Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Sabhaile
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Unannounced
Date of inspection:	01 October 2021
Centre ID:	OSV-0002370
Fieldwork ID:	MON-0028849

About the designated centre

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

Sabhaile is a residential service operated by St Michael's House. It provides care and support for up to six adults with an intellectual disability. The centre comprises one large single-storey house located in a North Dublin suburb, with six bedrooms, a kitchen and dining room, large living area, utility room and staff room. Sabhaile has a modest-sized contained garden and is located in close proximity to a range of local amenities. Residents are supported by a team of nurses and social care workers who are managed by a person in charge. Residents receive support in areas such as personal development, healthcare and independent living support.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 1 October 2021	10:30hrs to 16:30hrs	Amy McGrath	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection. The inspector arrived to the centre and was greeted by a resident and staff member. The resident welcomed the inspector and asked them to wait to have their temperature taken by staff before entering their home. The inspector adhered to all local infection control arrangements in the centre.

There were five residents living in the centre at the time of the inspection, with one vacancy. The centre comprises a large bungalow, based on a campus which was located in a suburban area. The premises had six bedrooms, one of which was being used as an additional living area. There was a modest-sized kitchen and dining area, a living room, a staff bedroom, three bathrooms (two of which had a shower or bath facility) and a storage room. While the premises was generally well maintained and decorated with homely soft furnishings, it was cluttered in some areas. The provider had added a storage shed in the garden which was used to store supplies and residents' equipment, such as shower chairs. However, due to the volume of equipment and assistive devices in use, some communal areas of the home were in use for the storage of items such as wheelchairs, walking aids and hoists.

On arrival to Sabhaile, the inspector observed that the premises was clean and tidy. There was a lively and homely atmosphere in the house, with residents each engaged in their morning routines. Some residents were in the kitchen and dining area enjoying hot drinks in the company of staff and spoke briefly to the inspector. One resident was being supported with getting dressed. Later in the day, residents were observed choosing and preparing their own lunch with staff support. One resident offered to prepare a cooked meal for another and both residents ate lunch together in the dining room.

Residents were supported by a staff team of nurses and social care workers, with nursing care provided on a 24-hour basis. There were two nurse vacancies at the time of inspection, with shifts covered by relief or agency staff. The person in charge endeavoured to provide consistency to residents when scheduling agency staff. Staff were observed to be warm and friendly in their interactions with the residents and residents appeared relaxed and comfortable in the presence of staff. One resident told the inspector which staff were working on the day and showed the inspector the staff schedule board, which had pictures of the staff on duty. This resident was seen to update the board when another staff member arrived later in the day.

There were a range of infection prevention and control measures in place to protect residents from the risk of COVID-19 and other healthcare-associated infections. Residents were knowledgeable of the visitors entry procedures. Residents had been supported to access immunisation programmes in accordance with their will and preference.

While there had been some restrictions to residents' activities and access to the community in line with national guidance, the person in charge had ensured that residents had access to opportunities for recreation in their home and reengaged in community activities when they became available. A review of records found that residents enjoyed meals in local restaurants and cafes, supported staff with grocery shopping and engaged in leisure activities in their community.

One resident was seen to have visitors during the inspection. The resident sat with some family members in a seated area of the garden. The inspector spoke with the resident and their family, and each person was complimentary of the service that was being provided.

Overall, the inspector found that the residents in this centre were supported to enjoy a good quality life which was respectful of their choices and wishes. The person in charge and staff were striving to ensure that residents lived in a supportive environment where they were empowered to live as independently as they were capable of. There were a variety of systems in place to ensure that residents, and where appropriate their families, were consulted in the running of the centre and played an active role in the decision making within the centre. Some improvement was required in relation to premises, infection control and fire safety.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affected the quality and safety of the service being delivered.

Capacity and capability

The governance and management arrangements had ensured that a safe and quality service was delivered to residents. The provider had ensured that the delivery of care was person centred, with residents directing the care and support they received. There were effective monitoring systems in place to oversee the consistent delivery of quality care, however some improvement was required with regard to the management of premises issues and staffing.

It was found that the provider had made changes to the function of an area of the premises (as outlined in their statement of purpose) prior to receiving a decision on the application to vary the related condition of registration. While this change was seen to benefit residents, it demonstrated that the provider had not given due regard to the conditions of registration.

There was a clear management structure in place. The person in charge reported to a service manager, who in turn reported to a regional director of care. It was found that the person in charge was clear in their role and responsibilities and that staff in the centre also had defined roles and areas of responsibility. The provider had

ensured that the quality and safety of the service was assessed at least one every six months by a nominated person. These audits (which had been carried out remotely in order to adhere to national guidance regarding COVID-19) identified areas for potential quality improvement. The person in charge and the staff team carried out a range of self-assessments and audits in areas such as infection control, fire safety, medicines management and personal planning. These audits informed a quality enhancement plan which was seen to drive planning at a local level. The provider had carried out an annual review of the quality and safety of the service in the centre as required by the regulations.

