

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

Issued by the Chief Inspector

Name of designated centre:	Lorcan Avenue
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Announced
Date of inspection:	26 June 2024
Centre ID:	OSV-0002373
Fieldwork ID:	MON-0035163

About the designated centre

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

Lorcan Avenue is a designated centre operated by St. Michael's House located in North County Dublin. It provides community residential care and support to six adults with an intellectual disability. The centre is a two-storey house which consists of two sitting rooms, kitchen/dining area, six individual resident bedrooms, a number of shared bathrooms, a staff room and office space. It is located close to community amenities including banks, restaurants and shops. The centre is staffed by the person in charge and social care workers. Nursing support is provided through the organisations on-call system.

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
Wednesday 26 June 2024	10:00hrs to 16:00hrs	Karen McLaughlin	Lead

What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of the designated centre, Lorcan Avenue. The inspection was carried out in response to the provider's application to renew the registration of the designated centre.

On arrival to the designated centre, the inspector was greeted by the person in charge and two staff members on duty. The inspector used observations and discussions with residents, in addition to a review of documentation and conversations with key staff, to form judgments on the residents' quality of life.

The centre comprised of a two-storey house located in a housing estate in North County Dublin. The centre was located close to many services and amenities, which were within walking distance and good access to public transport links. The centre had the capacity for a maximum of six residents, at the time of the inspection there were five residents living in the centre full-time.

The person in charge accompanied the inspector on an observational walk around of the premises. Overall, the inspector found the centre to be clean, bright, homely, nicely-furnished, and laid out to the needs of residents living there. The provider had endeavoured to make the living arrangements for residents as homely and personalised as possible throughout.

Residents had access to a range of private and communal facilities. Doors were observed to remain open throughout the course of the inspection making all communal areas accessible to all residents. There were two sitting rooms for residents use and the kitchen was busy and frequently accessed by residents throughout the day.

Residents each had their own bedroom. The inspector saw that resident bedrooms were personalised and individually decorated and furnished. Residents told the inspector that they were happy with their bedrooms. One resident invited the inspector to see their room and it was observed to be clean, spacious and laid out to suit their individual style and preference.

Residents had access to a large back garden with garden furniture. One of the upstairs bathrooms had recently been upgraded and there was sufficient storage space throughout the centre.

The person in charge and staff members on duty throughout the course of the inspection spoke about the high standard of care all residents received and had no concerns in relation to the well being of any of the residents living in the centre. Residents were observed receiving a good quality, person-centred service that was meeting their needs. Observations carried out by the inspector, feedback from residents and documentation reviewed provided suitable evidence to support this.

The inspector observed residents coming and going from their home during the day, attending day services and making plans for the evening. Staff were observed to be responsive to residents' requests and assisted residents in a respectful manner. The inspector saw that staff were kind and person-centred in their interactions with the residents and residents appeared comfortable and relaxed in their homes. Residents were being supported to partake in a variety of different leisure, occupational, and recreation activities in accordance with their interests, wishes and personal preferences. All five residents accessed day services, with two travelling independently. One resident spoke to the inspector about his job in a local supermarket when he returned from work that evening and another resident made sure dinner was served up on time and laid the table.

All residents were aware of the inspection visit and were supported to meet with and talk to the inspector. In advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre. The feedback in general was very positive, and indicated satisfaction with the service provided to them in the centre, including the premises, meals, and staff, and also noted that residents felt safe and were able to make choices and decisions in their lives.

The inspector met with and chatted to all five residents living in the centre. They spoke of a recent holiday they had gone on and about activities they do in the evening and weekends. For example, visiting a donkey sanctuary, attending musicals, going to concerts, the cinema and enjoyed eating out in local pubs and restaurants.

Residents were being supported to develop and maintain their personal relationships, for example, through visiting and keeping in contact with their family and friends by phone. One resident spoke of her experience of moving in to the designated centre and how she was supported by staff with this move.

Overall, the inspector found that residents in this centre were supported to enjoy a good quality of life which was respectful of their choices and wishes. The person in charge and staff were striving to ensure that residents lived in a supportive environment. It was clear that residents' views and wishes were listened to and that their autonomy was respected. The inspector found that this centre was meeting the requirements of the regulations in all areas looked at and was, in many instances, going beyond the requirements of the regulations to meet the national standards.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and, to contribute to the decision-making process for the renewal of the centre's registration. 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 it was in ensuring that a good quality and safe service was being provided.

Overall, the findings of this announced inspection were that residents were in receipt of a good quality and safe service, with good local governance and management supports in place.

The registered provider had implemented governance and management systems to ensure that the service provided to residents was safe, consistent, and appropriate to their needs and therefore, demonstrated that they had the capacity and capability to provide a good quality service. The centre had a clearly defined management structure, which identified lines of authority and accountability.

There was a person in charge employed in a full-time capacity, who had the necessary experience and qualifications to effectively manage the service.

