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:	Sallowood
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Short Notice Announced
Date of inspection:	16 March 2021
Centre ID:	OSV-0002378
Fieldwork ID:	MON-0031991

About the designated centre

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

Sallowood is a designated centre operated by Saint Michael's House located in North Dublin. It provides a community residential service to six older adults with intellectual disabilities and associated healthcare support needs. The designated centre is a detached building consisting of six bedrooms, lounge room, a kitchen/dining area, sluice room, a staff office, staff sleepover room and bathrooms. Two independent living apartments are located on the first floor but do not form part of the designated centre and have a separate entry and exit point from the designated centre. Residents living in the designated centre have access to a large garden courtyard space garden area at the rear of the house. The centre is staffed by a person in charge, nursing staff and social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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 - 2015 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
Tuesday 16 March 2021	10:30hrs to 16:30hrs	Ann-Marie O'Neill	Lead

What residents told us and what inspectors observed

This inspection found residents received good quality care and support which took into consideration their healthcare needs and aging profile. The staff team were consistent and familiar with residents' likes and dislikes and their daily activities reflected their choices and preferences in the context of the current COVID-19 restrictions.

The inspector met with all six residents that lived in this centre and engaged with residents on their terms and respected their choice to engage or not with the inspector.

Conversations between the inspector, residents and staff took place from a two-metre distance, wearing the appropriate personal protective equipment (PPE) and was time-limited in line with National guidance.

The centre comprises of one detached building, located in a housing estate in North Dublin close to local amenities and public transport routes. Electronic access gates and a well maintained and secure garden space, form the perimeter of the centre, with space for parking at the front.

Throughout, the centre was clean, homely, nicely decorated and comfortable. Residents had their own personal bedrooms which were nicely decorated to reflect their personalities and specific interests they had. The spacious communal areas in the centre and hand rails located in the hall way, ensured residents were supported to mobilise as independently as possible while also providing space for residents to use mobility aids such as wheelchairs and rollators, for example. The inspector observed residents mobilising around their home both independently and with assistance, where required.

Staff were observed interacting with residents in a kind and pleasant manner, they afforded residents the opportunity to spend time alone in their bedrooms as they wished to rest. Residents also had TVs and DVD players in their bedrooms and were observed watching comedy shows or listening to music in their bedrooms also. Some residents had vinyl record players in their bedrooms which staff helped them to use, while other residents enjoyed using electronic devices. Residents were observed colouring and chatting with staff in the kitchen while they made their meals.

Residents that engaged in conversation with the inspector said it was a lovely place, they liked it and the staff were nice. They told the inspector they liked their peers too. Some residents were observed receiving window visits from their family during the course of the inspection and documented information in their personal plans demonstrated the significant importance of maintaining close family connections for residents.

In addition, a number of residents engaged in further education and had already successfully achieved a recognised qualification and were engaged in further studies related to Internet safety and relaxation skills. The inspector also observed aromatherapy being used in some residents' bedrooms as part of their relaxation and sensory support during the course of the inspection.

Residents were provided with a pleasant, well maintained and secure garden/courtyard area to the rear of the property with seating which they used with the support of staff.

In summary, the inspector found that each resident's well-being and welfare was maintained to a good standard. While there were some improvements required in relation to fire containment and risk management documentation, it was not demonstrated this negatively impacted on residents' quality of life.

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

Overall, the inspector found that there were management systems in place to effectively monitor the quality and safety of the care and support provided to the resident. The provider was required to improve their systems to ensure applications to vary conditions of registration were submitted in a timely manner.

There was a clearly defined management structure in place. The centre was managed by a full-time person in charge who reported to a Service Manager, who in turn reported to a Director of Adult Services. The person in charge was responsible for the management of this designated centre only. The person in charge was due to take extended planned leave later in the year and the provider was in the process of making arrangements for an appropriately qualified and skilled person to perform the role of person in charge during their absence as part of their workforce planning arrangements.

There was evidence of regular quality assurance audits taking place to ensure the service provide was safe, effectively monitored and appropriate to residents' needs. These audits included the annual report 2020 and the provider unannounced six monthly visits as required by the regulations. The quality assurance audits identified areas for improvement and action plans were developed in response to these audits. In addition the person in charge also engaged in operational management auditing of the service provided in key areas, for example medication management and restrictive practice oversight.

The person in charge maintained a planned and actual roster. A review of the roster demonstrated that the provider had ensured that the number and skill mix of staff

was appropriate to meet the assessed needs of the residents. At the time of the inspection some additional staffing support was provided during the day as the residents' day service was closed due to COVID-19. A review of rosters demonstrated continuity of care was maintained by covering shifts within the existing staff team.

The staff team were observed interacting and engaging with residents in a kind, gentle and pleasant manner and residents spoken with said they liked the staff also.

There were systems for the training and development of staff. The inspector reviewed staff training records and noted the staff team were up-to-date in mandatory training including safeguarding vulnerable adults, manual handling and fire safety. COVID-19 had some impact on the provision of refresher training for staff within the organisation, however, it was noted on this inspection that refresher training was in date.

