



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

Issued by the Chief Inspector

Name of designated centre:	Artane Residential
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Unannounced
Date of inspection:	04 October 2023
Centre ID:	OSV-0002351
Fieldwork ID:	MON-0034041

About the designated centre

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

Artane Residential is a designated centre operated by St. Michael's House. The centre is made up of two residential homes, one is a large two storey community based residential house providing services and supports for six adults. The second residential home is a single occupancy flat, attached to the house, which affords one resident the independence of living on their own but with the supports of the main house. Some residents present with physical disabilities and the house provides wheelchair accessibility throughout the ground floor. The designated centre is situated in a well established residential area. Artane Residential provides supports for the residents under a social care model of service. The centre is staffed by a person in charge and a team of social care workers and nursing supports where required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 4 October 2023	09:15hrs to 16:20hrs	Kieran McCullagh	Lead

What residents told us and what inspectors observed

This was an unannounced inspection completed over one day and was facilitated by the person in charge. Over the course of the day, the inspector also met with staff members and with residents who lived in the centre. Overall, the inspector found that residents who lived in the centre enjoyed a good quality of life and received a good standard of person-centred care and support.

The centre is made up of two residential units, a large two storey community based residential house and the a single occupancy flat attached to the main house, which affords one resident the independence of living on their own but with the supports of the main house.

On the day of the inspection, there were five residents living in the centre and one vacancy. Upon arrival to the centre, all residents were enjoying a lie-in in the morning. However, across the course of the inspection the inspector had the opportunity to meet with three residents living in the centre. These residents indicated to the inspector that they were very happy living in the centre. From speaking with residents, it was evident that they felt very much at home in the centre, and were able to live their lives and pursue their interests as they chose. Warm interactions between the residents and staff members caring for them was observed throughout the duration of the inspection with lots of conversations on various topics and laughs shared.

There was an atmosphere of friendliness in the centre. Staff were observed to interact with the residents in a respectful and supportive manner. For example, knocking and seeking permission to enter the residents' bedrooms. Residents were supported to engage in meaningful activities on an individual basis. Examples of activities that residents engaged in included, cooking, boat trips, family home visits, dining out, swimming and employment. The centre had its own transport which was used by staff to drive residents to various activities and outings. In addition, the centre was located within walking distance of a range of local amenities.

The person in charge described the quality and safety of the service provided in the centre as being very good and personalised to the residents' individual needs and wishes. They spoke about the high standard of care all residents receive and had no concerns in relation to the well-being of any of the residents living in the centre. The person in charge spoke about the changing needs of one resident, the concerns they had in relation to this resident's mobility and supports in place to manage same. Observations carried out by the inspector, feedback from residents and documentation reviewed provided suitable evidence to support this.

The person in charge accompanied the inspector on an observational walk around of the designated centre. The centre was found to be comfortable, homely and overall in a good state of repair. Framed art work completed by one of the residents was on display throughout the centre. Each of the residents had their own bedroom which

had been personalised to the individual resident's tastes and was a suitable size and layout for the resident's individual needs. This promoted the residents' independence and dignity, and recognised their individuality and personal preferences.

To the rear of the centre, was a well-maintained garden area, that provided outdoor seating for residents to use, as they wished. Since the last inspection, the provider had addressed all issues identified and made some home improvements to this centre, to include, bathroom upgrade works which provided residents with better and more accessible facilities with regards to their personal care.

Generally, the premises was well maintained however, some minor upkeep was required. For example, laminate on kitchen cupboards was lifting and chipped in areas and small areas of damage on kitchen counter tops was observed. In addition a Parker bath no longer in use in the downstairs wheelchair accessible bathroom required removal. These matters had been reported by the person in charge to the provider.

There was evidence that the residents and their representatives were consulted and communicated with, about decisions regarding the running of the centre. The inspector did not have an opportunity to meet with the relatives of any of the residents but it was reported that they were happy with the care and support that the residents received. The provider had completed a survey with the residents and their relatives as part of their annual review which indicated that residents and family representatives were happy with the care and support being provided.

From what the inspector was told and observed during the inspection, it was clear that residents had active and rich lives, and received a good quality service. The service was operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

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 affects the quality and safety of the service being delivered.

Capacity and capability

The inspector observed that the care and support provided to the residents was person-centred and the provider and person in charge were endeavouring to promote an inclusive environment where each of the residents' needs and wishes were taken into account.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, who was knowledgeable about

the support needs of the residents living in the centre.

The person in charge was full time and responsible for this and another designated centre. They were present in this centre regularly and they were supported in their role by a service manager.

The inspector found that many improvements from the last inspection had been completed and had resulted in positive outcomes for residents. There were some improvements required on this inspection, regarding fire precautions however, these are discussed in the quality and safety section of the report.