There was a planned and actual roster maintained for the designated centre. Rotas were clear and showed the full name of each staff member, their role and their shift allocation. The inspector found that the provider had ensured that the number, qualifications and skill-mix of staff was suitable to meet the assessed needs of the residents.

Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents. The person in charge provided support and formal supervision to staff working in the centre.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents including annual reviews and six-monthly reports, plus a suite of audits had been carried out in the centre.

Records set out in the schedules of the regulations were made available to the inspector on the day of inspection, these were found to be accurate and up to date including an accurate and current directory of residents, residents guide and complaints log all of which were made available to the inspector on the day of inspection.

An up-to-date statement of purpose was in place which met the requirements of the regulations and accurately described the services provided in the designated centre at this time.

Overall, this inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe, person-centred and of good quality.

Regulation 14: Persons in charge

The provider had appointed a person in charge for the centre that met the requirements of Regulation 14 in relation to management experience and qualifications.

There were adequate arrangements for the oversight and operational management of the designated centre at times when the person in charge was or off-duty or absent.

Judgment: Compliant

Regulation 15: Staffing

The designated centre was staffed by suitably qualified and experienced staff to meet the assessed needs of the residents. The staffing resources in the designated centre were well managed to suit the needs and number of residents.

Planned and actual rosters were maintained in the centre which demonstrated that staffing levels were consistent with the statement of purpose. The inspector reviewed both the planned and actual rosters from April, May and June 2024 and found that these reflected the staffing arrangements in the centre.

There were no vacancies in the centre at the time of inspection and the residents were in receipt of support from a stable and consistent staff team. Residents spoke positively of the support that they received from staff.

The registered provider had ensured that they had obtained, in respect of all staff, the information and documents specified on Schedule 2 of the Health Act 2007. A sample of which had been requested by the inspector who reviewed two of the staff teams records on the day of the inspection and found them to be accurate and in order.

Judgment: Compliant

Regulation 16: Training and staff development

There was a high level of compliance with mandatory and refresher training. All staff were up-to-date in training in required areas such as safeguarding vulnerable adults, infection prevention and control, manual handling and fire safety. Staff spoken with were knowledgeable regarding their roles and responsibilities in ensuring the safety

of care.

Staff had also completed human rights training to further promote the delivery of a human rights-based service in the centre.

Staff were in receipt of regular support and supervision through monthly staff meetings and quarterly supervisions with the person in charge. Records of these meetings were maintained.

Judgment: Compliant

Regulation 19: Directory of residents

A current and up-to-date directory of residents was available in the designated centre and included all the required information specified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The registered provider had ensured the records of information and documents pertaining to staff members as specified in Schedule 2 was correct and in order.

Similarly, the sample of records viewed pertaining to Schedule 3 and 4 were correct and in order and were made available to the inspector upon request including the designated centre's statement of purpose, residents' guide and a record of all complaints made by residents or their representatives or staff concerning the operation of the centre.

Judgment: Compliant

Regulation 22: Insurance

The provider submitted a copy of their insurance along with their application to renew the centre's certificate of registration.

The inspector saw that the provider had in place a contract of insurance against injury to residents and damage to the premises of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined governance structure which identified the lines of authority and accountability within the centre and ensured the delivery of good quality care and support that was routinely monitored and evaluated.

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 centre was staffed by a stable and consistent staff team. The staff team reported to the person in charge who in turn reported to a service manager.

Audits carried out included a six monthly unannounced audit, fire safety, infection prevention and control (IPC), medication management, restrictive practices and an annual review of quality and safety.

The provider's most recent annual review of the centre had consulted with residents and their representatives. It reported that families were happy with the support that residents received, with one family member commenting that they felt very welcome and had no concerns relating to the standard of care. The consensus from the review showed that residents were generally comfortable living here and happy with the care provided. With residents saying they 'love new room', 'love going on holidays' and 'I like going out on my own to get hair and nails done.'

A review of staff meetings from March, April and May 2024 showed regular discussions on safeguarding, training, general housekeeping, medication, transport, maintenance and health and safety issues, including fire safety.

Overall, the inspector found that the overall management and governance systems in place in this centre were well established and ensured that the service provided was a safe quality service.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed on inspection and was found to meet the requirements of the Regulations and Schedule 1 and clearly set out the services provided in the centre and the governance and staffing arrangements.

The inspector found that the centre was reflective of the aims and objectives set out in the centre's statement of purpose. The inspector found that this was a centre that

ensured that residents received the care and support they required but also had a meaningful person-centred service delivered to them.

A copy was readily available to the inspector on the day of inspection.

It was also available to residents and their representatives.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents who lived in the designated centre. The inspector found that the governance and management systems had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored.

The premises was found to be designed and laid out in a manner which met residents' needs. There were adequate private and communal spaces and residents had their own bedrooms, which were being decorated in line with their tastes.

