



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

## Issued by the Chief Inspector

Name of designated centre:	Shanowen
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Unannounced
Date of inspection:	31 May 2023
Centre ID:	OSV-0002374
Fieldwork ID:	MON-0038698

## About the designated centre

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

Shanowen is a designated centre operated by St. Michael's House. This centre comprises of two houses and provides a full-time residential service for a maximum of six adults over the age of 18 years with intellectual disabilities. Each residential house is within a short walking distance from each other and located in a community setting in North Dublin One house is a single storey residence comprising of five bedrooms, a wheelchair accessible bathroom, a shower room, a kitchen/dining room, living room and a quiet room for five residents. The second house is a single occupancy living arrangement consisting of a bedroom, staff office, staff sleep over room, spacious kitchen dining area and living room. The centre is staffed by social care workers and managed by a full-time person in charge.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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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 31 May 2023	11:00hrs to 18:00hrs	Karen McLaughlin	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor ongoing regulatory compliance in the designated centre.

The designated centre was made up of two single storey houses in close proximity to each other in a housing estate in North Dublin, one house was home for five residents and the other for one resident. The centre was located close to many services and amenities, which were within walking distance and good access to public transport links. The designated centre has a registered capacity for six residents.

Only four residents were present at the time of the inspection in one house and the resident in the other house was away visiting family. As a result, the inspector did not get an opportunity to visit this house on this inspection however, the home had been visited on the previous inspection and was found to be maintained and furnished to a high standard and suited the assessed needs of the resident very well.

The inspector met four of residents who lived in the centre and the staff on duty, and observed the care and support interactions between residents and staff throughout the day. The person in charge was on leave at the time of the inspection but a senior staff member was present to facilitate the inspection.

The inspector observed residents coming and going from their home during the day. Staff were observed to interact warmly with residents. Staff and residents were observed talking and sharing jovial interactions throughout the inspection. Staff were observed to interact with residents in a manner which supported their assessed communication and behaviour support needs.

The inspector was shown around the house by two residents with support from staff on duty. The home was observed to be a clean and tidy, warm and comfortable environment. There had been some refurbishments and the communal areas were decorated to show residents interests for example, one resident had a guitar on the wall outside his bedroom to reflect his interest in music. However, there was some maintenance work required in the home, in particular in the bathrooms, the kitchen and outside areas.

All the bedrooms were personalised to the resident's tastes with art-work, music and DVD collections, cards, family photos and certificates of achievement on display. A portrait of each resident was displayed in the hall which encapsulated each resident's personality and likes and dislikes. For example, one portrait showed the resident playing a guitar and another showed a resident making a puzzle.

The hall had a visual board to show what staff was on shift and what staff was coming on shift. The wall in the hall also had the house floor plans clearly displayed

alongside the safeguarding statement and an outbreak management plan.

Staff spoken with said residents appeared to be happy living in the home. They said they receive lots of supports from wider management and the clinical team particularly regarding the recent changes of care needs for one resident. Staff felt they were able to utilise supports when needed and escalate concerns if necessary.

Residents were observed receiving a good quality person-centred service that was meeting their needs. They had choice and control in their daily lives and were supported by a familiar staff team who knew them well and understood their communication styles. The inspector saw that staff and resident communications were familiar and kind. Staff were observed to be responsive to residents' requests and assisted residents in a respectful manner.

When residents returned from their day services, they each came in to kitchen had tea coffee and communicated with staff about their day. One resident told the inspector that they liked living here, they were all friends and get on well together.

Another told the inspector they were going on a trip to Galway at the weekend. They said they were happy living in the centre and had no complaints.

There was a homely atmosphere throughout the house. It was one resident's birthday on the day of inspection and a small party with cake and a take away had been arranged for the evening. The inspector observed that all residents were involved and engaged with each other during the party.

One of the resident's family member called in and told the inspector it was a fantastic house and they were very happy with the quality of care their family member was receiving.

In summary, the inspector found that the residents enjoyed living here and had a good rapport with staff. The residents' overall well-being and welfare was provided to a reasonably good standard however, the premises required some upgrading in particular the bathrooms.

The next two sections of this report will 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 care in the centre.

## Capacity and capability

The purpose of this inspection was to monitor levels of compliance with the regulations. Overall, it was found during this inspection that the provider's management arrangements ensured that a good quality and safe service was

provided for the residents living in this centre.

The provider was demonstrating 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 were effective management arrangements in place that ensured the safety and quality of the service was consistently and closely monitored. The provider had completed regulatory required six-monthly unannounced visits and an annual review of quality and safety.

There were also additional quality oversight arrangements in place to monitor and review the quality of services provided within the centre such as a daily duties folder including a cleaning schedule, infection prevention control (IPC) checklist and a fire safety checklist.

There was a planned and actual roster maintained for the designated centre. A review of the rotas found that staffing levels on a day-to-day basis were generally in line with the statement of purpose. Rotas were clear and showed the full name of each staff member, their role and their shift allocation. Staffing resources had recently been increased due to the changing needs of a resident, this was regularly reviewed by the person in charge and service manager.

