Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Name of designated centre:	New Cabra Road
Name of provider:	St Michael's House
Address of centre:	Dublin 7
Type of inspection:	Announced
Date of inspection:	08 January 2019
Centre ID:	OSV-0002345
Fieldwork ID:	MON-0022455

About the designated centre

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

The designated centre is located in a suburban area in Dublin city and is operated by St Michael's House. It provides community residential services to six male residents over the age of 18. The centre is a terraced three story house which consists of a living room, kitchen/dining area, sun room, a staff sleep over room/office, two bathrooms and six individual bedrooms. There was an enclosed garden and utility room/garage to the rear of the centre. The centre is located close to amenities such as shops, cafes, public transport and banks. The centre is staffed by a person in charge and social care workers. Staff have access to nursing support through a nurse on call service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

How we inspect

To prepare for this inspection the inspector or 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
08 January 2019	10:15hrs to 17:30hrs	Conan O'Hara	Lead
08 January 2019	10:15hrs to 17:30hrs	Ann-Marie O'Neill	Support

Views of people who use the service

The inspectors had the opportunity to meet and spend time with six of the residents during the inspection. A number of residents who spoke with the inspectors described how they like to spend their time and what it was like to live in the centre. In addition, feedback on the quality and safety of the service were taken from a review of questionnaires completed by the residents.

Overall, the residents view of the service and support they received was positive. Throughout the inspection, inspectors observed that residents appeared relaxed and comfortable in their home. In addition, positive interactions were observed between residents and staff.

Capacity and capability

Overall, from speaking with residents and staff and reviewing documentation, inspectors were assured that there were effective management systems in place to deliver a safe service.

There was a clearly defined management structure with identified lines of authority and accountability. The centre was managed by a suitably qualified and experienced person in charge who demonstrated good knowledge of the residents. The person in charge was employed on a full time basis, worked directly with the residents and had administration time of one day a week. There were a number of quality assurance audits in place to ensure the service provide was safe, effectively monitored and appropriate to residents' needs. These included a Quality Enhancement Plan, Annual Review 2018 and the six monthly unannounced provider visits. The audits identified areas for improvement and there was evidence of self-identified issues being addressed.

The centre maintained a planned and actual roster. The inspectors reviewed a sample of the rosters and found that, on the day of the inspection, there was sufficient staffing levels in the centre to meet the assessed needs of the residents. The rosters reviewed demonstrated that staffing levels were organised and amended to meet the needs of the residents. In addition, due to the older profile of the residents, the centre manager informed inspectors that the provider was reviewing staffing resources to assess and ensure that appropriate staffing levels and skill mix were in place to meet any change in the needs of the residents. Throughout the inspection, inspectors observed staff treating and speaking with residents in a dignified and caring manner.

A sample of staff training records were reviewed and inspectors found that staff had up-to-date mandatory training. A training needs analysis had been completed and refresher training was scheduled as required. This meant that staff were suitably

trained to support the assessed needs of the residents.

The service being delivered to residents was observed to be in keeping with the centre's current statement of purpose dated January 2019. The statement of purpose contained all of the information as required by Schedule 1 of the regulations.

The inspectors reviewed a sample of incidents and accidents and found that they were notified to the Office of the Chief Inspector as required by the regulations.

The previous inspection identified a number of polices required under Schedule 5 of the regulations were not in place in the centre. This had been addressed and the inspectors found that these policies were in place in the centre and up-to-date.

Regulation 14: Persons in charge

The person in charge was employed on a full time basis and had the relevant qualifications, skills and experience to fulfill the role. The person in charge demonstrated good knowledge of the residents.

Judgment: Compliant

Regulation 15: Staffing

At the time of the inspection, there was sufficient staffing levels in the centre to meet the assessed needs of the residents. Throughout the inspection, inspectors observed staff treating and speaking with residents in a dignified and caring manner.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training in line residents needs. A training needs analysis was completed and refresher training was scheduled.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place in the designated centre. Quality assurance audits including a six monthly provider visit and annual report which identified areas for improvement were completed.

