, which were within walking distance and had 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 6 residents living in the centre full-time.

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.

On arrival to the centre, the inspector was greeted by a staff member on duty, who informed the person in charge who made themselves available throughout the course of the inspection.

The inspector was shown around the centre by the person in charge; they were knowledgeable and familiar with the assessed needs of residents. The centre was observed to be a clean and tidy, warm and comfortable environment. The premises were seen to be well maintained and nicely decorated. There was adequate communal space. Doors were observed to remain open throughout the course of the inspection making all communal areas accessible to all residents.

The wall in the hall had the house floor plans clearly displayed alongside the centre's fire evacuation plan. The hall also displayed the centre's mission statement, certificate of registration and a copy of the most recent annual review.

The kitchen was busy and accessed regularly by all residents. There were photographs of the residents engaging in activities together such as in house coffee mornings where the residents had the opportunity to invite family and friends, attending shows and going out for dinner. The fridge was clean, and food was labelled and in date. There was adequate waste disposal systems observed. The inspector observed a grocery shop being delivered and the residents supporting staff to unpack and put away the shopping. One resident was observed cleaning out the fridge in preparation for the delivery.

The sitting room was bright and well laid out, and was in use by all the residents throughout the day. Residents were observed having their lunch here. There was also a number of shared bathrooms, a staff office and a nice garden space for residents to use for recreation.

Each resident had their own bedroom which was decorated in line with their

preferences and wishes, and the inspector observed the rooms to include family photographs, and memorabilia that was important to each resident.

The inspector spoke with staff on duty on the day of inspection. They both 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. They had choice and control in their daily lives and were supported by a familiar staff team who knew them well and understood their communication styles and behaviour support needs. The inspector saw that staff and resident communications were familiar and kind. Staff were observed to be responsive to residents' requests and assisted residents in a respectful manner. Staff were observed to interact warmly with residents.

The inspector met with five of the residents who lived in the centre. One resident was waiting for his day service transport, another had gone with staff to a health-care appointment, two had stayed at home to take a day off attending day services and another resident returned from her day service in the afternoon. Three of the residents had tea with the inspector and two residents proudly showed their bedrooms off and talked to the inspector about what they liked to do around the house. Another resident spoke about her family, her day service and what she likes to do each day.

The provider's most recent annual review of the centre had consulted with residents and their representatives. It reported that residents were happy with the quality of care provided with one saying they like living here and another saying they like getting a take away on a Saturday night and going to the pictures.

Residents views were obtained by staff through key-working, personal plans and house meetings to ensure their voices were heard. Family members reported that they were happy with the standard of care provided in the centre and the communication from staff to families.

In summary, the inspector found that the residents enjoyed living in the centre and had a good rapport with staff. The residents' overall well-being and welfare was provided to a good standard.

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.

There was a person in charge employed in a full-time capacity, who had the necessary experience and qualifications to effectively manage the service.

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.

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.

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 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.

The person in charge had submitted all required notifications of incidents to the Chief Inspector of Social Services within the expected time frame.

The registered provider had written, adopted and implemented the policies and procedures set out in schedule 5.

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.

A planned and actual roster was maintained.

The staffing resources in the designated centre were well managed to suit the needs and number of residents. Staffing levels were in line with the centre's statement of purpose and the needs of its residents.

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 including fire safety, safeguarding, manual handling and positive behaviour support.

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

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 appropriately qualified and experienced 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, risk management audit, fire safety, medication management audits and an annual review of quality and safety. Residents, staff and family members were all consulted in the annual review.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider submitted an up-to-date statement of purpose.

The statement of purpose contained all required information, as per Schedule 1. It accurately described the service provided in the designated centre and was reviewed at regular intervals.

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

Judgment: Compliant

Regulation 31: Notification of incidents

Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time frame.

The inspector reviewed a sample of incident logs during the course of the inspection, and found that they corresponded to the notifications received by the Chief Inspector.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had ensured policies and procedures on matters set out in Schedule 5 had been implemented.

The inspector reviewed a sample of the policies during the course of this inspection. The provider ensured that all policies and procedures had been reviewed at intervals not exceeding three years as per the Care And Support of Residents in Designated

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.

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 inspector found the governance and management systems in place 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 the provider and 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.

Residents were receiving appropriate care and support that was individualised and focused on their needs. The provider and person in charge were endeavouring to ensure that residents living in the centre were safe at all times. 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 being decorated in line with their tastes. However, improvements were required particularly to the bathrooms in relation to a parker bath used by one resident which was leaking and needed replacing. Furthermore the Inspector noted the storage facilities in the centre required improvement.

There was evidence that the designated centre was operated in a manner which was respectful of all residents' rights. The Inspector saw that residents had opportunities to participate in activities which were meaningful to them and in line with their will and preferences, and there was a person centred approach to care and support. Residents activities included going to the cinema, shopping trips, going out for dinner or coffee and they had the opportunity to plan and arrange holidays throughout the year. As part of the designated centre's goals for 2023, there was an emphasis to support each residents individual personal goals and support their choice particularly around goal setting.

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. Residents' well-being and welfare was maintained by a good standard of

evidence-based care and support practices. Residents' daily plans were individualised to support their choice in what activities they wished to engage with and to provide opportunity to experience live in their local community. Residents weekly meetings discussed meal planning, activities, well-being and safeguarding.

The inspector reviewed a sample of residents' files. It was found that residents had an up-to-date and comprehensive assessment of need on file. 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. There were systems in place to routinely assess and plan for residents' health, social and personal needs.

There were arrangements in place that ensured residents were provided with adequate nutritious and wholesome food that was consistent with their dietary requirements and preferences.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. Each resident had a number of individual risk assessments on file so as to support their overall safety and well-being. There was evidence to demonstrate the risk management policy's implementation in the centre from a review of the risk register, personal risk assessments for residents and incident recording logs. Overall, risks identified in the centre were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and mitigate against risk.

On review of a sample of residents' medical records, the inspector found that their medicines were administered as prescribed. Residents' medicines was reviewed at regular specified intervals as documented in their personal plans, and the practice relating to the ordering; receipt; prescribing; storing; disposal; and administration of medicines was appropriate.

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.

There were appropriate fire safety measures in place, including fire and smoke detection systems, an addressable fire alarm and fire fighting equipment.

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 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.

There was a premises upgrade in September 2021 where a new heating system was installed and new windows fitted

However, on the day of inspection some repair works and improvements were required. In particular the designated centre had a Parker bath to support one particular residents well-being needs, the bath while still in use was leaking from the lift up side door attached and therefore not suitable for use.

Furthermore, the premises lacked suitable storage space for residents equipment.

Both 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 18: Food and nutrition

Residents were provided with wholesome and nutritious food which was in line with their assessed needs.

There was evidence that residents were offered a balanced and nutritious diet, and were supported to make choices in meals and snacks.

The inspector observed that staff had a good knowledge of residents' food preferences and any dietary needs. A healthy eating guide was displayed on a press in the kitchen and residents were actively involved in meal planning.

Food was safely stored, and there were both healthy snacks and treats available to residents. The kitchen was well-organised and well-stocked with fresh and frozen, nutritious food.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had an effective risk management policy which met the requirements of the Regulations.

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.

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.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that there were safe and suitable practices in place for the ordering, storing, prescribing, administration, and disposal of medicines in the centre and the inspector reviewed these procedures with a staff member on duty.

The provider had appropriate lockable storage in place for medicinal products and a review of medication administration records indicated that medications were administered as prescribed.

An up-to-date record of all medications prescribed to and taken by residents was maintained as well as stock records of all medicines received into the centre. The medication administration record clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and signature and method of administration.

There was a system in place for return of out of date medication to the pharmacy.

Residents had also been assessed to manage their own medication but no residents were self administering on the day of inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were suitable care and support arrangements in place to meet residents' assessed needs.

Comprehensive assessments of need and personal plans were available on each residents files. They were personalised to reflect the needs of the resident including what activities they enjoy and their likes and dislikes. 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.

Easy-to-read documents were included for each resident's assessment of need and they were consulted in all goal setting.

Judgment: Compliant

Regulation 6: Health care

Residents had a yearly assessment of their health needs, and in general residents had a yearly meeting with allied health care professionals to review their care and support requirements.

The inspector saw that residents had access to a range of appropriate multi-disciplinary team professionals as determined by their assessment of need and care plans.

Some residents had declined specific therapeutic interventions and their right to do so was respected by the staff in the centre.

Judgment: Compliant

Regulation 8: Protection

A review of safeguarding arrangements noted, for the most part, residents were protected from the risk of abuse by the provider's implementation of National safeguarding policies and procedures in the centre.

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 in place for responding to safeguarding concerns.

Safeguarding plans were reviewed regularly in line with organisational policy. Safeguarding incidents were notified to the safeguarding team and to the Chief Inspector in line with regulations.

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

Regulation 9: Residents' rights

There was evidence that the centre was operated in a manner which was respectful of residents' rights. Residents attended weekly meetings where they discussed activities, menus and house issues, including the premises and fire safety. In addition to the residents' meetings, they also had individual key worker meetings where they were supported to choose and plan personal goals. Residents' wishes and aspirations had been reviewed, and plans put in place to support residents to achieve them.

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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Longlands OSV-0002391

Inspection ID: MON-0037454

Date of inspection: 23/10/2023

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: In response to Substantial Compliance under Regulation 17 (7):</p> <ul style="list-style-type: none"> • The Service Manager will escalate the requests, previously submitted to the Maintenance Dept, in respect of the repair of the Parker Bath and replacement of the Garden Shed to the Director of Adult Services • 3 quotes will be resubmitted for Capital Requisition to cover the substantial cost of these works • The Maintenance Dept will be requested to supply 3 quotes for the installation of garden gates to the front of the house and a Capital Funding Requisition will be then submitted • These improvement works will be a priority in Longlands for completion in 2024 	

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(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/12/2024