



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

Issued by the Chief Inspector

Name of designated centre:	La Verna
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Announced
Date of inspection:	08 July 2024
Centre ID:	OSV-0002363
Fieldwork ID:	MON-0034919

About the designated centre

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

La Verna provides full-time residential care to adults with an intellectual disability. Support provided at La Verna is based on the social care model with a focus on supporting and assisting residents to participate and be involved in their local community, develop daily living skills and sustain relationships with family and friends. La Verna is located in a residential area of a city and is close to local shops and other amenities. The centre is in addition close to public transport links, which enable residents to access leisure amenities and work placements in the surrounding area. The centre is a two-storey house and comprises of six bedrooms of which five are used by residents. The other bedroom is used by the provider as an office and overnight accommodation for staff. Residents have access to a communal sitting room, kitchen and dining room. Residents have access to laundry facilities which are located in a purpose-built shed located in the centre's rear garden. The centre has two upstairs bathrooms which are both equipped with shower facilities, one of which is a walk-in design to ensure accessibility to residents. A further additional toilet is located on the ground floor of the house. The centre has a rear garden which is accessible to residents and also contains additional premises which are part of a day service operated by the provider, but is not part of the designated centre. Residents are supported by a team of social care workers. In addition, the provider has arrangements in place outside of office hours and at weekends to provide management and nursing support if required by residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Monday 8 July 2024	09:50hrs to 15:30hrs	Jennifer Deasy	Lead

What residents told us and what inspectors observed

This was an announced inspection scheduled to inform decision making in respect of an application to renew the centre's certificate of registration. The inspector had the opportunity to meet all of the residents over the course of the day. Conversations with residents and staff, observations of care and a review of the documentation was used to inform judgments on the quality of care. Overall, the inspector found that residents in this centre were in receipt of a high standard of care which was informed by an understanding, and promotion, of residents' rights. The designated centre was meeting the requirements of all of the regulations which were assessed and, in many instances, was going beyond these to meet the national standards.

The designated centre is located in a busy Dublin suburb and was home to five residents, including one who had recently moved in. The inspector met with the five residents, who all spoke with the inspector regarding their experiences of living there. Residents had also completed resident questionnaires in advance of the inspection which were reviewed. Overall, residents spoke very highly of the care and support which they received.

On arrival to the centre, the inspector met with one resident who had recently moved in. They told the inspector that they loved living there. They spoke of how they continued to visit their family regularly and how they were supported by the staff team and multidisciplinary team to learn about and to manage their health care needs. This resident described how the staff team were supporting them to become more independent, to make choices and to learn about their rights.

Two of the other residents were having coffee and cake in the dining room when the inspector arrived. They told the inspector about a recent illness that one of them had and how this was managed. They spoke positively about the support that staff gave to them during this time. Both residents told the inspector that another resident had passed away just over a year ago and showed the inspector a framed photo of this resident which was displayed in the living room. They told the inspector that they had recently attended an anniversary mass for this resident and spoke of their fond memories of them. The inspector heard staff speaking with residents about the former resident and helping residents to reminisce.

These two residents told the inspector that they had busy and active lives in line with their preferences. One resident had retired from day service and spent their time volunteering, shopping and enjoying community activities. The other resident attended day services on a part-time basis and engaged in their preferred activities from home or in the community on the other days. The residents told the inspector about their weekly house meeting and how they used this to decide the menu, discuss the household jobs that needed to be completed and also to talk about fire safety and topics such as their rights. Residents showed the inspector the accessible menu board, household job chart and staff roster which was displayed in the dining

room.

Some of the residents showed the inspector around their home. The inspector saw that the designated centre was clean and well-maintained. It was also homely and comfortable. Residents each had their own bedroom which had sufficient storage for their personal belongings and was decorated in line with their individual preferences. One resident had ordered a new wardrobe and was waiting for this to be delivered at the time of inspection.