All staff had completed or were scheduled to complete mandatory training and refreshers within a suitable time-frame.

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.

There was a current and up-to-date directory of residents available in the designated centre.

## 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.

The person in charge was full-time in their role and had oversight solely of this designated centre which in turn ensured good operational oversight and management of the centre.

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 with staffing levels were in line with the centre's statement of purpose and the needs of its residents.

A planned and actual roster was maintained. On day of inspection additional staffing was in place to support the changing needs of one resident. This provided enhanced consistency of care for the residents and lessened the impact of changes in the house.

There was a further roster review scheduled between the person in charge and the service manager.

Judgment: Compliant

### Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained.

The provider's six monthly audit monitored and reviewed the provider's own compliance with ensuring all staff received mandatory training and refresher training to maintain their skills.

All staff had completed or were scheduled to complete mandatory training including fire safety, safeguarding, manual handling and positive behaviour support.

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 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.

Audits carried out included a six monthly unannounced audit, risk management audit, fire safety, infection prevention and control (IPC) and an annual review of quality and safety. Residents, staff and family members were all consulted in the annual review.

There was suitable local oversight and the centre was sufficiently resourced to meet the needs of all residents.

A review of monthly staff meetings showed regular discussions on all audit findings. There was a specific monthly data report compiled by management and a quality enhancement improvement plan reviewed regularly.

Judgment: Compliant

### Regulation 3: Statement of purpose

An up-to-date statement of purpose was in place which met the requirements of the regulations and schedule 1 and clearly set out the services provided in the centre and the governance and staffing arrangements.

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.

Residents' well-being and welfare was maintained by a good standard of evidence-based care and support practices. The inspector found the atmosphere in the centre to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received.

Residents' needs were assessed on an ongoing basis and there were measures in place to ensure that residents' needs were identified and adequately met. Support plans included communication needs, social and emotional well-being, safety, health and rights.

It was also found that residents were supported by staff in line with their will and preferences, and there was a person centred approach to care and support.

Residents' daily plans were individualised to support their choice in what activities they wished to engage with and to provide opportunity to experience life in their local community. Residents were known in their community and accessed facilities regularly. For example staff informed the inspector of a time one resident when he couldn't go out was visited by staff from the local shop with items he liked.

There was evidence that the designated centre was operated in a manner which was respectful of all residents' rights. Residents were observed engaging in activities together such as mealtimes and going on outings in the community. The designated centre was located in a residential area with easy access to public transport, shops and community facilities such as a cinema nearby.

The premises was found to be designed and laid out in a manner which met residents' needs. There was adequate private and communal spaces and residents had their own bedrooms, which were being decorated in line with their tastes. However, improvements were required particularly to the bathrooms in relation to the infection precautions and control, to ensure that the service was safe and of a good quality.

The inspector observed good fire safety systems including fire detection, containment and fighting equipment. The exit doors were easily opened to aid a prompt evacuation, and the fire doors closed properly when the fire alarm activated. The fire panel was addressable and there was guidance displayed beside it on the different fire zones in the centre.

Positive behaviour support plans were developed for residents where required. The plans were up-to-date and readily available for staff to follow. Staff had also completed training in positive behaviour support to support them in responding to behaviours of concern.

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.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were receiving a safe and quality service.

### Regulation 13: General welfare and development

There was evidence that the centre was operated in a manner which was respectful of residents' needs, rights and choices which in turn supported each residents' welfare and self-development. One resident was involved in a consultation research project on human rights and future service planning

All residents attended a day service and had access to transport and the community when they wanted. They were supported to access activities pertaining to their own likes and dislikes such as attending community activities and going on holidays.

Staff were aware of how residents communicated through alternative methods, and were seen to understand residents' expressions and respond to them using Lamh signs to help them to understand. One resident was supported to make choices through touch by tapping one hand for yes and the other for no.

Judgment: Compliant

### Regulation 17: Premises

Overall, the premises was homely and suitable to meet the assessed needs of residents. There was adequate private and communal accommodation for the residents, including two sitting rooms and a kitchen/dining area. The kitchen/dining area on the day of inspection was observed to be the main hub of activity in the house, with residents choosing to spend most of their leisure time here.

However, some repair works and improvements were required:

- One of the two bathrooms was small and not of a suitable size or layout to meet residents' needs.
- The main bathroom required a full overhaul, with the flooring was separating and lifting in parts. Rust was observed on the radiators and the hand rail in the shower and at the toilet. Furthermore, a shower room was not in use at time of inspection and was instead being used as storage.
- There were plans in place to develop the outdoor garden area with a pull over canopy so that residents could enjoy the space safely. However, access to the garden through the newly installed patio style doors was not available because the step up/down was too steep for safe access. The provider had identified this through their own audits and funding for a ramp has been requested.
- The laminate on the kitchen counter was chipped and the press for the fridge

was chipped and as a result could not be cleaned effectively.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

The registered provider had prepared comprehensive policies and procedures on infection prevention and control, and staff in the centre also had access to public health guidance.