The centre was staffed by a team of nurses and social care workers. Care and support was provided on a 24-hour basis. While it was found that the staffing levels had been determined in accordance with residents' assessed needs, and that staff were suitably skilled and experienced, there were a number of staff vacancies at the time of inspection that impacted on the continuity of care for residents. A review of records found that while the person in charge endeavoured to schedule familiar staff to cover vacancies, this could not always be achieved. It was also found that, on occasion, staff and the person in charge did not know the identity of the agency worker up until the day of the shift.

Staff vacancies also meant that on occasion there were less than optimal numbers of staff available. While staffing was always available at a level to provide a safe service, meeting all assessed health and personal care needs, the quality of care could be negatively affected. Staff spoken with told the inspector that sometimes residents could not go out or engage in some activities if a shift could not be covered. Although this was a rare occurrence, it was found that the level of staff vacancies had the potential to negatively impact residents' quality of life.

The person in charge demonstrated good oversight of the training and development needs of staff. A catalogue of training and refresher courses was made available to staff in order to support residents, including training in areas that the provider had determined as mandatory such as safeguarding adults, manual handling, and safe administration of medication. There were established supervision arrangements in place to monitor staff development.

There were records maintained of incidents that occurred in the centre, and all adverse incidents had been notified as outlined in the regulations.

Registration Regulation 8 (1)

The provider had made variations to the facilities in the centre, as outlined in their statement of purpose and subject to a condition of registration, prior to receiving a decision on the application to vary the relevant condition. This meant that the service being provided was not in accordance with the conditions upon which the

centre was registered.

Judgment: Not compliant

Regulation 15: Staffing

While the provider had ensured that the number and skill-mix of staff was appropriate to meet the needs of residents, there was an over-reliance on agency staff at times. The person in charge had made efforts to ensure that there was continuity of care for residents, despite a high level of agency staff utilised.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There were mechanisms in place to monitor staff training needs and to ensure that adequate training levels were maintained. Staff received training in areas such as safeguarding, first aid and fire safety.

The supervision arrangements were found to facilitate staff development and opportunities for staff to raise concerns if necessary.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability. Governance and management systems were effective in identifying quality and safety risks. The provider had not identified the risk to registration related to the non-adherence to registration conditions, however this is discussed in further detail under the associated regulation.

The provider ensured that a nominated person carried out a review of the quality and safety of the service at six month intervals and that a report was produced annually.

Judgment: Compliant

Regulation 31: Notification of incidents

All events and incidents that require notification to the Chief Inspector of Social Services had been notified appropriately, and within the required time frame.

Judgment: Compliant

Quality and safety

The inspector found that the management systems were, for the most part, supporting the delivery of safe care and high quality person-centered support. The oversight mechanisms in place were effective in identifying areas for improvement, however in some cases, for example premises, the issues were not addressed in a timely manner. Areas of good practice found on inspection include safeguarding, residents' rights and assessment of need. There were some corrective actions required in relation to premises, fire safety and infection prevention.

There was a comprehensive assessment of need in place for each resident, which identified their healthcare, personal and social care needs. These assessments were used to inform detailed plans of care, and there were arrangements in place to carry out reviews of effectiveness. A review of records pertaining to the most recently admitted residents found that assessments had been carried out and personal plans developed within the time frame set out in the regulations.

There were arrangements in place to protect residents from the risk of abuse, including an organisational policy and clear reporting procedures. There was an identified designated officer, and it was found that concerns or allegations of potential abuse were investigated and reported to relevant agencies. There were personal plans in place for any resident who required support with personal care that reflected their personal preferences and directed care in a dignified and respectful manner.

Residents had access to advocacy services and were supported to maintain personal relationships with family members and friends. Residents and their family members contributed to decisions about the operation of the centre. A review of residents' support plans and daily records indicated that staff took a human rights approach to care. Plans were reviewed in light of residents' expressed preferences and there was evidence that staff advocated for residents where they had concerns that their rights were not being upheld.

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. Residents were supported to buy, prepare and cook their own meals in accordance with their abilities. Residents were observed making

decisions about what they ate and cooking their own meals. Mealtimes were seen to be positive and social events.

Generally, the premises was found to be in a state of good repair although there was some painting required throughout the building. Each resident had their own bedroom and the provider had adapted a bedroom into a second living area in response to residents' assessed needs and to provide additional private space to receive visitors.

It was found that the design and layout of the premises was not optimal in meeting the assessed needs of all residents. The provider had made amendments to the model of care provided in the centre; recent admissions to the centre included residents with physical and intellectual disabilities who required nursing supports. Given the nature of some residents' disabilities, there was an increase in the amount of equipment and assistive devices to be stored in the home. The inspector found that there was insufficient storage space to accommodate equipment such as walking aids, wheelchairs and shower chairs, and given that the centre had one vacancy, was concerned as to the impact of another admission. The provider had recognised that space was an issue and had added a large shed for storage in the garden. The communal areas of the premises, including the hallways and living areas remained crowded and limited movement through the centre.

There was a risk management policy and associated procedures in place. Risk management arrangements ensured that risks were identified, monitored and regularly reviewed. The person in charge maintained a record of incidents that occurred in the centre and an up-to-date risk register. Risk in the centre was assessed and there were comprehensive control measures in place for all identified risks.

There were a range of measures in place to mitigate the risk of residents acquiring a healthcare-associated infection, including risk assessments, hygiene audits and staff training. There was a COVID-19 contingency plan available and various control measures in place in relation to COVID-19 associated risks. While the provider had made personal protective equipment (PPE) available, the inspector observed instances where staff did not use PPE in accordance with best practice or the provider's own policy. For example, one staff member was observed wearing a reusable fabric mask and another staff member was seen to leave gloves on after supporting a resident with personal care and handling communal objects and surfaces.

The provider had ensured that regular fire drills were taking place and could demonstrate that residents could be safely evacuated out of the building. There were fire detecting systems and firefighting equipment in place that had been serviced appropriately. Fire training had been provided to all staff members. A review of fire doors in the house found that the frame of one door was damaged and did not provide a complete seal and one fire door was observed to be held open with a door stopper. This had the potential to impact negatively on fire containment measures.

Regulation 17: Premises

While generally the premises was in a good state of repair, there were some cosmetic issues that needed to be addressed such as wall damage and painting.

While the provider had made an attempt to improve the storage facilities, further improvement was required to ensure that residents' equipment was not stored in communal areas and hallways.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were supported to buy and prepare their own meals. The food available was nutritious, varied and plentiful. Residents had opportunities to make decisions about what meals were served and enjoyed meals from local restaurants on occasion. Mealtimes were seen to be positive and social events.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed. These included measures to manage infection control risks. Risks specific to individuals, such as falls risks, had also been assessed to inform care practices.

Judgment: Compliant

Regulation 27: Protection against infection

While there were a range of infection control measures in place, the inspector was concerned that staff did not have sufficient knowledge on the appropriate use of PPE.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvement was required with regard to fire containment. One fire door was observed to be damaged which resulted in a large gap when closed and compromised the effective containment of fire. Another door was observed to be wedged open on the day of inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' needs were assessed on at least an annual basis, and reviewed in line with changing needs and circumstances. There were personal plans in place for any identified needs. Personal plans were reviewed at planned intervals for effectiveness.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. Staff were appropriately trained, and any potential safeguarding risk was investigated and where necessary, a safeguarding plan was developed.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to participate in and consent to decisions about their care. The daily operation of the centre facilitated choice and control for residents in areas such as meal planning, personal finances, health care and personal relationships.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 8 (1)	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sabhaile OSV-0002370

Inspection ID: MON-0028849

Date of inspection: 01/10/2021

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
Registration Regulation 8 (1)	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 8 (1): An application to vary was re submitted on the 22/10/2021 with all required documents	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Recruitment process for nursing staff is ongoing within St Michael House to fill the current vacancies. 1 staff Nurse has been recruited and allocated to Sabahile, start date confirmed 26/01/2022	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A request for outstanding works has been sent to SMH technical services Dept. This has been added to a schedule of works for SMH and will be completed by 31/03/2022 Any assistive equipment that is not in use will be returned to SMH stores. All other assistive equipment will be stored in Residents bedrooms when not in use.	

Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: The Person in charge will ensure that IPC measures are discussed at the monthly staff meeting. Minutes to staff meetings are in situ in the designated centre. All staff members will complete refresher training in the use of PPE and infection control.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: PIC has removed any obstructions from fire doors. Fire safety will be discussed at monthly staff meetings. Service Manager has contacted SMH fire officer on the 06/12/2021, Contractor has assessed damaged to the door and will repair damage by 17/12/2021. A new Fire Door has been ordered and will be fitted by 16/03/2021	

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
Registration Regulation 8(1)	A registered provider who wishes to apply under section 52 of the Act for the variation or removal of any condition of registration attached by the chief inspector under section 50 of the Act must make an application in the form determined by the chief inspector.	Not Compliant	Orange	22/10/2021
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	26/01/2022

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	26/01/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/03/2022
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant	Yellow	30/12/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are	Substantially Compliant	Yellow	30/12/2021

	protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	16/03/2022