



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

## Issued by the Chief Inspector

Name of designated centre:	Glenealy
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Unannounced
Date of inspection:	12 January 2022
Centre ID:	OSV-0002385
Fieldwork ID:	MON-0029078

## About the designated centre

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

Glenealy is a designated centre operated by St. Michael's House. The centre comprises a campus based seven bed-roomed bungalow located within the main St Michael's House complex in North Dublin. It is within walking distance of lots of local amenities which residents frequently use. The centre provides full-time residential care for seven residents. Residents are both male and female and over the age of 18 years with physical and intellectual disabilities with co-existing mental health concerns. It is a fully wheelchair accessible house. Residents present with a range of complex needs which were assessed on an individual basis. There is a small patio area to the rear of the centre for residents to use as they wish. Care and support is provided in the centre by a person in charge, deputy manager, registered staff nurses, social care workers and direct support workers.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	7
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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 (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
Wednesday 12 January 2022	09:55hrs to 17:00hrs	Amy McGrath	Lead

## What residents told us and what inspectors observed

This inspection was unannounced. The inspector arrived to the centre and was greeted by a staff member and the person in charge. There was a resident seated in the bright lobby area of the premises who was listening to music. The inspector had their temperature checked in line with the provider's visitors procedure. There were seven residents living in the centre at the time of inspection. The inspector met all residents. Some residents communicated verbally and other residents used other methods of communication. The inspector spoke with the person in charge and staff members, some residents with staff support, and a family member. A review of documents and records, and observations throughout the course of the inspection were also used to inform a judgment on residents' experience of living in the centre.

The centre comprised a large bungalow with seven bedrooms. There was a large living area and a separate dining area which was connected to a modest sized kitchen. There were three bathrooms with bathing facilities (two of which were en-suite). The premises had the necessary equipment, such as ceiling hoists, to support residents to receive safe care and to access all areas of their home. Some walls and doors were considerably damaged due to wear and tear from equipment and mobility aids being moved through the home.

While the premises was large in size, some areas were cluttered with items such as personal protective equipment (PPE), medical equipment and files and records. Further storage facilities were required to keep the premises tidy and homely. Some furniture needed to be replaced, such as the living room sofas which were considerably worn in areas, and storage in residents' bedrooms. Residents' bedrooms were nicely decorated with personal items and soft furnishings. The communal areas were found to be less homely with minimal furnishings or decoration and items used for the running of the centre stored in living and dining areas.

The centre was staffed by a team of staff nurses, support workers and a domestic staff. On the day of inspection there were two vacancies due to staff absences. There was no domestic staff working on the day of inspection. A staff member had taken on the responsibility of meal preparation and was observed making homemade soup in the kitchen with a resident. The person in charge made arrangements to cover some of the vacant shifts over the course of the day and ensured that residents' healthcare needs were met as assessed. This resulted in a number of different staff members arriving during the day to cover short periods. The permanent staff team were seen to be familiar with residents' support needs and communication methods. Most of the staff employed in the centre had worked there for a number of years and were well known to residents and family members.

As stated above, a lot of staff members were well known to residents. It was found that this contributed to person centered care that facilitated residents to make decisions about how they spent their time. While the premises was campus based

residents were actively engaged in the local community (in line with government restrictions). Some residents had commenced a return to their day service and others were supported during the day by staff in the centre. There was a visual board that was used in planning residents' activities for the week ahead. There was a vehicle available which was used to bring residents on trips such as visits to the seaside, meals out, trips to the cinema and visits to their family.

It was observed that residents appeared comfortable in their home. They each used the facilities of the centre as they chose and had access to all areas of their home (with the exception of other residents' bedrooms). One resident sat in the office with the inspector and person in charge for a period while they waited for a family member to visit and seemed to enjoy looking out the window and watching the entrance. One resident, with a visual impairment, spent most of the inspection in their own room, which had been designed and laid out in a way that maximised their independence. It was noted that residents had full control over how they spent their day, with staff providing options and opportunities in line with residents' known preferences. One resident remained in bed until later in the morning as was their preference.

The inspector met with a family member who shared that they were very happy with the service their loved one received. The family member was complimentary of the staff team and told the inspector how they facilitated the resident to visit their relatives in their own homes. This relative also spoke of the facilities available during the day for residents, and while they were complimentary of the services provided, they shared how they would like if an opportunity to avail of a day service was reviewed.

Residents were seen to enjoy meals in the dining area. Residents received support with feeding, eating and drinking which was observed to be in accordance with the support plans in place. There were arrangements in place for residents to choose what they ate and staff were familiar with how residents communicated their likes and dislikes. Overall it was found that residents were receiving good quality care and support that was person centred in nature.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affected the quality and safety of the service being delivered.

## Capacity and capability

The inspector found, that for the most part, the governance and management arrangements within the centre were ensuring a safe and quality service was delivered to residents. There were a number of staff vacancies at the time of inspection which impacted on the quality of service received by residents, although it was noted that significant effort was taken to maintain minimum staffing levels to ensure that residents' needs were met. While the management arrangements were

facilitating person centred care, this required considerable oversight and effort at a local level.

The provider had carried out an annual review of the quality and safety of the service, and had conducted unannounced audits on a six monthly basis. The annual review for 2021 was found to contain the views of residents and their representatives as well as a consultation with staff members. The person in charge oversaw a range of other audits to assess the quality of care received by residents. These audits informed a quality enhancement plan overseen by the person in charge and a service manager.

There was a person in charge employed in a full time capacity. The person in charge had the necessary skills and experience to carry out their role. They had worked in the centre for a number of years and were well known to residents and family members. The person in charge was a registered nurse and supervised a team of staff nurses and social care workers.

While it was evident that the provider had endeavoured to fulfil the actions from the previous inspection in relation to staff vacancies, at the time of inspection there were three full time equivalent nurse vacancies. The person in charge managed the roster closely to ensure that residents' care and support needs were met, however increased staff vacancies were negatively impacting on the operation of the centre. There was an over reliance on relief and agency staff to cover shifts in the centre. Although efforts were made to ensure continuity of care for residents (such as booking the same agency staff members for block periods) continuity was not always achieved. On the day of inspection it was noted that a number of different staff came from other services to cover short periods of the shift that was vacant, and a direct support worker was carrying out duties that were ordinarily carried out by a housekeeping staff. A review of records found that the person in charge often fulfilled the role of staff nurse despite being supernumerary, which reduced their capacity to carry out other administrative and managerial roles.

There were arrangements in place to monitor staff training needs and to ensure that adequate training levels were maintained. Staff received training in key areas such as safeguarding adults, fire safety and infection control. Refresher training was available as required and staff had received training in additional areas specific to residents' assessed needs. The provider had ensured that relief or agency staff who worked in the centre were suitably trained. There were formalised supervision arrangements in place, with the person in charge providing supervision to the staff team on a quarterly basis.

The inspector reviewed notifications submitted by the provider and found that periods where the person in charge was absent were appropriately notified, in accordance with the requirements of the regulations.

## Regulation 14: Persons in charge

The person in charge was employed in a full time capacity and had the necessary experience and qualifications to fulfil the role.

Judgment: Compliant

### Regulation 15: Staffing

There were three staff vacancies at the time of inspection. While staffing levels were maintained to meet residents' assessed needs, there was an over reliance on relief or agency staff, as well as the person in charge, to cover vacant shifts.

The management of ongoing vacancies was found to place a significant administrative burden on the person in charge and the staff team.

Judgment: Not compliant

### Regulation 16: Training and staff development

The provider had ensured staff had access to training and development opportunities in order to carry out their roles effectively. Training was made available in areas specific to residents' assessed needs. There were established supervision arrangements in place for staff.

Judgment: Compliant

### Regulation 23: Governance and management

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 centre had a clearly defined management structure, which identified lines of authority and accountability. There were reporting mechanisms in place, and staff spoken with were aware of how to raise any concerns.

Judgment: Compliant

### Regulation 32: Notification of periods when the person in charge is absent



Periods where the person in charge was absent were notified as required by the regulations.

Judgment: Compliant

## Quality and safety

This inspection found that the provider and person in charge were operating the centre in a manner that ensured residents were in receipt of a service that was person-centred and was informed by their needs and preferences. While the premises was located in a campus based setting, residents were supported to be part of the local community. The inspector found areas of good practice in relation to communication supports and the management of medicines. There were some deficits noted with regard to infection control and fire safety which were largely due to premises issues.

Residents' support needs were assessed on at least an annual basis. This assessment included a comprehensive review of residents' communication support needs. Reviews of communication plans included consultation with family members and long term staff members who were familiar with residents communication methods (where residents did not communicate verbally). There were comprehensive communication plans in place that gave clear guidance and set out how each person communicated their needs and preferences.

There were arrangements in place that ensured residents were provided with adequate nutritious and wholesome food that was consistent with their dietary requirements and preferences. The centre employed a staff member to prepare meals for residents (this staff member was absent on the day of inspection). Records indicated that residents were supported to buy, prepare and cook their own meals in accordance with their abilities. Some residents liked to buy items in local shops and others contributed to the shopping list and meal planning through residents' meetings. Where residents could not share their own preferences, staff members who were familiar with their likes and dislikes advocated on their behalf.

Residents feeding, eating and drinking support needs had been well assessed. There were plans in place to guide staff in supporting residents in this area. Some residents required their food to be modified and this was facilitated by staff members. It was also noted that staff had put together a list of restaurants that could safely cater for residents' eating and drinking needs so that all residents could enjoy meals in the community. The centre had the necessary equipment (such as specific crockery or cutlery) to meet residents' assessed feeding, eating and drinking needs.

