



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

Issued by the Chief Inspector

Name of designated centre:	Glencree
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Short Notice Announced
Date of inspection:	13 May 2021
Centre ID:	OSV-0002384
Fieldwork ID:	MON-0032366

About the designated centre

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

Glencree is a designated centre operated by St. Michael's House. The centre provides residential care for two adult residents with disabilities. The centre comprises of a two bedroom bungalow. It is located on a campus based setting operated by the provider in north Dublin. Each of the residents have their own bedroom which have been personalised to their own taste. There is adequate communal space within the cottage. There are a number of communal garden areas within the campus which residents have access to. The centre is managed by a person in charge and person participating in management as part of the provider's overall governance arrangement for the centre. The person in charge works in a full time position and is also responsible for one other centre which is located adjacent to this centre. They are supported by a deputy manager in each of the centres for which they hold responsibility.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Thursday 13 May 2021	10:00hrs to 16:30hrs	Amy McGrath	Lead
Thursday 13 May 2021	10:00hrs to 16:30hrs	Jennifer Deasy	Support

What residents told us and what inspectors observed

In line with public health guidance, the inspectors did not spend extended periods of time with residents. The inspectors met with each resident and had the opportunity to observe residents in their home throughout the inspection. The inspectors used observations and discussions with residents in addition to a review of documentation and conversations with key staff to form judgments on the residents' quality of life. Overall the inspectors found that residents enjoyed a good quality of life and the centre was resourced to meet residents' assessed needs.

The inspectors conducted a review of documents and records in one room of the centre, in line with infection control procedures, and carried out a brief walk through of premises. Each of the two residents showed inspectors their own rooms, which were decorated to their taste and contained their personal items. Residents were observed freely accessing areas of their home, including kitchen and dining facilities. The inspectors saw that generally the physical environment of the house was clean and in good decorative and structural repair, with exception of two bathrooms that had issues with damp and had mould present.

Residents showed inspectors their personal plans which were available to them in accessible formats. These plans included information about residents' abilities, supports and goals. The personal plan for one resident had been documented in video format and the resident appeared enthusiastic when showing this to inspectors; the resident was seen smiling at pictures and videos of themselves and their family members, and smiling and pointing to staff when they appeared on the video.

Both residents had recently commenced an individualised day service programme from the centre, having had limited access to previous day service arrangements due to COVID-19 restrictions. Residents were supported to enjoy activities and partake in opportunities for development in meaningful and personal ways. One resident discussed with an inspector their active goals, including some social goals for the coming year, and showed the inspector a visual tracker they were using to keep on track with their plans. One resident expressed that they were pleased to have a more individualised day service.

When interacting with inspectors, residents were supported in communication by staff and the person in charge, who were very familiar with their communication support needs. Staff were observed supporting residents while in their home and going to and returning from activities in the community. Staff engagement with residents was observed to be positive and caring.

Overall, the inspectors found that the residents in this centre were supported to enjoy a good quality life which was respectful of their choices and wishes. The person in charge and staff were striving to ensure that residents lived in a supportive environment, were consulted in the running of the centre and played an

active role in the decision making within the centre.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations. The inspector found that this designated centre met and exceeded the requirements of the regulations in many areas of service provision and was striving to meet the national standards in areas such as individualised services, communication and decision-making in accordance with the residents' abilities and preferences.

While there was some improvement required in relation to the maintenance of an actual roster, the arrangements with regard to workforce planning were found to be effective in meeting residents' assessed needs.

There were effective management arrangements in place that ensured the safety and quality of the service was consistent and closely monitored. The provider had carried out an annual review of the quality and safety of the centre, and there were arrangements for unannounced visits to be carried out on the provider's behalf on a six-monthly basis. The provider had amended the method of carrying out unannounced visits to the centre to reflect national guidance with regard to COVID-19, and had ensured despite the restrictions in place, that the quality and safety of the service was evaluated.

The centre had a clearly defined management structure, which identified lines of authority and accountability. There was a person in charge employed in a full-time capacity, who had the necessary experience and qualifications to effectively manage the service. While the person in charge had responsibility for additional services, the inspector found that the governance arrangements facilitated the person in charge to have adequate time and resources in order to fulfil their professional responsibilities.

The staffing arrangements in the centre, including staffing levels, skill mix and qualifications, were effective in meeting residents' assessed needs. There was a planned roster available which reflected the proposed staffing arrangements on a monthly basis. While there was a system in place to record changes to the planned roster, this system did not ensure that an actual roster was available and maintained in accordance with the regulations.

Staffing arrangements, such as recruitment and workforce planning, took into consideration any changing or emerging needs of residents. Staff employed in the

centre were familiar to residents and the staffing arrangements were seen to facilitate continuity of care.

The provider had ensured staff had access to training and development opportunities in order to carry out their roles effectively. There was a schedule of training opportunities available to staff that ensured they each had the minimum required training (as determined by the provider) to safely meet residents' needs, and additional training had been undertaken in areas specific to residents' assessed needs. There were established supervision arrangements in place for staff that facilitated professional development.

Regulation 14: Persons in charge

There was a person in charge of the centre who was a qualified professional with experience of working in and managing services for people with disabilities. They were also found to be aware of their legal remit with regard to the regulations, and were responsive to the inspection process.

The person in charge was responsible for the management of two other services, in addition to the designated centre, and the inspectors found that they had sufficient time and resources to ensure effective operational management and administration of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

While there was a planned roster available, the person in charge had not ensured that an actual roster, showing staff on duty during the day and night, was properly maintained.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained. Staff received training in areas such as safeguarding, fire safety and safe administration of medication. Refresher training was available as required and staff had received training in additional areas specific to residents' assessed needs, such as communication techniques.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined governance structure that facilitated the delivery of good quality care and support that was routinely monitored and evaluated. There were effective arrangements in place to identify areas for quality enhancement and these were seen to affect positive change. The centre was sufficiently resourced to meet the needs of all residents and resources were utilised in a way that maximised positive outcomes for residents.

Judgment: Compliant

Quality and safety

The governance and management systems had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored. Residents' support needs were assessed on an ongoing basis and there were measures in place to ensure that residents' needs were identified and adequately met. Overall it was found that the centre had the resources and facilities to meet residents' needs, however some improvement was required with regard to premises.

The provider had ensured that a comprehensive assessment of need had been carried out for all residents, and this assessment was updated at regular planned intervals. There were detailed and person centred support plans in place for all identified assessed needs. The inspectors found that residents took a lead role in the development of their personal plans, and that all plans were available to residents in an accessible format.

There were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. Positive behaviour support plans in place were detailed, comprehensive and developed by an appropriately qualified person. The inspectors found that the person in charge was promoting a restraint free environment; while there were number of restrictive practices utilised in the centre these were used to manage a specific risk and had been referred to the provider's positive approaches monitoring group for approval and ongoing review. A review of restrictive practices in the centre found that there had been efforts made to reduce and eliminate restrictive practices and to ensure that they were used as a measure of last resort.

A review of safeguarding arrangements in the centre found that residents were protected from the risk of abuse. Staff had received appropriate training and there

were established procedures in place to manage and respond to any safeguarding concerns in accordance with national policy.

There were systems in place to promote the rights of the residents and to ensure their individual choices were respected. Residents participated in regular meetings where they agreed on social outings and meal plans for the week. Residents were directly involved in the running of their home and staff were supportive of their individual autonomy and rights.

The provider had ensured that residents' communication support needs had been comprehensively assessed by an appropriate healthcare professional. Residents were assisted and supported to communicate through clear guidance and support plans. Staff had received additional training in relation to specific communication techniques used by residents, such as Lámh (a manual signing system). Residents had access to assistive devices and equipment in order to promote their full capabilities with regard to communication.

The premises was found to be designed and laid out in a manner which met residents' needs. There were adequate private and communal spaces and residents had their own bedrooms, which were decorated to their tastes. One resident was able to secure their bedroom with their own key if they wished to do so. A small patio was available to the residents and one resident showed the inspectors vegetables they were growing in containers. A separate kitchen and laundry area was available.

The inspectors found that there was insufficient ventilation in two of the bathrooms in the premises. There was evidence of damp and mould in both bathrooms, with a significant amount of dark mould present on the ceiling of a bathroom used regularly by residents. The lack of adequate ventilation caused a malodour in both bathrooms and had effected the condition of some of the bathroom fittings. This issue had been raised to the provider by the person in charge on numerous occasions and had not been addressed.

There were arrangements in place to manage risk, including an organisational policy and associated procedures. The inspector found that risk was well managed. All identified risks were subject to a risk assessment, with control measures in place to support residents and minimise risks to their safety or well being. Risk control measures were found to be proportionate, and supported residents to safely take positive risks.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. Staff were observed wearing appropriate personal protective equipment (PPE) during the course of the inspection. There were centre specific and organisational COVID-19 risk assessments in place. The provider and person in charge had ensured that staff and residents were made aware of public health guidance. Residents and staff had access to a vaccination programme.

There were suitable fire safety arrangements in place, including a fire alarm system, emergency lighting and fire fighting equipment. The provider had implemented the

actions from the previous inspection in relation to fire containment measures, and there were plans in place to further enhance fire containment measures in the centre. Records reviewed demonstrated that the equipment was serviced at regular intervals. There were emergency evacuation plans in place for all residents, and these were developed and updated to reflect the abilities and support needs of residents. Staff had received appropriate training in fire safety.

Regulation 10: Communication

Residents had documented communication needs which had been assessed by relevant professionals. Staff demonstrated an in-depth knowledge of these needs and could describe in detail the supports that residents required. Furthermore, staff were observed to interact with residents using various alternative communication techniques such as visual displays, choice boards and Lámh (a manual signing system).

Judgment: Compliant

Regulation 17: Premises

The premises was generally in a good state of repair with the exception of the bathrooms.

One bathroom had recently been refurbished with new floors laid however the ceiling had black mould present and there was evidence of inadequate ventilation. Another bathroom was also noted to have issues with damp and the velux window was in a poor state of repair. There was evidence that staff and the person in charge had escalated these issues to senior management however they had not been resolved at the time of inspection.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed. These included measures to manage infection control risks. Risks specific to individual residents and their supports had also been assessed to inform care practices.

Judgment: Compliant

Regulation 27: Protection against infection

There were suitable procedures in place to protect residents from healthcare associated infections, including risks associated with COVID-19. Infection control risks had been assessed and there were control measures in place that were updated in line with public health advice.

Information regarding COVID-19 prevention protocols and vaccinations had been made accessible to residents through the use of pictures and easy read information.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable fire containment measures in place, and the provider had installed self close devices on doors in higher risk areas, to further improve containment arrangements.

There were clear fire safety management systems in place in the centre, which were subject to regular review. Fire drills were completed regularly and learning from fire drills was reflected in residents' evacuation plans.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' needs were assessed on at least an annual basis, and reviewed in line with changing needs of residents. Assessments had been updated to reflect changing circumstances, for example with regard to the COVID-19 pandemic and the impact to residents.. There were personal plans in place for any identified needs. Personal plans were reviewed at planned intervals for effectiveness and were available in an accessible format to each resident.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured residents had access to a range of clinical supports in order to support their well-being and positive behaviour. Staff had received training in positive behaviour support. While there were restrictive procedures in place, these were comprehensively reviewed and reduced where possible.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. Staff were appropriately trained and there were clear procedures in place to ensure that any potential safeguarding risk was investigated and responded to in accordance with national policy. There were no active safeguarding risks at the time of inspection.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially 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 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Glencree OSV-0002384

Inspection ID: MON-0032366

Date of inspection: 13/05/2021

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none">• The Person in Charge has implemented a roster system that demonstrates an actual roster, showing staff on duty during the day and night.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none">• Maintenance Department have been contacted through the Person In Charge with planned works organised for the centre for completion within the time frame highlighted. Work will be completed to both bathrooms as reported by the PIC prior to Inspection	

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(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	28/05/2021
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	31/08/2021