The inspector met with the remaining two residents in the afternoon when they returned from day services. These residents told the inspector that they liked living in the house and, in particular, were happy with the staff team. They spoke of recent holidays which they had gone on with staff support. The inspector saw one resident was having her nails done by a staff member and that there were familiar and kind interactions between the residents and staff.

Residents were seen accessing and using the facilities in the house throughout the day. For example, residents were seen preparing food and hot drinks, and one resident was seen doing their ironing in the afternoon. All of the residents had completed residents' questionnaires, some with the assistance of staff. These questionnaires echoed what residents had told the inspector, in that they were very happy in their home, that they felt safe and had choice and control in their daily lives.

The inspector spoke with several of the staff who were on duty. Staff in this centre had completed additional training in strengthening rights and described how they ensured that residents had freedom and autonomy in their daily lives. For example, staff spoke about how they provided education to residents regarding health related needs and ensured that residents' care plans were followed in order to meet these assessed needs. However, staff said that there were times when residents made choices which were outside of the guidance of their care plans and could negatively impact on their health. Staff said they upheld residents' autonomy in respect of their decision making and ensured they had control in managing their health even if this went against the guidance set out in care plans.

Overall, the inspector saw that residents were living in a centre which was providing person-centred care and where their rights were upheld. Residents' autonomy in respect of decision-making was maintained and they had freedom and control to direct their everyday lives. Residents told the inspector that they felt safe and happy living in the centre.

The next two sections of the report will describe the oversight arrangements and how effective these were in ensuring a good quality and safe service.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective these arrangements were in ensuring that a good quality and safe service was being provided. Overall, the inspector found that there were effective leadership arrangements in place in the centre, and that these were ensuring that residents were in receipt of a good quality and safe service in their home which was meeting their needs and ensuring their rights were upheld.

There was a clearly defined management structure with identified roles and responsibilities. The centre was staffed by a team of social care workers who reported to a person in charge. The staff team were informed of their duties and of the lines of authority in the centre. There were systems in place to performance manage and supervise staff, including regular staff supervisions and staff meetings. The inspector saw that staff on duty were familiar with the residents, their needs and their preferences. Staff were seen providing care and support in a kind and respectful manner throughout the day.

The person in charge reported to a service manager. They had regular scheduled meetings with the service manager in order to ensure risks relating to quality and safety of care could be escalated to the provider level. The person in charge also had allocated days on their roster to ensure they could complete management duties and ensure the quality of the service.

The provider had in place a series of audits which were effective in driving service improvement. The audits included six-monthly unannounced visits as well as an annual review of the quality and safety of care. These were completed in consultation with residents and informed action plans to address risks or gaps in the service provision where these were identified.

The centre's statement of purpose and the provider's complaints procedure were readily available for residents, along with other information including information on advocacy services and health care screenings. Residents told the inspector that they were happy with the service and that they knew how to make a complaint if they wished to do so.

Overall, the inspector found that there were defined management systems which were effective in driving service improvement and ensuring that residents were in receipt of good quality care and were safe in their home.

Regulation 14: Persons in charge

The designated centre was overseen by a person in charge who was employed in a full-time capacity. They had been in their role for many years and had a comprehensive understanding of the residents' needs. The person in charge was allocated designated management days on their roster. The inspector was told that the number of allocated management days were sufficient in ensuring that the

person in charge had time to review the quality and safety of care in the centre.

The person in charge was suitably qualified and experienced as defined by the regulations. They had a clear vision for the service and were supporting the staff team to develop residents' autonomy and control in respect of their care and their everyday lives.

Judgment: Compliant

Regulation 15: Staffing

A planned and actual roster were maintained for the designated centre. The inspector reviewed the rosters from May and June 2024 and, in particular, looked at the staffing allocations across four dates in these months. The inspector saw that the number of staff allocated was in line with the statement of purpose and that there were sufficient staff on duty to meet the needs of the residents on those days.

There were no staffing vacancies in the centre at the time of inspection. The centre was staffed by a stable and consistent team of social care workers. Gaps in the roster arising from leave requirements were filled by in-house staff completing relief shifts. This was supporting continuity of care for the residents. Residents were seen to be familiar with the staff on duty and kind interactions were observed between the staff team and residents over the course of the day.

The Schedule 2 files for two staff were reviewed by the inspector. These were found to contain all of the information as required by the regulations including a Garda vetting disclosure and a copy of all relevant qualifications held by the staff.

Judgment: Compliant

Regulation 16: Training and staff development

There was a very high level of compliance with mandatory and refresher training maintained by staff in this centre. The inspector reviewed a recent training record which showed that all staff were up to date with training in mandatory areas such as fire safety, safeguarding and infection prevention and control.

Staff had also completed additional training in areas including strengthening rights and were scheduled to complete communication training. Training needs were discussed at staff meetings and the inspector saw, through a review of the records of the most recent two staff meetings, that staff were encouraged to reflect on their key roles and responsibilities. This was ensuring that staff were suitably skilled to provide care in a safe manner and in line with residents' needs.

Staff were in receipt of regular support and supervision through monthly staff meetings and individual supervision meetings with the person in charge. A record of supervision meetings was maintained. The inspector reviewed this record and saw that all staff were in receipt of regular supervision.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management systems in place in the centre. The staff team reported to a person in charge who, in turn, reported to a service manager. The inspector had the opportunity to speak with two staff over the course of the day. The inspector found that these staff were knowledgeable regarding their defined roles and responsibilities and of how to escalate concerns through the management systems to the provider level.

The person in charge had sufficient management days allocated to them and had regular meetings with their service manager to review service needs. Local audits were completed frequently which were used to inform monthly data reports. These monthly data reports identified adverse incidents, staffing needs and complaints among other areas relating to the quality and safety of care.

The provider had effected six monthly unannounced audits along with an annual review of the quality and safety of care. The most recent two six-monthly audits were reviewed by the inspector. These were comprehensive and clearly detailed areas in which improvements were required to ensure regulatory compliance and to enhance the care provided. The annual review was completed in consultation with key stakeholders including the residents, their families and staff. The annual review detailed goals and actions for the coming year. Actions arising from audits were collated on an action plan.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the centre's statement of purpose on the day of inspection. The statement of purpose was readily available in the centre and contained all of the information as required by the regulations. The statement of purpose clearly detailed the services provided in the centre and the facilities available to residents.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had effected a complaints policy which had been updated within the past three years as required by the regulations. An easy-to-read complaints procedure was also readily available in the centre for residents to review.

The inspector reviewed the complaints folder and saw that there had been no complaints made within the past 12 months. The inspector asked two residents about the complaints procedure and found that the residents were well-informed regarding who to talk to if they were unhappy with an aspect of the service.

Judgment: Compliant

Quality and safety

This section of the report details the quality of the service and how safe it was for the residents who lived there. The inspector found that residents in this house were in receipt of a very good quality service which was promoting and upholding their rights. Residents were supported to have choice and control in their everyday lives and to develop their autonomy in managing their finances, medications and healthcare needs.

The premises of the centre was clean, comfortable and well-maintained. Residents each had their own bedrooms and had shared access to two shower rooms and a bathroom, a sitting room and combined kitchen and dining room. Residents showed the inspector around their house and were proud of their home and their bedrooms. The residents were seen to be comfortable in their home and used the facilities freely throughout the day. Some residents told the inspector how they did their own laundry and ironing while others received assistance from staff with this.

On a walkaround of the centre, the inspector saw that there were adequate fire risk management systems in place. The centre was fitted with equipment to detect, contain and extinguish fires. Records of the servicing of this equipment were maintained and the inspector found that residents were informed of the fire evacuation procedures.

The residents had choice in their daily routines. Some residents accessed day services regularly, while others had retired or semi-retired. The residents who had retired spoke about volunteering in the community and availing of other activities including going out for coffee or lunch and shopping. Residents were supported to maintain relationships with their family members. Some residents told the inspector about having family come to visit them in the centre, while other residents preferred to visit their families in their homes.

Staff in this centre had received training in strengthening rights and this was seen to be informing the delivery of care and support. For example, the inspector found that residents were well-informed of their rights and they told the inspector about how their rights were upheld. Residents described having choice and control in their daily lives and of being given support to understand and make decisions regarding their healthcare needs, medications and finances.

Residents were also informed of the restrictive practices in place in the centre. They told the inspector why these were required and had clearly been consulted with and given their consent to them. This consent was documented on their individual files and further oversight of the restrictive practices was provided by the provider's restrictive practices committee (PAMG).

A sample of residents' individual files and care plans were reviewed by the inspector. The inspector saw that these files and care plans were up to date and clearly reflected residents' assessed needs and their preferences in the manner of support to be delivered to meet those needs. Care plans were written in a way that detailed how residents' rights were upheld in the delivery of care. The inspector also saw that medications were stored, administered and disposed of in a safe and secure manner. The person in charge had consulted with residents regarding medication administration and had implemented care plans to support residents' autonomy in this regard.

Regulation 12: Personal possessions

Residents had their own bank accounts and debit cards and were supported to develop their autonomy in respect of their finances. Some residents chose to keep their debit cards in their possession while others preferred for their cards to be kept in a secure location by staff when not in use. Residents had been consulted with regarding the safe-keeping arrangements for their debit cards and their consent to this was documented.

Residents' financial support plans detailed steps to promote residents' independence in withdrawing and using money. The inspector saw that staff supported residents to have autonomy over their money during the inspection. For example, residents were encouraged to use keys to access their wallets from the secure location and to consider the amount of money they should withdraw for their planned activities.

The inspector reviewed the bank records maintained in respect of two residents. The inspector saw that residents used their finances to fund holidays, to go out for coffee and lunch and to buy clothes. The inspector saw that each of these two residents also had a signed contract of care on their files which detailed the fees to be paid and the services that were covered by these fees.

Judgment: Compliant

Regulation 17: Premises

Three of the residents showed the inspector around their home. The residents showed the inspector their bedrooms, the living area, kitchen, bathrooms and laundry facilities. The inspector saw that residents were comfortable in their home and were proud of it, in particular their individual bedrooms. The inspector saw that bedrooms were decorated in line with residents' personal preferences. Residents showed the inspector how their photos and possessions were carefully stored and displayed in their bedrooms. One resident was awaiting a new wardrobe. The inspector was told that this had been ordered and the resident was waiting on the delivery of the wardrobe to complete their bedroom.

Residents had access to two shower rooms upstairs and one wet room downstairs. Residents told the inspector that they were happy with the bathroom facilities and that they were accessible to them in line with their assessed needs.

Residents also showed the inspector around the kitchen and were seen using the kitchen during the day to prepare meals and hot drinks. Residents were familiar with the infection prevention and control procedures in relation to the laundry facilities. Residents showed the inspector the laundry baskets that were used and how residents' clothes were washed separately. Some residents liked to do their own laundry while others preferred to have the assistance of staff with this task.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was available in the living room of the designated centre. This was in an easy-to-read format and was reviewed by the inspector. It was found to contain all of the information as required by the regulations, including for example the facilities and services which were provided for by the designated centre.

Judgment: Compliant

Regulation 28: Fire precautions

There were effective fire safety management systems in place in the designated centre. There was suitable equipment to detect, contain and extinguish fires. Servicing records were maintained of this equipment which showed that all fire equipment was maintained in good working order.

Regular fire drills were held which included both day time and night time scenarios. Records of the last three fire drills were reviewed by the inspector. These showed that all residents could be evacuated in a timely manner. Each resident had a personal evacuation plan. The evacuation plans for each of the residents were reviewed by the inspector. They were found to have been recently updated and clearly detailed the supports required to safely evacuate all of the residents.