Residents were free to receive friends, family and visitors in the centre in line with their wishes. There was ample space for residents to meet with visitors should they wish to do so.

There were appropriate fire safety measures in place, including fire and smoke detection systems and fire fighting equipment. The fire panel was addressable and there was guidance displayed beside it on the different fire zones in the centre.

A residents' guide was available in the designated centre. The residents' guide was reviewed on the day of inspection and was found to contain all of the information as required by Regulation 20.

Residents were receiving appropriate care and support that was individualised and focused on their needs. Residents' individual care needs were well assessed, and appropriate supports and access to multi-disciplinary professionals were available to each resident.

The registered provider had safeguarding policies and procedures in place including guidance to ensure all residents were protected and safeguarded from all forms of abuse.

Staff had completed training in human rights and spoke to the inspector regarding the measures that they took to ensure that residents' rights were upheld. For example, planning activities and support with clothes shopping. One staff member said 'we always ask and don't assume before providing care and support and will change planned activities if the resident decides they don't want to go or engage as

planned on the day'. Staff supported residents to self-advocate and, where required, advocated on behalf of residents to ensure that they were facilitated in exercising their rights.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were in receipt of person-centred care delivered by a stable team of suitably qualified staff.

Regulation 11: Visits

Residents were free to receive visitors in line with their preferences. There were no visiting restrictions in the designated centre.

There was sufficient private space for residents to meet with visitors in the centre if they wished to do so. Residents spoke about regularly having friends and family visit them. Furthermore, the designated centre had an open door policy as mentioned in the annual review and hosted events and gatherings for the residents family members and friends throughout the year.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. The centre was maintained in a good state of repair and was clean and suitably decorated.

The registered provider had made provision for the matters as set out in Schedule 6 of the regulations.

Additional minor premises issues pertaining to wear and tear had been identified by the person in charge and reported to maintenance.

The centre had also been adapted to meet the individual needs of residents ensuring that they had appropriate space that upheld their dignity and improved their quality of life within the designated centre.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents' guide which had been made accessible and contained information relating to the service. This information included the facilities available in the centre, the terms and conditions of residency, information on the running of the centre and the complaints procedure. It was evident that there was regular residents' meetings occurring weekly within the centre.

The inspector reviewed two of the residents meetings minutes which demonstrated that residents were given the opportunity to express their views and preferences and were provided with information relating to the running of their centre, their rights, facilities available and how to access additional supports should they be dissatisfied with any aspect of their care and support.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems including fire detection, containment and fighting equipment.

There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting arrangements. The exit doors were easily opened to aid a prompt evacuation, and the fire doors closed properly when the fire alarm activated.

Following a review of servicing records maintained in the centre, the inspector found that these were all subject to regular checks and servicing with a fire specialist company.

The inspector reviewed fire safety records, including fire drill details and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances.

There was a written plan to follow in the event of a fire or emergency during the day or night. All residents had individual emergency evacuation plans in place and fire drills were being completed by staff and residents regularly.

Staff had completed mandatory fire training.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed two of the residents' files over the course of the inspection.

They were found to contain an up-to-date and comprehensive individual assessment of residents' needs. This assessment was informed by the resident, their representatives and relevant multi-disciplinary professionals.

The individual assessment informed person-centred care plans which guided staff in the delivery of care in line with residents' needs.

Care plans were written in a person-centred manner and clearly detailed steps to maintain residents' autonomy and dignity. Staff spoken with were informed regarding these care plans and residents' assessed needs.

The inspector saw that care plans were available in areas including communication, positive behaviour support, social supports, residents rights, health care and safeguarding, as per residents' assessed needs.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge were endeavouring to ensure that residents living in the centre were safe at all times and had implemented measures and systems to protect residents from abuse.

There were good arrangements, underpinned by robust policies and procedures, for the safeguarding of residents from abuse. Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns. Staff spoken with were familiar with the procedure for reporting any concerns, and safeguarding plans were prepared when required with measures to safeguard residents.

There were no current safeguarding concerns. Previous concerns had been responded to and appropriately managed. For example, safeguarding plans had been prepared with appropriate actions in place to mitigate safeguarding risks.

Safeguarding incidents were notified to the safeguarding team and to the Chief Inspector in line with regulations.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that the centre was operated in a manner which was respectful

of residents' rights.

Residents' views were obtained by staff through key-working, personal plans and house meetings to ensure their voices were heard.

Residents were supported to make their own choices in terms of meal planning, activity activation, independence with household chores such as laundry management. This was reflected in the audits as well as the daily reports and residents meetings.

Residents attended weekly residents' meetings where they planned the everyday running of the centre for the week and discussed any issues arising in the centre. In addition to the residents' meetings, they also had individual key worker meetings where they were supported to choose and plan personal goals.

Residents all contributed to the weekly menu plan and their choices were included as part of the weekly shop.

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant