



Office of the Chief Inspector

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

Name of designated centre:	Seanna Cill
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Unannounced
Date of inspection:	11 September 2019
Centre ID:	OSV-0002356
Fieldwork ID:	MON-0025021

About the designated centre

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

Seanna Cill is a residential service based in Dublin 5, which is run by St. Michael's House. The centre provides accommodation to a maximum of six male and female residents, who are over the age of 18 years and who have an intellectual and physical disability. The service can cater for a broad spectrum of needs, including, low to high support needs, behaviour support, medical needs and emotional and environmental needs. The centre comprises of a two storey, six bedroom semi-detached house. It is located close to local amenities such as shops, cafes and recreational facilities in a suburb of Dublin 5. Each resident has their own bedroom and share communal spaces such as sitting rooms, kitchen and dining areas and bath and shower rooms. Social care staff are on duty both day and night to support residents who live in this centre. The whole-time equivalent staffing level is 6.5.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
11 September 2019	09:30hrs to 17:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

As part of the inspection, the inspector met with two of the six residents living in the centre and observed elements of their daily lives at different times over the course of the inspection. The inspector observed warm interactions between the residents and staff caring for them. One of the residents showed the inspector their bedroom which had been personalised to their own taste. Residents told the inspector that overall they enjoyed living in the centre and that staff were good to them. However, one of the residents told the inspector that the behaviour of one resident, on occasion, had a negative impact on their lives.

There was evidence that residents and their family representatives were consulted with and communicated with about decisions regarding their care and the running of their house. Residents were actively supported and encouraged to maintain connections with their families through a variety of communication resources and facilitation of visits. The inspector did not have an opportunity to meet with the relatives of any of the residents to attain their views of the quality and safety of care provided. However, it was reported, by staff, that residents' family representatives were generally happy with the care their loved ones received in the centre.

Capacity and capability

There were management systems in place to promote the service provided to be safe, consistent and appropriate to the residents' needs. However, some improvements were required in relation to staffing arrangements and staff supervision systems.

The centre was managed by a suitably qualified, skilled and experienced person who had an in-depth knowledge of the needs of each of the residents. The person in charge had taken up a full-time position in March 2019 and was not responsible for any other centre. They participated in a significant number of duty shifts each week and these were reflected on the duty roster. Although this had the potential to negatively impact, the person in charge was found to be effectively involved in the governance and operational management of the centre. The person in charge held a certificate in applied management and a degree in applied social care. They had been working with the provider for more than 11 years and had more than three years management experience. They were found to have a sound knowledge of the requirements of the regulations and standards. Staff members spoken with told the inspector the person in charge supported them in their role and encouraged a culture of openness where the views of all involved in the service were sought and taken into consideration.

There was a clearly defined management structure in place that identified lines of accountability and responsibility which ensured staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the service manager who in turn reported to the director of adult services. There was evidence that the service manager visited the centre at regular intervals. This demonstrated clear lines of reporting and accountability systems for the operational management of the centre.

An annual review of the quality and safety of care and unannounced visits on a six-monthly basis to assess the quality and safety of the service had been completed. There was evidence that actions were taken to address issues identified on these visits. A limited number of other audits had been undertaken and included finance, assessments of need and client monies audit.

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. However, the full complement of staff was not in place at the time of inspection. Additional staffing had been put in place for night time shifts to meet the changing physical and psychological needs of one of the residents living in the centre. A number of relief, and on occasions agency staff, covered these shifts and also staff leave. In addition, there was one part-time staff vacancy at the time of inspection. It was noted the core group of staff for the designated centre covered this vacancy, which meant there was consistency of care for the residents in the centre.

Training had been provided to staff to support them in their role and to improve outcomes for the residents. There was a staff training and development policy, dated March 2018. A training programme was in place which was coordinated by the provider's training department. Training records available on the day of inspection indicated that staff had attended all mandatory training requirements. There were no volunteers working in the centre at the time of inspection.

Staff supervision arrangements were in place. However, of a sample of three staff supervision records reviewed, it was identified that supervision in one of the three files had not been undertaken in line with the frequency proposed in the providers policy. This meant that all staff may not have been appropriately supported to perform their duties to the best of their abilities.

A directory of residents was maintained in the centre and found to contain all of the information as required by the regulations.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre.

Judgment: Compliant

Regulation 15: Staffing

The staff team were considered to have the required skills and competencies to meet the needs of the residents living in the centre. However, the full staff complement was not in place at the time of inspection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Training had been provided for staff to improve outcomes for residents. However, supervision undertaken had not always been completed in line with the frequency proposed in the providers policy.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was in place and found to contain all of the information required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place promoted the delivery of a high quality and safe service.

Judgment: Compliant

Quality and safety

Overall, the residents living in the centre received care and support which was of a good quality and person centred. However, the changing physical and psychological needs of one the residents was difficult for staff to manage in a group living environment and had the potential to negatively impact on the other residents.

Residents' well-being and welfare was maintained by a good standard of evidence-based care and support. Care plans and personal support plans reflected the assessed needs of the individual residents and outlined the support required to maximise their personal development in accordance with their individual health, personal, communication and social needs and choices. Each of the personal plans had been reviewed with the involvement of the resident's multidisciplinary team, the resident and family representatives within the last year.

A number of the residents were independent and required minimal support from staff. Five out of the six residents attended a formal day service and or work placement. However, one of the residents was not engaged in a day service and a programme, within the centre, was established and coordinated by staff for this resident. Residents were each supported to engage in meaningful activities in the centre and within their local community. Activities residents enjoyed included, trips to theatres, shows and matches, shopping, cinema and dinners out. A record was maintained of activities residents engaged in.