The governance and management systems in place were found to operate to a good standard in this centre. The provider had completed an annual report of the quality and safety of care and support in the designated centre and there was evidence to demonstrate that the residents and their families were consulted about the review.

A six-monthly unannounced review of the centre had taken place in May 2023 of the quality and safety of care and support provided to residents and there was an action plan in place to address any concerns regarding the standard of care and support provided.

Regulation 15: Staffing

The provider had ensured that there were sufficient numbers of staff on duty to meet the number and needs of residents living in the centre on the day of inspection. Due to vacancies the provider was ensuring continuity of care and support through the use of regular relief staff.

There was a planned and actual roster maintained that reflected the staffing arrangements in the centre, including staff on duty during both day and night shifts.

The inspector met with members of the staff team over the course of the day and found that they were familiar with the residents and their likes, dislikes and preferences.

However, the inspector found that night-time staffing arrangements in the designated centre were not provided in line with the assessed needs of the residents. For example, one staff on at night was insufficient to ensure safe evacuation of all residents in emergency situations.

This is further discussed under Regulation 28 - Fire precautions.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff were supported and facilitated to access appropriate training including refresher training that was in line with the residents' needs.

A staff training schedule was in place, however a small number of staff were overdue refresher training in the following: fire safety, safeguarding and managing behaviour that is challenging.

As per the provider's policy staff were to receive supervision on a quarterly basis. The person in charge ensured that staff were in receipt of supervision, however following review of the supervision schedule a number of staff were overdue supervision.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider effected a contract of insurance against injury to residents and other risks in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

On the day of the inspection, there was a clear management structure in place with clear lines of accountability. 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.

A series of audits were in place including monthly local audits and six-monthly unannounced visits. In addition monthly data audits were undertaken, including audits of residents' personal planning, goal trackers and residents' finances.

The provider had carried out an annual review of the quality and safety of resident care in the centre. These reviews also included detail on the consultation which had taken place with residents and their families.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the development of the statement of purpose. This document required review to ensure that all information required under Schedule 1 was accurate. For example, some minor revisions were required to ensure floor plans accurately reflected the footprint of the designated centre.

Judgment: Substantially compliant

Quality and safety

Overall, the findings of this inspection were that residents reported that they were happy and felt safe living in the centre. They were making choices and decisions about how, and where they spent their time. It was apparent to the inspector that the residents' quality of life and overall safety of care in the centre was prioritised and managed in a person-centred manner.

The person in charge and staff team strived to ensure that the service offered to residents was person-centred and of a good quality. The person in charge had in depth knowledge of the residents, their likes, dislikes as well as their daily needs.

There was a clear emphasis on residents' choices and preferences being considered and respected. Residents accessed numerous external activities such as shopping trips, meeting friends and family, going out for a coffee, swimming and restaurant visits.

There was an emphasis on supporting residents with life-skills including money management or looking after their own room and belongings, which the inspector saw that they took pride in. The inspector also found that residents were supported in participating in everyday tasks in their home such as, cleaning, making a cup of tea and recycling. This was part of the culture of the centre in promoting lifelong learning with positive support from staff to ensure residents felt valued and supported.

Residents chose to live their lives in accordance with their will and personal preferences. They were also supported to maintain relationships meaningful to them, for example, with their families. Residents spoken with were happy in the centre, and the inspector found that the service provided to them was safe and of a good quality.

The premises was well maintained and was observed to meet residents' individual and collective needs. Some minor upkeep was required, however this had been reported by the person in charge to the provider. There was sufficient communal

space, and a nice garden for residents to enjoy. Residents spoken with said they were happy with their home.

Although the provider had completed fire upgrade works since the previous inspection, including relocation of a resident to another bedroom, enhancements were required. Due to the changing of needs of residents within the designated centre the inspector found that night-time staffing arrangements in the designated centre were not provided in line with the assessed needs of the residents.

The inspector also observed the storage space under the stairs was used to store some items that could be potentially flammable. Consideration was required to ensure these items were stored in a more suitable area with due consideration for general fire safety precaution arrangements for management of such items.

On review of a sample of residents' medical records, the inspector found that medications were administered as prescribed. Residents' medication 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.

Regulation 12: Personal possessions

The provider and person in charge had ensured that all residents had access to their personal items. Their artwork and personal mementos were displayed throughout their home which presented as individual to those who lived there.

The provider had clear financial oversight systems in place with detailed guidance for staff on the practices to safeguard resident's finances and access to their monies. The inspector found that residents had assessments completed that determined the levels of support they may require.

The inspector reviewed a sample of financial records where residents received support from staff to manage their finances. Each resident had their own bank account and staff maintained records of each transaction, including the nature and purpose of transactions and supporting receipts and invoices.

Judgment: Compliant

Regulation 17: Premises

Overall, the inspector observed the design and layout of the premises was suitable to meet residents' individual and collective needs.

