



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:	Announced
Date of inspection:	08 February 2022
Centre ID:	OSV-0002391
Fieldwork ID:	MON-0027345

About the designated centre

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

The designated centre 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:

5

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
Tuesday 8 February 2022	09:30hrs to 16:50hrs	Amy McGrath	Lead

What residents told us and what inspectors observed

This report outlines the finding of an announced inspection of this designated centre. The inspection was carried out to assess compliance with the regulations following the provider's application to renew registration of the designated centre. There were five residents living in the centre at the time of inspection, with one vacancy. The inspector met four of the five residents who lived in Longlands. The inspector also spoke with a family member of a resident and received a completed resident questionnaire from each resident who lived in the centre.

The premises comprised of a detached two-storey building. There were two living rooms (with one designated as a visitors' room), 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 on the ground floor. The first floor of the building contained three additional resident bedrooms, two bathrooms (one with shower facilities) and a hot press.

The premises had undergone a number of improvements since the last inspection, with new windows and doors installed and new flooring in a bathroom. The interior of the premises had also been painted. The visitors room adjacent to the kitchen remained sparsely furnished and used for storage. There were fold-up seats available for use when residents received visitors, however it needed further attention to facilitate a homely and welcoming environment. Residents each had their own bedroom, which were decorated in a homely manner and in accordance with their preferences. On review of the resident questionnaires, one resident shared that they'd like a new blind in their bedroom and another noted that they needed a new chest of drawers.

The staff team comprised of a person in charge and a team of social care workers. Residents had staff support available on a 24-hour basis. The inspector observed staff and residents communicating with each other. Staff were seen to be familiar with residents communication methods (some of which were non-verbal). It was observed that a resident communicated their needs and preferences to staff members who supported them in preparing for a visit to a relatives home.

The inspector observed that residents appeared comfortable in their home. They were seen to freely and confidently use the facilities and had access to all areas of their home, including the staff office area. Residents took a lead role in directing their care and contributed to decisions about how the centre was operated. It was evident that the provider took a human rights informed approach to the delivery of care; through discussion with staff and family members, observations of residents and a review of documents the inspector found that residents were supported to exercise choice and control in their daily lives and to make informed decisions about their care and support.

Some residents were out at day service or in the community during the inspection.

One resident returned from having a meal out in a local café and another returned from a local shopping centre where they had purchased a new CD. Residents shared in the questionnaires submitted that they liked going to the local shopping centre, to the nearby cinema, and to local hairdressers and restaurants. They also noted to enjoy some activities within the centre such as a footspa and listening to music in their room. Residents also shared that they enjoyed going to their day service with some noting that they would like to go more often.

A family member spoken with was complimentary of the quality of care received by their relative and were satisfied with how the resident was supported to maintain communication and contact during periods when visits to the centre were restricted.

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 residents were receiving a good quality service and that there were sound governance and management arrangements in place which supported the delivery of the service. Some minor improvements were required in relation to fire safety, infection prevention and medicines records. This is discussed in more detail in the next section of the report.

The governance and management arrangements ensured that a safe and quality service was delivered to residents. The findings of the inspection indicated that the provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was person centred.

The provider had carried out an annual review of the quality and safety of the centre, and there were arrangements for unannounced visits to be carried out on the provider's behalf every six months. There were a number of other audits and monitoring systems carried out at planned intervals, such as audits of financial records, fire safety audits and environmental hygiene audits. These informed a quality enhancement plan overseen by the person in charge and were found to effect positive change in the centre. Actions from the previous inspection had been implemented, with the exception of improvements to the visitors room. Substantial work had been undertaken to the premises, including new windows and doors.

Residents received support from a team of social care workers, who were present in the centre on a 24-hour basis. The staffing arrangements in the centre, including staffing levels, skill mix and qualifications, were effective in meeting residents' assessed needs. There was a planned and actual roster maintained by the person in charge.

The person in charge ensured that staff had access to necessary training and

development opportunities. The provider had identified some areas of training to be mandatory, such as fire safety management and safeguarding. Staff had each received training in these key areas as well as additional training specific to residents' assessed needs. There were established supervision arrangements in place to monitor staff development. The person in charge received supervision from a service manager.

While some additional quality improvement was required in relation to some areas such as medicines management and infection control, the inspector found that residents received high quality care that was informed by their needs and expressed preferences.

Regulation 15: Staffing

The centre had sufficient numbers of suitably qualified and experienced staff members to meet the assessed needs of residents. There was a planned and actual roster, and arrangements in place to cover staff leave whilst ensuring continuity of care.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured staff had access to training and development opportunities in order to carry out their roles effectively. Training was made available in areas specific to residents' assessed needs. There were established supervision arrangements in place for staff

Judgment: Compliant

Regulation 23: Governance and management

There were effective management arrangements in place that ensured the safety and quality of the service was consistent and closely monitored. The centre was adequately resourced to meet the assessed needs of residents.

The provider and local management team were found to be self-identifying areas for improvement and taking the necessary steps to bring about the required improvements.

Judgment: Compliant

Quality and safety

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. While there was some improvement required in relation to medicines records and infection control, overall it was found that the centre had the resources and facilities to meet residents' needs,

The inspector reviewed the safeguarding arrangements in place and found that residents were protected from the risk of abuse. Staff had received training in safeguarding adults. There were clear lines of reporting and any potential safeguarding risk was escalated and investigated in accordance with the provider's safeguarding policy. Potential safeguarding risks were reported to the relevant statutory agency. There were no active safeguarding risks at the time of inspection.

The person in charge was promoting a restraint free environment. There was no use of chemical or environmental restraint in the. Where restrictive practices had been used previously, these were used as a last resort and for the shortest duration of time. These had been assessed to ensure their use was in line with best practice and on subsequent reviews had been removed entirely. Residents who required support to manage their behaviour had support plans in place that were informed by a multidisciplinary team. Staff had received training in positive behaviour support.

Residents' communication support were assessed on an ongoing basis and there were communication support plans in place for each resident. Residents were supported to communicate using preferred methods.

A review of records found that residents were supported to receive visitors in their home, and also to have visits with family outside of the designated centre. There was a separate visitors room available for residents to receive visitors, however this required further decoration and more suitable furniture. It was found the visitors arrangements had been adapted in accordance with prevailing government guidance and residents saw friends and family members through garden visits and video calls throughout the pandemic.

The provider had ensured that residents retained control of their personal property; residents had their own items in their homes and these were recorded in a log of personal possessions. Residents each had their own bank accounts and were supported to manage their finances as independently as possible.

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 contributed to meal planning and made decisions about what meals were served. They also enjoyed occasional take-away meals and meals out in local restaurants.

The inspector reviewed the infection prevention and control arrangements and found that the centre was maintained in a clean and hygienic condition throughout. There were hand washing and sanitising facilities were available for use. Infection control information and protocols were available to guide staff and staff had received relevant training.

The person in charge had completed a self assessment questionnaire issued by the Chief Inspector at planned intervals. An environmental hygiene audit had been completed in January 2022 and an action plan was developed with most issues found to be addressed at the time of inspection. Staff were observed to use appropriate personal protective equipment (PPE) throughout the inspection and there was ample supply of PPE in the centre.

There was a COVID-19 outbreak management plan, including individual plans for supporting residents, however the plan required additional information regarding the specific measures to be taken (for example with regard to waste management, use of PPE, and enhanced cleaning) in the event of an outbreak of infection in the centre.

There were fire safety management systems in place in the centre, which were kept under ongoing review. Fire drills were completed regularly and learning from fire drills was reflected in residents' evacuation plans. A review of fire doors in the house found that one door was held open with a door stop and another did not close fully when tested.

The inspector found that there were suitable arrangements in place with regard to the ordering, receipt and storage of medicines. There were a range of audits in place to monitor medicine management. The person in charge had ensured that an assessment of capacity and risk assessment was undertaken with regard to residents managing their own medicines in line with their abilities and preferences. A review of medicines records found that some medicine administration records contained errors, with some incorrect doses recorded as being administered to residents.

Regulation 10: Communication

Residents were supported to communicate using preferred methods. There were plans in place for a comprehensive review of communication support needs of residents, and at the time of inspection there were detailed plans in place that utilised the most current assessment, and staff and family knowledge.

Judgment: Compliant

Regulation 11: Visits

Residents were supported to receive visitors in their home. Staff members were aware of Public Health advice in relation to visitors to the centre.

Judgment: Compliant

Regulation 12: Personal possessions

The provider had ensured that residents retained control of their personal property and received support to manage their finances in accordance with their abilities and preferences.

Judgment: Compliant

Regulation 18: Food and nutrition

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

Judgment: Compliant

Regulation 27: Protection against infection

The COVID-19 outbreak management plan required further information regarding the arrangements for enhanced cleaning, use of PPE and waste management arrangements in the event of an outbreak of an infection in the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were fire containment measures in place however one door was propped open with a door stop and another did not close fully when tested.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

A review of records found that some medicine administration records contained errors, with some incorrect doses recorded as being administered to residents. The presence of blister packs minimised the risk of residents receiving the wrong medicines, however increased oversight was required to monitor and reduce medicine recording errors.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The provider had ensured residents had access to a range of clinic supports in order to support their well-being and positive behaviour. Staff had received training in positive behaviour support. The use of restrictive practices was comprehensively reviewed and at the time of inspection there were no restrictive practices in place, with previous restrictions reduced and removed following a review period.

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.

There were care places in place that outlined residents' support needs and preferences with regard to the provision of intimate care, and these plans promoted dignified care practices.

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
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Longlands OSV-0002391

Inspection ID: MON-0027345

Date of inspection: 08/02/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: Covid 19 unit management house plan updated by PIC on 17/02/2022 and in Covid 3 unit folder in unit staff room</p> <p>Staff made aware of the relevant updates</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The door was checked and fixed by St Michael's House Technical services dept on 09/02/2022 No doors on the unit are being propped open by door stops anymore as directed by PIC at staff meeting 16/02/2022</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p>	

- PIC addressed the recording error at staff meeting on 16/02/22 and discussed St Michaels House policy on Medication management. PIC will also discuss again at Staff meeting in July 2022.
- PIC contacted LeAnne Heneghan Health and Medical Trainer who advised that the unit Medication administration sheets are reviewed by St Michaels House Medical dept to ensure that they are tidy and readable to ensure no further recording errors are made.

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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/03/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/03/2022
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate	Substantially Compliant	Yellow	31/03/2022

	and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
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