



Report of an inspection of a Designated Centre for Disabilities (Children)

Issued by the Chief Inspector

Name of designated centre:	Lar Foley House
Name of provider:	St Michael's House
Address of centre:	Dublin 13
Type of inspection:	Announced
Date of inspection:	16 September 2019
Centre ID:	OSV-0002339
Fieldwork ID:	MON-0022661

About the designated centre

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

Lar Foley House is a community based residential centre for up to seven children with disabilities operated by St. Michael's House. The designated centre is located in North Dublin in a suburban area. The centre comprises a two-storey building, with five bedrooms on the ground level, and a two bedroom self-contained apartment on the upper level. It provides full-time care to children and young people aged 18 years and younger. A team of staff nurses and support staff provide care and support to young people with intellectual disabilities, and can support residents with physical disabilities and complex health care needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

5

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
16 September 2019	10:00hrs to 18:30hrs	Amy McGrath	Lead

Views of people who use the service

The inspector met with the children and young people who live in the centre, and observed them in their home throughout the day. Residents communicated with the inspector with staff assistance, and some residents used communication aids.

Residents appeared to be comfortable and relaxed in their home. The inspector observed some residents moving from room to room independently using mobility aids, making choices about how to spend their time. The premises was well designed and laid out to meet residents needs, and the inspector saw residents using the sensory room, watching television in a large living room, and baking in the kitchen. Residents had use of various assistive devices to fully utilise their home.

It was observed that residents needs were well understood by the staff team, who utilised various forms of communication techniques to support residents in making their needs known. Children were supported with daily tasks, and had their presenting needs met in a responsive and caring manner. For example, the inspector observed residents receiving medication, during which staff sought assurance and consent throughout. Other care practices, such as assistance with feeding or health care, were carried out with enthusiastic conversation and encouragement.

The inspector met with one young person who was preparing to go on an activity in the community. This young person was observed communicating their preferences to staff, and directing the plans for their day.

The inspector noted that residents rooms were decorated in accordance with their individual preferences, with pictures of family members and friends.

Capacity and capability

The provider demonstrated that they had the capacity and capability to operate a service that was of good quality and effectively monitored. The governance and management arrangements had ensured that residents received a service that was safe, person-centred, and responsive to their needs. The inspector found that the service was appropriately resourced to meet the assessed needs of residents. There was some action required in relation to the statement of purpose, and this was corrected by the person in charge on the day of inspection.

There was a clear management structure in place, with defined roles and responsibilities. The centre was managed by a full time person in charge, who was supported in this role by a clinical nurse manager (CNM). The person in charge

demonstrated a clear understanding of their responsibilities, and this was evidenced in high levels of compliance throughout the regulations inspected against.

There was a range of internal audits and reviews in place to monitor the quality and safety of the service, such as medication audits and financial audits. The provider had carried out six-monthly unannounced visits to the centre, which generated a report on the quality of care, and these informed an annual review. It was found that these systems were effective in monitoring the safety and quality of the service.

The provider had ensured that the centre was adequately resourced, and there were appropriate facilities and services available to meet the needs of residents. The inspector found that residents complex needs were promptly and professionally met, and that the systems in place facilitated person-centred care with a comprehensive and inter-agency approach.

There were enough staff, with suitable skills, qualifications and experience to meet the needs of residents. Nursing care was provided to children in accordance with the statement of purpose, and a review of staff files found that nurses were appropriately registered. There was a planned and actual roster maintained, and while there were a number of staff vacancies, there were appropriate contingency arrangements in place to ensure that residents received continuity of care, and that their needs were met in a safe and timely manner. The provider had ensured that the information and documents specified in Schedule 2, were maintained and available, for example, Garda Síochána vetting reports and employment references.

There were arrangements in place to evaluate the training and development needs of staff. The provider had made training courses available to staff, and a review of training records found that all staff had received training in areas deemed mandatory by the provider, such as safeguarding, Children's First, and fire safety. Staff who were responsible for administering medicine had received appropriate training. Staff had also engaged in training specific to residents needs, such as wheelchair clamping and epilepsy. Staff nurses were engaged in a programme of continuous professional development, and some had received additional clinical training.

Regulation 15: Staffing

There were sufficient staff, with appropriate skills and qualifications to meet the assessed needs of residents. The information pertaining to staff required by Schedule 2 of the regulations was available.

Judgment: Compliant

Regulation 16: Training and staff development

The training and development needs of staff was assessed, and appropriate training made available. Staff had all received training determined by the provider to be mandatory.

Judgment: Compliant

Regulation 22: Insurance

There was appropriate insurance in place against risks in the centre, including building and contents, and injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There were management systems in place that ensured the service provided was safe, appropriate to residents' needs, and consistently monitored. The centre was sufficiently resourced to meet the needs of residents.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available, that contained most of the information required as per Schedule 1 of the regulations, however some information was inaccurate, such as the whole-time equivalent of staff, and the criteria for admission.

Judgment: Substantially compliant

Quality and safety

The governance and management systems had facilitated the delivery of high quality, safe and responsive care to residents. The person in charge and staff spoken with demonstrated knowledge of residents needs and preferences, and care and support was delivered in a professional and caring manner. The

management arrangements and practices in the centre had promoted the personal development of each resident, and ensured maximum participation in accordance with their abilities and preferences. Effective and consistent monitoring had developed an ethos of quality enhancement, and a high level of compliance was found in most regulations inspected against. Some improvement was required in the recording and documentation of risk management, however this did not have a negative impact on residents.

The health, personal and social care needs of residents had been comprehensively assessed, on at least an annual basis, and there were care plans in place for identified needs. Care plans were developed with maximum participation of the resident, with input from family members and other agencies involved in supporting each child. The inspector found that care plans comprehensively guided the delivery of care and support to children, and were effectively reviewed and evaluated. The provider had ensured that the arrangements and facilities necessary to meet the assessed needs of residents were available.

Residents health care needs had been subject to comprehensive assessment, by an appropriate health care professional. Residents had access to a general practitioner, and a range of allied health care professionals. The staff team was appropriately skilled and qualified to meet the nursing care needs of residents, and facilitated the implementation of recommendations from specialists, where necessary. There were care plans in place for any identified health care need, which supported the delivery of safe and effective health care support.

The provider had developed a policy on safeguarding residents, and the inspector found that residents were protected from the risk of abuse. All staff had received training in safeguarding, including Children's First training, and were knowledgeable of their roles and responsibilities in safeguarding children and young people. There were clear reporting systems in place, and any potential safeguarding concern was appropriately investigated and reporting to relevant statutory agencies. There were no safeguarding concerns at the time of inspection.

Residents individual communication requirements were assessed and documented in care plans. The inspector found that staff were knowledgeable of residents communication needs and that there were systems in place to ensure that these were met. Some residents used assistive devices or equipment to support communication, and these were available and utilised. There were plans in place to develop and enhance residents communication skills.

Residents were engaged in programmes of education and development, and personal plans included educational goals and targets. There were opportunities to engage in a range of activities in accordance with residents' abilities and preferences. There were facilities and opportunities for children to play; there was a large garden and playground with suitable equipment for all children to engage in play, and there was an abundance of games and toys throughout the premises. There was sufficient space for residents to avail of opportunities to be alone, and there was a well equipped sensory room available for residents use, which the

inspector observed in use on the day of inspection.

The inspector found that the premises was well maintained, and in a good state of repair. The two storey building was comprised of a ground floor house with five bedrooms, and an upper level self contained two-bedroom apartment. The design and layout of the centre was appropriate to meet the needs of residents, was in line with the statement of purpose, and promoted residents' safety, independence and well-being. Residents had access to the necessary equipment to enhance their comfort and promote accessibility, and there were systems in place to ensure that equipment was maintained and serviced as required. There was adequate communal and private space for all residents, and a large outdoor area for play and recreation. Residents personal spaces were decorated according to their own tastes and interests, and the centre itself was decorated in a homely manner. There was suitable space for children to receive visitors.

There were systems in place to manage risk, including an organisational policy and procedures. Potential risks were subject to a risk assessment, with identified control measures in place. Risks were recorded on a centre risk register and this was subject to scheduled review. The inspector found that there were suitable measures in place to manage risk, although improvement was required to ensure that all control measures in place were recorded appropriately. For example, it was found that the risk assessment for one resident in relation to risks associated with behaviour management did not include the residents positive behaviour support plan as a control measure. While it was observed that the support plan was utilised to good effect in managing this risk, this important control measure was not included within the risk management process. Improvement was required to ensure that risk assessments were reflective of the arrangements in place, to facilitate and enhance review.

The provider had implemented appropriate measures to protect staff and residents from the risk of fire. There were personal evacuation plans developed for each resident, and these plans were updated based on learning from evacuation drills. There were fire safety systems in place, including a fire alarm and fire fighting equipment which were serviced as required. There were suitable containment measures in place, and adequate means of escape, including emergency lighting. Staff had received training in fire safety management and evacuation.

Residents had access to a pharmacist, and the handling of medicines, including controlled drugs, were found to be safe and in accordance with the providers own policy. There were accurate prescription records maintained, and medicines were securely stored. Staff who administered medicines were appropriately trained to do so. Accurate record keeping had ensured that medication errors were identified promptly, and learning from incidents informed change where appropriate. A review of administration records found that medicine was administered as prescribed, with the maximum participation of residents. There were auditing systems in place, and suitable arrangements for the disposal of unused medication.

Regulation 10: Communication

Residents were supported to communicate in accordance with their needs and abilities. Residents had access to appropriate media, and necessary assistive equipment.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to facilities for education, recreation and personal development. Children and young people were provided with age appropriate opportunities to play.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the premises were in line with the statement of purpose, and was suitable to meet the needs of all residents. The physical environment was clean, in a state of good repair, and had been designed to ensure maximum accessibility.

Judgment: Compliant

Regulation 26: Risk management procedures

There were arrangements in place to manage risk, including a risk register and risk assessments. While risk was well managed, there was some improvement required to ensure that risk assessments accurately reflected the control measures in place.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were suitable arrangements in place to protect residents and staff from the

risk of fire, including adequate means of escape, fire-fighting equipment, and emergency evacuation procedures.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents had access to a pharmacist, and there were appropriate systems in place to ensure medicines were safely stored and administered as prescribed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a comprehensive assessment of need carried out on admission, and updated on at least an annual basis. Personal plans were developed based on identified needs, and these were subject to regular review and evaluation by a multi-disciplinary team.

Judgment: Compliant

Regulation 6: Health care

Appropriate health care was made available for each resident, in accordance with their personal plans. Each resident had access to a range of allied health care professionals.

Judgment: Compliant

Regulation 8: Protection

There were appropriate arrangements in place to ensure children were protected from risk of harm or abuse. Staff were suitably trained in safeguarding, and all potential safeguarding concerns were investigated and reported to statutory agencies as outlined in the providers own policy.

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
Views of people who use the service	
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Lar Foley House OSV-0002339

Inspection ID: MON-0022661

Date of inspection: 16/09/2019

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
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of Purpose has been reviewed and amended. Amendments made included the insertion of whole time equivalent staff and criteria for admissions.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Risks assessments have been reviewed and amended as appropriate.	

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	07/11/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	15/09/2019