Since the last inspection, there had been some home improvements works

completed to the centre, which resulted in positive outcomes for residents. For example, bathroom upgrade works which provided residents with better and more accessible facilities with regards to their personal care.

Residents had access to facilities which were maintained in good working order. There was adequate private and communal space for them as well as suitable storage facilities and the centre was found to be comfortable, homely and overall in a good state of repair.

There was a clear premises maintenance system in place where the person in charge could log and monitor repairs that were required.

A Parker bath, no longer in use in the downstairs wheelchair accessible bathroom, required removal and some minor upkeep was also required, for example laminate on kitchen cupboards was lifting and chipped in areas and small areas of damage on kitchen counter tops.

These matters had been reported by the person in charge to the provider and being worked through the provider's premises maintenance logging system.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had systems in place for the management of fire safety in the centre. There were fire containment measures in place in the centre including fire doors and self-closing mechanisms. There were systems to ensure fire equipment was serviced and maintained. The inspector found that frequent audits and reviews of fire safety processes and equipment were being completed.

Residents had risk assessments and detailed personal emergency evacuation plans in place which were reviewed and updated following learning from fire drills. However, upon review the inspector observed that the fire evacuation plan was overdue review.

In addition, the storage space under the stairs was used to store some items that could be potentially flammable. Consideration was required to ensure these items were stored in a more suitable area with due consideration for general fire safety precaution arrangements for management of such items.

Due to the changing of needs of residents within the designated centre the inspector found that night-time staffing arrangements in the designated centre were not provided in line with the assessed needs of the residents. For example, one resident's mobility needs had changed, which required additional staff support.

Fire drills were occurring regularly. A drill to demonstrate that each resident could evacuate the centre when the least number of staff were on duty had also been completed. However, this drill detailed that one staff found it difficult to do the drill alone and that the fire drill took an extended period of time to complete.

The provider was required to review the current evacuation plan arrangements taking into consideration the changed needs of residents in the service, the length of time the current staff arrangement took to effectively evacuate all residents safely and to put in place appropriate and suitable arrangements to support the effective evacuation of residents safely and within shorter time frames.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The inspector observed that safe medical management practices were in place and were appropriately reviewed. Medicines were used in the designated centre for their therapeutic benefits and to support and improve each resident's health and wellbeing.

The provider had ensured that appropriate practices relating to the ordering, prescribing, storage, disposal and administration of medicines were implemented in the centre.

Residents' medication was administered by staff who were provided with appropriate training. On speaking with the inspector, staff were confident and knowledgeable regarding safe medicine practices and arrangements in the centre.

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.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were well met in the centre. Staff were aware of residents' healthcare needs and how to support them. Residents were supported to access relevant allied health professionals, which included annual health check ups and reviews as and when required. Residents were supported to access national screening programmes in line with their health and age profile, and in line with their wishes and preferences.

Residents had their healthcare needs assessed and were supported to attend

appointments and to follow up appropriately. Records were maintained of appointments with medical and other health and social care professionals, as were any follow ups required. An annual overview of health checks and needs was in place that supported the staff team in planning supports for residents as may be required.

Health related care plans were developed and reviewed as required. Risk assessments were in place to address any risks identified in health care plans, for example the risks associated with dementia management.

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	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for Artane Residential OSV-0002351

Inspection ID: MON-0034041

Date of inspection: 04/10/2023

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • Review of outstanding staff training requirements Fire safety Completed – 11/11/2023 - Safeguarding scheduled to be completed by–21/11/2023 • Managing behaviour that Challenges –The next PBS Initial round of training to be rolled out in Jan 2024- • Supervision scheduled for all staff- Timeframe 30-12-2023 • Planned schedule of supervision- Provision every quarter 2024 	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: <ul style="list-style-type: none"> • Review of floor plans completed and clearly identify the purpose of each room within the DC- 15/10/2023 	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:	

- Fire evacuation plan reviewed on – 11/10/2023
- All items that could become potentially flammable have been removed to alternate areas within the DC
- Additional Fire drill completed on 4/11/2022- with reduction of 4 mins in evacuation time
- ICM held on the 19/10/ 2023 – MDT in conjunction with Fire Officer had identified Defend in place strategy with work to support resident to understand this strategy.
- Unit based fire review and training on the 20/12/2023 Fire officer to review strategy with team further on this date
- Progressing application to DCC for funding re: the installation of Ceiling Tracking system to enable single staff transfer- 30/12/2023
- Supports identified by PIC/Fire officer and Occupational Therapist to support staff and resident when evacuating 27/10/2023

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/01/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/12/2023
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Yellow	20/12/2023
Regulation 28(2)(a)	The registered provider shall take adequate precautions against the risk of fire in the designated centre, and, in that	Not Compliant	Yellow	20/12/2023

	regard, provide suitable fire fighting equipment, building services, bedding and furnishings.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Yellow	20/12/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	15/10/2023