Judgment: Compliant

Regulation 3: Statement of purpose

The service being delivered to residents was observed to be in keeping with the centre's current statement of purpose dated January 2019. The statement of purpose contained all of the information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were notified to the Office of the Chief Inspector as required by the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The previous inspection identified a number of polices required under Schedule 5 of the regulations which were not in place in the centre. These policies were now in place and up-to-date.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that the quality and safety of the service provided to the residents was good. However, improvements were required in fire safety management and risk management.

The inspectors completed a walk-through of the centre and found that the house was homely. The centre is a terraced three story house which consists of a living room, kitchen/dining area, sun room, a staff sleep over room/office and six individual bedrooms. There was an enclosed garden and utility room/garage to the rear of the centre. The inspectors identified some areas of the house required attention such as the refurbishment of the bathrooms and paint in some areas of the house. This had been identified by the provider through internal audits and the provider was in the process of addressing these issues. The centre manager noted that the residents had picked the paint colors and painting was scheduled to start on the week of the inspection.

There were arrangements in place for the assessment, management and ongoing review of risk but some improvement was required. While there was evidence of implementation of the provider's risk management policy, some personal risks for residents had not been assessed. For example, while there were allied health professional recommendations in place for residents requiring modified consistency meals to mitigate a risk of choking, a corresponding personal risk assessment for this potential risk was not in place. This risk was also not identified on the risk register for the centre. Personal risk and manual handling assessments for residents at risk of falls were not reviewed and updated in a timely way in response to the frequency of falls occurring in the centre, as demonstrated in incident recordings for 2018 where over half the incidents occurring in the centre related to falls.

Fire safety systems in the main were robust and in line with the regulations, however some improvement was required with regards to evacuation procedures and making safe the evacuation routes to the rear of the property were adequate. The centre had suitable fire equipment in place including a fire alarm, emergency lighting and fire extinguishers. At the time of the previous inspection a lack of fire doors, required for containment of fire and smoke, had been identified. The provider had effectively addressed this non-compliance and had fitted fire rated doors throughout the designated centre. Each door was also fitted with smoke seals.

Fire evacuation drills had also occurred and of the sample reviewed they demonstrated residents could be evacuated in a timely manner. However, it was not demonstrated that the provider or person in charge had assessed if the current resources and measures in place could ensure timely evacuation of the centre at night time through the rear exit of the property which necessitated residents to pass through an utility room/garage at the back of the premises. In addition, while the provider, through their own fire safety audit, had identified there were inadequate fire and smoke detection systems and emergency lighting arrangements in the utility room/garage; it was not evidenced when the provider intended to address these outstanding issues. It was also noted that the utility room/garage contained a washing machine, dryer and archived documents which could pose a potential fire safety risk.

In response to these findings, inspectors requested the provider submit a fire safety assurance report, carried out by an appropriately qualified person, which would demonstrate an evaluation of the effectiveness of night time evacuation systems for the rear exit of the property and to demonstrate how the provider would address

any actions arising from the assessment. A time-line for addressing actions identified on their own fire safety audit relating to emergency lighting, fire and smoke detection was also requested. This was submitted post inspection.

Overall, there was an established medication management system in the centre. Each resident had access to a local pharmacist, who facilitated any changes in medication. Inspectors reviewed a sample of prescription sheets and found there to be appropriate systems in place for the management of medication. Medications were appropriately stored and there were regular checks and audits of the process of ordering and receiving medication. All staff were appropriately trained to safely administer medication.

Inspectors reviewed a sample of residents' personal files and found that there was an up-to-date assessment of need in place which in turn informed their care plan. Support needs in areas such as social supports and health were identified, and support plans were developed that reflected residents' needs and preferences.There was appropriate health care plans in place which guided staff in supporting residents experience their best possible health. Residents were supported in accessing allied health care professionals as required. There was evidence of regular review and update of residents' personal plans to ensure they were effective.

Positive behaviour support plans were in place for residents where required. Inspectors reviewed a sample of these plans and found that they were up-to-date and guided staff to support residents. A system for review of restrictive practices was in place. All potential restrictions used in the centre had been reviewed by the provider's 'Positive Approaches Management Group'.

The provider had effective systems in place to ensure residents were safeguarded from abuse. Staff spoken with were knowledgeable on what constituted abuse and what to do in the event of a concern or allegation. Residents informed inspectors that they felt safe and were observed to appear comfortable and content in their home throughout the inspection.

At the previous inspection, it was identified that residents did not have access to the Internet. The provider had effectively addressed this non-compliance and an Internet package and handheld tablet was available to residents.

Regulation 10: Communication

At the previous inspection, it was identified that residents did not have access to the Internet. The provider had effectively addressed this non-compliance and an Internet package and handheld tablet was in place in the centre.

Judgment: Compliant

Regulation 17: Premises

The house was decorated in a homely manner. However, some areas of the house required attention such as the modernisation of the bathrooms and paint in some areas of the house. This had been identified by the provider through internal audits and the provider was in the process of addressing these issues.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The system to manage risks required improvement as not all risks identified had assessments in place and some risk assessments in place did not accurately reflect the risk.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider and person in charge were required to assess if the current resources and measures in place could ensure timely evacuation of the centre at night time through the rear exit of the property.

While arrangements were in place for the detection of fire and smoke in the residential part of the designated centre, a garage to the rear of the property, which formed part of the centre's rear exit evacuation route, did not have fire and smoke detection systems and emergency lighting in place.

The provider had self- identified this as part of their fire and safety audit for the centre but had no time-lines as to when these matters would be addressed.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate systems in place for the management of medication. Each resident had access to a local pharmacist, who facilitated any changes in medication. Medications were appropriately stored and there were regular checks and audits of the process of ordering and receiving medication. All staff were

appropriately trained to safely administer medication.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were up-to-date assessment of needs in place for each resident. Care plans were in place in line with residents' identified needs. There was evidence that these were reviewed as needed and to ensure they were effective.

Judgment: Compliant

Regulation 6: Health care

There was appropriate health care plans in place which guided staff in supporting residents experience their best possible health. Residents were supported in accessing allied health care professionals as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Positive behavioural support plans were in place for residents who required them. The plans were up-to-date and guided staff to support residents. There was evidence that potentially restrictive practices were reviewed by the Positive Approaches Management Group.

Judgment: Compliant

Regulation 8: Protection

Residents were safeguarded from abuse. Staff spoken with were knowledgeable on what constitutes abuse and what to do in the event of a concern or allegation. Residents informed inspectors that they felt safe and were observed to appear comfortable and content in their home throughout the inspection

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for New Cabra Road OSV-0002345

Inspection ID: MON-0022455

Date of inspection: 08/01/2019

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Painting of house completed on Jan 22nd, house completely repainted now. The modernization of the bathrooms is scheduled to be completed by the end of 2019 by Technical Service Department in St. Michaels House.	
Regulation 26: Risk management procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Risk assessments for two service users with FEDS guidelines in place since January 24th 2019, also the risk register has been updated to include the risk assessments. A Comprehensive falls management assessment was completed by PIC on 24.01.2019 as per the SMH slips, trips and falls management policy (2018). There is now a falls log as per policy and PIC to review the falls log on a monthly basis or more frequently as required. At staff meeting on 07.02.2019 all staff will go through the falls assessment, the updated manual handling and risk assessments plus the falls log.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: 1. There is one fully functioning emergency light at the back of the house but SMH fire officer has requested that further emergency lighting be placed in utility room and garage. This request has gone to technical service department and is scheduled for completion by end of Feb 2019. 2. The lack of a fire/smoke detection system in the garage at the rear of the house will be reviewed with alarm contractor and completed by end of Q1. 3. Fire drills were completed after the HIQA inspection on 09/01/2019 and on 11/01/2019 and there were no concerns with either drill regarding residents evacuating from the building effectively. The drill on 11/01/2019 was assessed by a St Michaels House physiotherapist and there were no concerns from the physiotherapist either. Personal evacuation plans were reviewed and updated following the drills.	

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	31/12/2019
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.	Not Compliant	Orange	24/01/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/03/2019
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	11/01/2019