The inspector asked two residents about the fire evacuation procedure. The residents clearly described the steps to be taken on hearing the fire alarm and where the fire assembly point was. All staff in this centre had received and were up to date with fire safety training.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had effected appropriate procedures for receiving, storing, administering and disposing of medications required in line with the residents' assessed needs. The inspector saw that each resident's medications were stored securely and in a hygienic manner. Equipment required by residents in line with their assessed needs was also clean and well-maintained.

The inspector spoke with one staff regarding residents' medications. The staff member was familiar with residents' medication care plans and with the procedures for administering emergency medications and the procedure for blood sugar testing for another resident. The staff member spoke about how they ensured that residents' autonomy was upheld in respect of their medical needs. For example, they described how they had ensured that one resident was informed regarding their assessed medical condition and the potential impact that diet could have on this. The staff member told the inspector about how the resident could choose foods which would impact negatively on their condition however they supported the resident with their decision making and in having autonomy and control in their life.

The inspector reviewed the medication administration records maintained for two residents' medications which were administered over the course of one week in July 2024. The inspector saw that medications were administered as prescribed over the course of that week.

Residents were consulted with regarding the storage of their medications. The inspector saw that residents had consented to staff storing their medications securely and providing assistance with managing medications. An assessment of capacity to self-administer medications had been completed with the residents. The person in charge told the inspector that residents were encouraged to develop autonomy in respect of their medications but many residents chose to have staff support with this aspect of their lives.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed two of the residents' files which contained their individual assessments and care plans. These assessments and care plans had both been reviewed and updated within the past 12 months. They were informed by the resident, their family members and the multidisciplinary teams.

The individual assessments were comprehensive and assessed a wide range of needs. The assessments were used to inform care plans which provided guidance to staff in meeting residents' assessed needs. The care plans were written in a person-centred manner and detailed steps to ensure that residents' autonomy, privacy and dignity were upheld when staff were providing care and support.

Residents were consulted with and provided with education in respect of vaccinations and national screening programmes. Residents' consent to these services was documented, as were instances where residents had refused these services. One resident told the inspector about a healthcare condition for which they required support to manage. The resident was well-informed regarding their healthcare needs and of how to look after their health.

The inspector spoke to three staff over the course of the inspection and found that they were informed regarding residents' care plans and their support needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were two restrictive practices in place in the centre. These had been reviewed by the provider's restrictive practices monitoring group within the past 12 months and were deemed to continue to be required due to the risk presented by one resident's assessed needs. The impact of these restrictive practices on other residents had been considered and local operating procedures had been implemented to minimise the negative impact of the practices on the residents who did not require them.

Residents had been informed of, and consulted with, regarding the restrictive practices and their consent to have these in their home was documented. One resident told the inspector of the rationale for one of the restrictive practices and said that they did not mind this practice being in place.

Positive behaviour support plans were on some residents' files where residents required support in this area. These plans had been updated recently and detailed

proactive and reactive strategies to guide staff in supporting residents.

Judgment: Compliant

Regulation 9: Residents' rights

It was evident that this designated centre was offering a rights-informed service where staff were working proactively to strengthen residents' rights. This was seen through:

- regular consultation with and the provision of education to residents in respect of key aspects of their lives such as management of medication, finances and healthcare conditions
- staff were informed of residents' rights. Staff gave examples of how they ensured that residents had choice and control in their everyday lives
- residents and staff were informed of advocacy services and of how to access these if required
- residents told the inspector that they had choice and control in their daily lives. Residents told the inspector about how they had choice in attending day services or staying at home, or in doing daily tasks such as cooking and laundry
- regular residents' meetings were held to inform residents of the day to day running of the centre. Residents told the inspector about these meetings and of how they discussed meal planning and activity planning.
- residents were informed of the staffing arrangements and showed the inspector the visual staff roster board in the dining room.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant