



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

Issued by the Chief Inspector

Name of designated centre:	Kennington
Name of provider:	St Michael's House
Address of centre:	Dublin 6w
Type of inspection:	Short Notice Announced
Date of inspection:	15 June 2021
Centre ID:	OSV-0002405
Fieldwork ID:	MON-0033117

About the designated centre

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

Kennington is a designated centre operated by Saint Michael's House located in South Dublin. It provides community residential care to six adults with an intellectual disability. Residents with additional physical or sensory support need can be accommodated in Kennington. Kennington can support residents with additional support needs such as alternative communication needs, specialist diet and nutrition programmes and residents with well managed health conditions such as epilepsy or diabetes. The centre can also support people with a dual diagnosis of intellectual disability and mental health.

The centre is a two-storey comprises two sitting rooms, a kitchen/dining room, two bathrooms, utility room and seven bedrooms of which six are used by residents. The centre's seventh bedroom is used as an office and for staff overnight accommodation. The centre has a back patio garden area which includes a seating area and outside storage facilities. The centre is staffed by a full-time person in charge and a team of social care workers (6.5 Whole time equivalent staff members). In addition, the provider has arrangements in place to provide if required, management and nursing support outside of office hours and at weekends.

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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 15 June 2021	10:15hrs to 16:00hrs	Louise Renwick	Lead

What residents told us and what inspectors observed

In line with infection prevention and control guidelines, the inspector carried out the inspection mostly from a room located within the designated centre. Inspectors ensured physical distancing measures and use of personal protective equipment (PPE) was implemented throughout the course of the inspection and during interactions with residents and staff. The inspector met all four residents who lived in the designated centre throughout the day.

Residents were involved in the running of their home, and were seen to answer the telephone and door themselves, and determine the plans for the day ahead. On arrival to the designated centre, the inspector saw some residents peeling vegetables in preparation for their meal later in the day, and other residents were doing chores and tasks around their home.

Some residents were heading out for a trip to a farm later in the morning, and were organising their belongings and money prior to leaving. Residents were seen to be involved in decisions around their day and the supports they required. For example, determining how much money they wished to bring, and deciding for themselves the appropriate clothing and belongings for their trip.

Residents liked where they lived, and told the inspector they liked their home. There were two sitting rooms for residents to use, a kitchen and dining room, utility room, outdoor patio seating area, a bathroom, shower room/ wet room, wash closet and individual bedrooms for residents. The front garden had a ramp entrance and hand rails to support access. While the designated centre was well laid out, homely and comfortable for residents, some areas required further attention to ensure it was kept in a good state of repair and decoration. For example, some of the radiators were rusty, some walls were scuffed with marks, and bathroom floors required a deeper clean and repair in parts.

Some residents showed the inspector their bedroom, and the items that were important to them. For example, one resident had recently moved rooms and had redecorated the room to suit their tastes. Residents had televisions in their room, if they wished and suitable space for storing their clothing and belongings.

Some residents had recently returned to work during the week, and using public transport independently. Residents had been supported to gain knowledge and understanding of the precautions they can take in public to protect themselves from the risk of infection.

Residents told the inspector about their plans for the summer, and how they were looking forward to some holidays breaks away in Ireland soon, and the opportunity to visit family members who live in different counties. Residents had been supported to maintain links with their friends throughout the national restrictions, through

video calls, telephone or meeting friends locally outdoors for a walk.

Residents were supported to stay healthy, and attend any health appointments or follow-up appointments. Information on the purpose of appointments was explained to residents before attending. Records of health risks or needs were well maintained, and evidence of good communication between allied health professionals, families and staff in the centre. Residents who smoked, were encouraged to try alternatives, and were supported to manage their time and smoking in a way that was supporting them to reduce intake.

Residents told the inspector that they knew their neighbours close by, and had known some for many years which they seemed to like.

Residents told the inspector about the different ways that they had celebrated events, such as milestone birthdays during the national restrictions, and showed the inspector photographs on their tablet devices.

Interactions between residents and staff were familiar, relaxed and joyful, and it was evident that residents had a good relationship with the staff members that support them. Residents told the inspector that they liked the designated centre, and it was very much their home. Residents said that they liked the staff team, and could talk to them about anything that was bothering them.

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.

Capacity and capability

The provider and person in charge demonstrated that they had the capacity and capability to operate the designated centre in a manner that ensured residents were safe, and receiving a good quality service that met their individual and collective needs.

The provider had ensured there were effective leadership and oversight arrangements in place in the designated centre. The provider had appointed a full-time person in charge. The person in charge reported to a services manager, who in turn reported to a Director of Services. Along with a clear management structure for lines of reporting and responsibility, there were effective oversight systems in place. For example, the person in charge reported monthly to the services manager on areas such as adverse events, compliments or complaints or risks.

There were established lines of escalation and information to ensure the provider was aware of how the centre was operated and if it was delivering a good quality service. There had been unannounced visits completed, on behalf of the provider on

a six month basis, along with an annual review on the quality and safety of care. The provider had altered the manner in which they conducted their unannounced visits, to respect national restrictions and visitor guidance.

There was a stable and consistent staff team identified to work in the designated centre and rosters were maintained to demonstrate the planned and actual hours worked. Residents told the inspector that they knew the staff team very well, and they felt they were supportive of their needs. The person in charge arranged regular staff meetings, to discuss key areas of care and support and the operation of the centre. Similarly, residents attended regular house meetings where they made plans about the centre, agree meals for the week ahead and talked about things they wished to raise or discuss with their peers or the staff team.

Staff were qualified in social care or other care professions, and were provided with routine and refresher training to ensure they had the skills required to meet the needs of residents. There was oversight of the training needs of staff, and training needs were identified in advance and planned for by the person in charge.

The provider and person in charge demonstrated that they had effective governance systems and resources in place to deliver a good standard of care and support to residents living in the designated centre. Overall, this inspection found compliance with the regulations inspected with some minor improvements required in respect of the upkeep of the premises and the details within the written statement of purpose.

Regulation 15: Staffing

The staffing resources in the designated centre were well managed to suit the needs and number of residents. Residents were afforded with staff support from familiar staff who knew them well.

Staff working in the designated centre were suitably qualified to deliver services in line with the written statement of purpose.

The person in charge maintained a planned and actual staff roster for the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training. The person in charge had oversight systems in place to identify any training needs of the staff team, to ensure refresher training was made available in a timely manner.

There was a system in place for formal supervision of individual staff members and staff team meetings were held regularly.

Information on the Health Act (2007) as amended, regulations and standards, along with guidance documents on best practice were available in the designated centre.

Judgment: Compliant

Regulation 21: Records

Records were maintained in line best practice and the regulations. Any personal information regarding residents was stored securely in a manner that upheld their privacy.

Judgment: Compliant

Regulation 23: Governance and management

The provider had put in place a management structure in the designated centre, with clear lines of reporting and responsibility.

There was effective oversight arrangements and monitoring systems in place, and pathways for information and escalation from the person in charge to the provider. For example, through monthly information reviews with the services manager.

The provider had completed unannounced visits to the centre on a six monthly basis, and had completed an Annual Review of the quality of care and support.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written statement of purpose which was a clear reflection of the services and facilities on offer. The staffing arrangements and care and supports noted in the written statement of purpose, were a clear reflection of the findings and observations on the day of inspection. Improvements were required to ensure the written document included a narrative or floor plan description of the premises.

Judgment: Substantially compliant

Quality and safety

This inspection found that the provider and person in charge were operating the centre in a manner that ensured residents were in receipt of a service that was person-centred, was very much a part of the local community and offered a comfortable and homely place to live.

Despite national restrictions, and the closure of external day services for some residents, the staff team in the designated centre were ensuring residents could engage in meaningful activities and had choice and control over their daily lives. For example, some residents showed the inspector their tablet device that they used to connect with friends and family, and to attend online activities such as art and crafts. Other residents had been supported to stay connected to their employment during national restrictions, and had begun to attend for work again in recent weeks.

Residents were provided with a homely place to live with multiple communal spaces, outside seating and back garden, individual bedrooms for residents and sufficient number and type of toileting and washing facilities. The designated centre was located in a quiet estate, close to local amenities and community facilities. The centre was close to local bus routes and transports routes in and out of the city centre. As mentioned, some minor improvements were required to the care and upkeep of the designated centre, which would further enhance the premises for residents.

The centre was managed in a way that identified and promoted residents' good health, personal development and well-being. Residents' needs were noted and assessed in a comprehensive manner using an assessment tool implemented by the provider. Based on these assessments, personal plans or care plans were written up to outline how each individual need would be met and supported. Residents had access to their own General Practitioner (GP) and allied health professionals, and were supported to keep healthy through attending regular health appointments, follow-up appointments or adopting the advice of health professionals.

Residents told the inspector the designated centre was very much their home, and they liked living there. Residents felt they could talk to staff about anything that was bothering them. Residents appeared relaxed and happy in their home. There were policies, procedures and pathways in place to identify and respond to any safeguarding concerns or risks, and staff had received training in safeguarding vulnerable adults. Safeguarding plans were put in place, where required to promote residents' safety.

Residents' health and safety was promoted through effective risk management policies and procedures, emergency planning and incident recording and management systems. The person in charge reviewed all incidents or adverse

events and took action to prevent incidents from occurring again.

Residents were protected against the risk of fire in the designated centre, through fire safety systems and local procedures, and residents knew what to do in the event of an emergency.

The provider had also ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19 through formal risk assessments. Personal protective equipment was available along with hand-washing facilities and hand sanitiser and staff were observed to use these throughout the day. Each staff member and resident had their temperature checked daily as a further precaution. The provider had plans and facilities in place, should a resident require self-isolation.

Overall, this inspection found that residents were receiving a service that was promoting their independence and was meeting their individual and collective needs.

Regulation 13: General welfare and development

Residents were provided with appropriate care and support in line with their individual needs and wishes.

Residents were supported to remain active and occupied during national restrictions, with staff ensuring residents had access to online groups and learning and meaningful activities to take part in.

Judgment: Compliant

Regulation 17: Premises

The designated centre was designed and laid out to meet the aims and objectives of the service. The provider had made arrangements for the matters in Schedule 6 to be in place. For example, adequate private and communal accommodation, suitable storage, and facilities for residents to launder their own clothes.

The premises were homely and comfortable, but some areas required further cleaning, or minor decorative works to keep them in good condition. For example, deep cleaning of bathroom floors, repair of rust on radiators, scuff marks on walls and doors, removal of leaves and debris in garden areas.

Judgment: Substantially compliant

Regulation 25: Temporary absence, transition and discharge of residents

This inspection found that any discharges from the designated centre had been done in a planned and safe manner. Arrangements for discharge were discussed, planned for and agreed with residents involved and decisions were made based on residents' assessed needs.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents' safety was promoted through effective risk management systems in the designated centre. For example, there was a policy in place outlining how risks were identified, assessed, managed and reviewed and the person in charge maintained a risk register of known personal and environmental risks.

The provider had written plans in place to follow in the event of an emergency. For example, if there was a flood, or loss of power.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had put in place procedures for the management of the risk of infections in the designated centre, which were guided by public health guidance and national standards. The risk of COVID-19 was assessed and reviewed regularly, and the provider had plans in place to support residents to isolate if they were required to.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety systems in place in the designated centre. For example, a fire detection and alarm system, emergency lighting system, fire containment measures and fire fighting equipment. There was a written plan to follow in the event of a fire or emergency during the day or night, and fire drills had taken place on a routine

basis in the designated centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a system in place to assess and plan for residents' needs and these documents were reviewed regularly. Residents had written personal plans in place outlining the supports they required. Residents' wishes and aspirations had been reviewed, and plans put in place to support residents to achieve them.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with appropriate health care as outlined in their personal plans.

Residents had access to their own general practitioner along with access to allied health professionals through referral to the primary care team, or to allied health professionals made available by the provider.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured there were policies, procedures in place to identify, report and respond to safeguarding concerns in the designated centre. The person in charge was aware of their responsibilities in this regard and staff had received training in the protection of vulnerable adults.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Kennington OSV-0002405

Inspection ID: MON-0033117

Date of inspection: 15/06/2021

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 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The person in charge will ensure the Statement of Purpose in the designated centre will include floor plans and this will be available for review on the day of inspection.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>(A) The Person in Charge reviewed the cleaning schedule on the 16/07/2021 and additional to the daily cleaning of the bathroom floors the PIC has included deep cleaning of all bathroom floors twice weekly.</p> <p>(B) Decorative work will be undertaken when the efficiency works has been completed. As discussed with residents at the house meeting on the 01/06/2021 this will include painting of all communal areas and replacement of radiators that have rust on them. This work will completed by the end of 2021. The residents will be involved with choosing new furniture for both sitting rooms this will be completed by end of 2021. Contact made with technical services re regular maintenance of front and back garden. Gardeners will call to Kennington once a month to maintain the grass area. Staff will also request by email if the area needs to be maintained sooner.</p> <p>(C) St. Michaels House Housing Association has included Kennington in the grant aided efficiency works. Meeting held on the 16/07/2021 to discuss the insulation work that will be completed. The plan is for this work to commence 01/09/2021. The over all aim is to increase the BER rating from a D1 to A3.</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)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/12/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	16/06/2021