The inspector reviewed a sample of incidents and accidents in the centre and found that all incidents were notified to the Chief Inspector as required by Regulation 31.

The provider was required to review the systems they currently had in place for applications to vary conditions of registration in response to any proposed changes to their designated centres. This inspection found the provider did not have adequate systems in place to ensure such applications were submitted to the Office of the Chief Inspector in a timely manner.

Registration Regulation 8 (1)

The provider was required to review and improve their systems to ensure the timely application to vary conditions of registration to the Chief Inspector.

Judgment: Not compliant

Regulation 14: Persons in charge

The person in charge worked in a full-time capacity and had the required management experience and qualifications to meet Regulation 14.

The person in charge was knowledgeable of the care and support needs of residents, they had worked with residents for many years.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured a stable and consistent staff team for this designated centre.

Nursing supports were in place as required with nursing supervision supports in place.

A planned and actual roster was maintained which identified the roles of staff working in the centre, the planned and actual hours worked and identified the hours and days worked by the person in charge.

Schedule 2 files were not reviewed on this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured staff maintained their skills and knowledge.

Staff had received training in mandatory areas and had also received refresher training. Training records were maintained in the centre.

Actions from the previous inspection were addressed.

Judgment: Compliant

Regulation 23: Governance and management

The provider had completed an annual report for 2020.

Six-monthly audits by a representative of the provider had been carried out. These audits identified where areas of improvement were required and on review it was demonstrated the person in charge had made arrangements to address areas for improvement.

The person in charge carried out operational audits in the centre in the areas of medication management, restrictive practices and accidents and incidents.

Judgment: Compliant

Regulation 31: Notification of incidents

All incidents had been notified to the Chief Inspector as required and within the time-frames specified in the regulations.

Judgment: Compliant

Quality and safety

Overall, the management systems in place ensured the service was effectively monitored and provided safe, appropriate care and support to residents. Some improvement was required in relation to fire safety containment measures and ensuring an accurate reflection of risks presenting in the centre was captured in the risk register.

The inspector reviewed a sample of residents' personal plans. They were found to be comprehensive, detailed and up-to-date. Residents' assessments of need had been reviewed and where needs arose or were identified support planning was in place. Residents were also supported to create social goals through a person-centred planning process. There was documented information to evidence residents' goals were reviewed and revised in the context of the ongoing COVID-19 restrictions. Some residents maintained a copy of their person centred goal plans on their personal electronic devices and were able to access and review them as they wished.

There was evidence residents' healthcare needs were regularly assessed and supported to ensure they experienced their best possible health. Residents had access to a range allied health professional supports as required including physiotherapy, occupational therapy, speech and language, psychiatry, psychology and medical consultants and their own General Practitioners (GPs).

Residents living in this centre required nursing supports and regular clinical healthcare reviews and there was evidence to clearly demonstrate this was provided frequently and comprehensively. The provider had ensured a good level of nursing support for residents living in this centre and had made arrangements to ensure residents were provided with mobility aids and equipment in a timely manner. Residents were also supported to avail of National health screening services as required and within their age profile. In addition, residents were prescribed supplements and vitamins for the promotion of healthy bone density with bone density assessments available to residents as part of their ongoing healthy aging supports.

Where required residents had positive behaviour supports in place created and regularly reviewed by appropriately qualified allied professionals. The inspector

reviewed a sample of behaviour support plans which promoted proactive management of behaviours that challenge and took into consideration the emotional well-being of residents and also identified health conditions of residents that may elicit incidents of behaviours that challenge with detailed support guidelines for staff to implement in this regard.

Overall, there were a low level of restrictive practices in place. The person in charge maintained a restrictive practice register which was up-to-date and demonstrated the reason for the restriction and measures in place to ensure it was the least restrictive option. Each restrictive practice had been reviewed by the provider's positive approaches management group.

There were systems in place to safeguard residents. At the time of inspection there were no active safeguarding plans at the time of inspection. Staff had received mandatory training in safeguarding vulnerable adults with refresher training also provided. Residents spoken with said they liked their home, they liked their peers and staff. The resident group was compatible and appeared to get on well with each other from observations made by the inspector during the course of the inspection.

Intimate care planning was of a comprehensive standard and detailed supports required by residents to ensure their independence as much as possible while maintaining their privacy, dignity.

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. The centre maintained an up-to-date risk register which detailed centre-specific and individual risks and the measures in place to mitigate the identified risks. Falls prevention and management was a feature in this centre with a number of residents requiring supports and reviews in relation to this personal risk. The inspector noted comprehensive arrangements were in place to manage this personal risks for residents. Residents had received falls risk assessments and regular ongoing reviews by allied health professionals. Residents were provided with mobility equipment to meet their individual needs and grab rails were available in the hallway of the centre to support residents mobilising about their home.

While it was evident good falls risk management and review arrangements were in place, the risk register documented the risk of falls in the centre as low despite a number of residents presenting with this personal risk and evidence of comprehensive resources put in place by the provider to manage this risk. The person in charge was required to review the risk register to ensure it captured an accurate reflection of the risk presenting in the centre.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Residents had a personal emergency evacuation plans (PEEP) in place which guided the staff team in supporting them to safely evacuate the centre. There was evidence of regular fire evacuation drills. Actions from the previous inspection in relation to fire safety precautions had been addressed and overall it was demonstrated there were good fire and smoke

containment measures in the centre. However, some improvement was required to ensure automatic door closing devices were fitted to fire doors in the centre to ensure the most optimum containment measures were in place.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19, with contingency plans in place for staffing and isolation of residents, if required. There was infection control guidance and protocols for staff to implement while working in the centre. Personal protective equipment (PPE), including hand sanitisers and masks, were available and were observed in use in the centre on the day of the inspection. The centre was supported by the provider's internal COVID19 management team and had access to support from Public Health.

Regulation 26: Risk management procedures

The provider had ensured a risk management policy that met the matters of Regulation 26 was in place.

There was evidence of it's implementation in the centre. COVID-19 risk management procedures were also reflected in the policy and in practice.

A risk register was maintained and additional personal risk assessments for residents were also documented and updated as required.

The risk of falls presented in this centre and was found to be well managed and reviewed by the person in charge, allied professionals and staff regularly.

While there was evidence that this risk was managed and responded to well, the risk register did not reflect accurately the risk presenting in the centre and was risk rated low despite a number of residents presenting with this personal risk.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19.

There was evidence of ongoing reviews of the risks associated with COVID-19, with contingency plans in place for staffing and isolation of residents, if required.

Judgment: Compliant

Regulation 28: Fire precautions

Actions from the previous inspection had been addressed.

Fire safety servicing records were up-to-date for the fire alarm, emergency lighting and extinguishers.

Staff had received up-to-date fire safety training with refresher training also provided.

Personal evacuation plans had been created for each resident and were evaluated for their effectiveness through regular fire safety drills both during the day and night time.

Good fire containment measures were in place however, while it was noted there were fire doors throughout the property they had not been fitted with hold open/closing devices to ensure the most optimum containment measures in the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had an up-to-date comprehensive assessment of need in place.

Residents had access to their personal goal plans and some residents maintained their personal goal plans on their personal electronic devices.

Residents' assessed needs were identified through comprehensive assessments with associated support planning in place for the need identified.

Residents had received goal planning meetings and had identified goals and aspirations they wished to achieve within the context of COVID-19 restrictions. These goals were revised and changed in response to the level of COVID-19 restrictions presenting.

Judgment: Compliant

Regulation 6: Health care

The provider had ensured residents' nursing care supports were well managed in

this centre.

Residents were supported to avail of National healthcare screening programmes and receive health checks with their General Practitioner(GP) and other allied health professionals as required.

Residents personal plans demonstrated comprehensive allied health professional reviews and recommendations which were implemented and reviewed regularly.

Residents were also supported to engage in healthy aging activities through physiotherapy exercise plans, bone density scans and nutritional supplements as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where behaviour support needs had been assessed and identified, residents were provided with support planning to manage those needs.

Positive behaviour support planning was in place as required by appropriately qualified allied professionals. Behaviour support planning focused on positive and proactive supports taking into consideration residents' emotional well-being and underlying health conditions that may exacerbate or contribute to residents engaging in behaviours that challenge.

Overall, there were a low level of restrictive practices in place. The person in charge maintained a restrictive practice register which was reviewed and update regularly. All restrictive practices had received a review by the provider's restrictive practice oversight committee.

Judgment: Compliant

Regulation 8: Protection

No active safeguarding plans were in place or required at the time of inspection.

All staff had receive up-to-date training in safeguarding vulnerable adults with refresher training available and provided as required.

Intimate care planning was in place for residents and were comprehensive and detailed. They outlined the supports residents required and the manner and way in which staff could promote residents' independence, privacy and dignity at all times.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 8 (1)	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Sallowood OSV-0002378

Inspection ID: MON-0031991

Date of inspection: 16/03/2021

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): The PPIM has completed and sent an Application to Vary Conditions- Application sent on the 18th March 2021	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The PIC will review the Falls Risk Assessments in the unit and ensure that the Risk Register reflects accurately the current risk presenting in the unit. The PIC will complete this by 11th April 2021. The reviewed Risk Register will be available for inspection.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Self closing devices will be installed on all doors in the house as informed by the St Michael's House Fire Officer.	

This work is scheduled to be completed by the 31st December 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(2)	An application under section 52 of the Act must specify the following: (a) the condition to which the application refers and whether the application is for the variation or the removal of the condition; (b) where the application is for the variation of a condition, the variation sought and the reason or reasons for the proposed variation; (c) where the application is for the removal of a condition, the reason or reasons for the proposed removal; (d) changes proposed in relation to the designated centre as a con-sequence of the variation or	Not Compliant	Orange	19/03/2021

	removal of a condition including: (i) structural changes to the premises that are used as a designated centre; (ii) additional staff, facilities or equipment; and (iii) changes to the management of the designated centre; that the registered provider believes are required to carry the proposed changes into effect.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	11/04/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2021