The centre was found to be comfortable and homely. Each of the residents had their own bedroom which had been personalised to their tastes and choices. This promoted residents' independence, dignity and recognised their individuality and personal preferences.

The health and safety of residents, visitors and staff were promoted and protected. There were risk management arrangements in place which included a detailed risk management policy, and environmental and individual risk assessments for residents. These outlined appropriate measures in place to control and manage the risks identified.

Overall, suitable arrangements were found to be in place for the management of fire. However, fire drills, involving residents, had not been undertaken for prolonged period. A fire risk assessment had been completed. There was documentary evidence that fire fighting equipment and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks in the centre. There were adequate means of escape and a fire assembly point was identified in an area to the front of the centre. A procedure for the safe evacuation of residents in the event of fire was prominently displayed. Each resident had a personal evacuation plan in place which adequately accounted for the mobility and cognitive understanding of the resident. Staff who spoke with the inspector were familiar with the fire evacuation procedures and had received appropriate training. It was noted that fire safety and evacuation were discussed at regular intervals at the residents weekly meetings.

There were some safeguarding measures in place to protect residents from suffering from abuse and residents were provided with appropriate emotional and behavioural

support. However, behaviour challenges, presented by one resident, were difficult for staff to manage in a group living environment. There was evidence that this had the potential to have a negative impact on other residents living in the centre. One of the residents spoken with told the inspector that they were uncomfortable with the resident's behaviour on occasions. It was noted that this had been identified by the provider and that an alternative residential placement was being sought for the resident. However, a suitable new placement for the resident had not yet been identified. Behaviour support plans were in place for residents identified to require same and these provided a good level of detail to guide staff in meeting the needs of the individual resident. There was evidence that plans in place were regularly reviewed by the provider's psychologist. Safeguarding plans were also in place.

There were systems in place to ensure the safe management and administration of medications. However, assessments had not been completed for all residents to determine if individual residents had the ability to self manage and administer their own medications as required by the regulations. One resident recently admitted to the centre was responsible for management of their own medication and this was supported. Otherwise, the processes in place for the handling of medicines was safe and in accordance with current guidelines and legislation. A medication management policy was in place. There was a secure cupboard for the storage of all medicines. All staff had received appropriate training in the safe administration of medications. Individual medication management plans were in place. There were some systems in place to review and monitor safe medication management practices which included medication audits.

Regulation 26: Risk management procedures

The health and safety of residents, visitors and staff were promoted and protected.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, suitable arrangements were found to be in place for the management of fire. However, fire drills involving residents had not been undertaken for prolonged period.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were systems in place to ensure the safe management and administration of medications. However, assessments had not been completed for all residents to determine if individual residents had the ability to self manage and administer their own medications as required by the regulations.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Behaviour support plans were in place for residents identified to require same and these provided a good level of detail to guide staff in meeting the needs of the individual resident. There was evidence that plans in place were regularly reviewed by the provider's psychologist.

Judgment: Compliant

Regulation 8: Protection

There were some measures in place to protect residents from being harmed or suffering from abuse. However, the behaviours of a resident were difficult for staff to manage in group living environment and there was evidence that this was having a negative impact on other residents.

Judgment: Substantially 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Seanna Cill OSV-0002356

Inspection ID: MON-0025021

Date of inspection: 11/09/2019

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: In response to the area of non-compliance found under regulation 15 (1)</p> <ul style="list-style-type: none"> • A roster review was completed for the centre on 19.09.2019 to assess whole time equivalents for the centre in line with residents needs. Recruitment is an ongoing process in SMH and any outstanding Vacancies shall be addressed as part of this process. 	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: In response to the area of non-compliance found under regulation 16(1) (b)</p> <ul style="list-style-type: none"> • The person in charge has completed supervision for all team members for the 3rd quarter, within the timeframe set out as per policy, and will complete supervision with team members for the 4th quarter by 31/12/2019, as per policy timeframes. • Informal supervision is regular and the person in charge supports all staff members on an ongoing basis. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: In response to the area of non-compliance found under regulation 28(4) (b)</p> <ul style="list-style-type: none"> • The residents and staff regularly highlight fire safety and evacuations during residents weekly meetings • There has been one day time fire drill completed on the 12.09.2019 with residents participation. • There has also been a thorough walk through completed with SMH fire officer with all staff on 05.03.2019 	

<ul style="list-style-type: none"> • A night time fire drill will be scheduled for November 2019 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: In response to the area of non-compliance found under regulation 29 (5)</p> <ul style="list-style-type: none"> • A self administration of medications assessment, has now been completed with all residents following inspection. • One resident has chosen to self administer his medications, with risk assessment and support plan in place in line with SMH policy. 	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: In response to the area of non-compliance found under regulation 08 (2)</p> <ul style="list-style-type: none"> • There is a PBS plan in place to support one resident during times of behaviours that challenge. • There are risk assessments in place which are reviewed regularly to support staff and residents safety during times of behaviours that challenge. • There is an active business case open in relation to one resident who displays behaviors that challenge. This residents placement may be better suited to be more individualized, which is what has been put forward in the current business case. 	

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	29/02/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/09/2019
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are	Substantially Compliant	Yellow	12/09/2019

	aware of the procedure to be followed in the case of fire.			
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Substantially Compliant	Yellow	30/09/2019
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	14/10/2019