The person in charge had completed COVID-19 risk assessments, and developed a COVID-19 plan to be followed in the event of a suspected or confirmed case. There was adequate hand washing facilities, and supply of personal protective equipment (PPE), as well as the provision of hand sanitiser in each room/area.

While the registered provider had implemented measures and precautions to protect residents against the risk of infection, there was areas on the premises that required improvement to mitigate against the risk of infection and exposure. The main bathroom required upgrades and improvements in order to promote good IPC arrangements for example, the flooring separating and lifting in some areas causing build-up of dirt and moisture and there was the presence of rust on a number of fixtures.

The counter in the kitchen was chipped and could not ensure it was cleaned properly as a result. A new fridge freezer had been order and the provider had identified through their own audit that the wooden casing around the fridge was chipped and needed replacing.

A recent IPC audit by the provider had identified these areas of concern.

Judgment: Substantially 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 fire panel was addressable and there was guidance displayed beside it on the different fire zones in the centre.

The exit doors were easily opened to aid a prompt evacuation, and the fire doors

closed properly when the fire alarm activated.

In person, site specific fire safety training took place in January 2023. A recent night-time evacuation was simulated and the findings were shared with the providers fire officer and fully reviewed.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

There were suitable care and support arrangements in place to meet residents' assessed needs.

A sample of residents' files were reviewed and it was found that comprehensive assessments of need and support plans were in place for these residents.

Easy read documents were included for each resident's assessment of need and they were consulted in all goal setting.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The person in charge had ensured, where residents required positive behaviour support, appropriate and comprehensive arrangements were in place. Clearly documented de-escalation strategies were incorporated as part of residents' behaviour support planning. All staff had completed positive behaviour support training.

Restrictive practices in use at time of inspection were being reviewed with a view to remove because they were no longer required due to the transition of one resident from the service.

Judgment: Compliant

### Regulation 8: Protection

A review of safeguarding arrangements noted, for the most part, residents were protected from the risk of abuse by the provider's implementation of National safeguarding policies and procedures in the centre.

The provider had ensured staff were trained in adult safeguarding policies and procedures.

Furthermore safeguarding was discussed regularly at staff meetings and guidance given about what actions to take in the event of a case of suspected abuse.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Shanowen OSV-0002374

Inspection ID: MON-0038698

Date of inspection: 31/05/2023

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:            In regards to the small bathroom, The Person in Charge has applied for an updated OT assessment report to be submitted with the Adaption Grant application to Dublin City Council (DCC). Pending DCC grant approval, the necessary works will be completed to allow room for staff to assist residents with personal care. OT are calling to the designated centre on 13th July 2023 to assess the bathroom and complete the OT report for the DCC adaption Grant. The DCC adaption Grant Application will be submitted on receipt of the OT report .</p> <p>The Person in Charge has applied to our Technical Services Dept. to replace the Altro flooring in the main bathroom, and quotes are being sought for this work. An external flooring provider are scheduled to assess and quote the job. OT are calling to the designated centre on 13th July to assess the grab rails and make recommendations on replacments. Technical services are scheduled to replace rusted radiator and rusted handrails in the shower and at the toilet post OT recommendation. The second shower room is no longer used for storage, and it is being used for showers again.</p> <p>The provider has put the works needed to install a new wheelchair ramp on the schedule of works for St. Michael’s House. OT are calling to the designated centre on 13th July to assess ramp specifactions and complete OT report for the DCC adaption Grant. the DCC Adaption Grant Application will be submitted on receipt of the OT report. Pending DCC grant approval, the necessary works will be completed to allow residents to access their back garden safely.</p> <p>The chipped press in the kitchen has been replaced and a new fridge and freezer has been purchased and installed.</p> <p>The Person in Charge has requested that the damaged laminate countertop in the kitchen be replaced. An external carpentry provider are scheduled to assess and quote the job.</p>	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>In regards to the main bathroom, The Person in Charge has applied to our Technical Services Dept. to replace the Altro flooring in the main bathroom, and quotes are being sought for this work. An external flooring provider are scheduled to assess and quote the job. OT are calling to the designated centre on 13th July to assess the grab rails and make recommendations on replacments. Technical services are scheduled to replace rusted radiator and rusted handrails in the shower and at the toilet post OT recommendation. The second shower room is no longer used for storage, and it is being used for showers again</p> <p>The Person in Charge has requested that our Technical Services Department replace the damaged kitchen countertop. An external carpentry provider is scheduled to assess and quote the job.</p> <p>The fridge and freezer have been replaced with new appliances (27.06.23). The damaged press holding the refrigerator has been replaced (27.06.23</p>	

## 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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/10/2023
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is	Substantially Compliant	Yellow	31/12/2024

	accessible to all.			
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	31/10/2023