The premises comprised a large bungalow. Each resident had their own bedroom. While the design and layout was suitable to meet residents' needs, it was found that

the premises was cluttered in most areas. Most rooms were spacious in size, however there was insufficient storage arrangements for items such as personal protective equipment (PPE), stationary, files, and records. Various items were stored in all communal rooms. For example, battery packs were stored on the floor of the living room and a recent delivery of boxes of enteral nutritional products were stored on the floor in the corridor. Improvement was required in the general decor and furnishing of the premises. The sofas in the main living room needed to be replaced as they were considerably worn and the material was damaged. Some items in residents' bedrooms were worn and needed to be replaced. The floor was damaged in parts, with one area repaired with tape. A tap and shower head were found to be broken.

There were arrangements in place to manage infection control risks in the centre. Staff had received training in infection prevention and hand hygiene. There was a nominated infection control lead on each shift and staff had access to guidance documents and specialist advice where required. There had been an outbreak of COVID-19 in the centre in 2021. The person in charge engaged with public health and implemented an outbreak management plan. Following the outbreak, plans were reviewed to incorporate learning from the outbreak. While staff were well informed with regard to infection control measures, there was insufficient supply of the appropriate face mask (as indicated by national guidance at the time of inspection) and consequently staff were not wearing the appropriate PPE at the time of inspection. The provider had not suitably assessed the risk associated with the supply of PPE.

There were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and fire-fighting equipment, each of which was regularly serviced. Staff had received training in fire safety and there were detailed fire evacuation plans in place for residents. There were a range of fire containment measures in place, however some doors were found not to be in good working order. This is discussed further under the associated regulation.

Residents' medication was administered by a staff nurse, or a staff member with appropriate training. There were guidance documents in place to ensure that medicines were administered as prescribed, and for the most part these were accurate and sufficiently detailed. Medicines were found to be ordered, received and stored appropriately. Residents' medicines were prescribed by appropriate medical professionals, and dispensed by a pharmacist.

## Regulation 10: Communication

Residents were supported to communicate using their preferred methods. There were plans in place for a comprehensive review of communication support needs of residents, and at the time of inspection there were detailed plans in place that utilised the most current assessment, and staff and family knowledge.

Judgment: Compliant

### Regulation 17: Premises

There was insufficient storage throughout the centre which resulted in some clutter in communal areas of the premises.

Some areas of the home required painting and some walls and doors needed repair. The sofa in the living room needed to be replaced and improvement was required with general furnishing and decor to create a more homely environment.

Some flooring was damaged and needed to be replaced. A tap in one of the bathrooms was broken as well as one shower head.

Judgment: Not compliant

### Regulation 18: Food and nutrition

Residents had access to a variety of nutritious meals and snacks. Residents could make decisions about the food that was prepared and could prepare their own meals with support from a staff member if they chose to. Residents nutritional needs were considered in meal planning and meals were prepared and served in accordance with residents' assessed feeding, eating and drinking support plans.

Judgment: Compliant

### Regulation 27: Protection against infection

Some furnishings needed to be replaced due to wear and tear to ensure that the surface could be effectively cleaned.

While staff were familiar with the guidance in relation to the use of PPE, staff were not wearing the appropriate type of face mask at the time of inspection. There was insufficient supply of the necessary face masks and the provider had not assessed the risk in relation to this.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

On review of the containment measures in the centre it was found that one door had a large space in the smoke seal and the release button on the self close device of another door was broken.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

The inspector found that there were suitable arrangements in place with regard to the ordering, receipt and storage of medicines. There were a range of audits in place to monitor medicine management. A review of records found that where medication errors occurred, these were investigated and addressed as outlined in the provider's policy, and corrective action was implemented where necessary.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant

# Compliance Plan for Glenealy OSV-0002385

Inspection ID: MON-0029078

Date of inspection: 12/01/2022

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: In response to the area of not compliant found under Regulation 15(1)</p> <ul style="list-style-type: none"> <li>• One new nurse identified and is currently in pre employment checks.</li> <li>• One new nurse has been identified and is currently going forward to employment control and tentative start date 01.04.2022.</li> <li>• St Michael's House continues with recruitment drive and identifying suitable candidates for vacant positions. Interview dates set up for each month for the rest of the year.</li> </ul>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: In response to the area of not compliant with Regulation 17:</p> <ul style="list-style-type: none"> <li>• Technical service Dept contacted to build shelving where appropriate throughout the house.</li> <li>• Paintwork – quotes completed and sent to Technical service for costings and completion.</li> <li>• Quotes approved for new sofa set.</li> <li>• Tap in bathroom replaced.</li> <li>• Shower head in bathroom has been replaced.</li> </ul>	
Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

In response to the area of substantial with Regulation 27:

- Sufficient stock of appropriate FFP2 facemasks is now in place. St Michael's House will ensure an adequate supply for stock going forward.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

In response to the area of substantial with Regulation 28:

- Door with space in the smoke seal fixed.
- Release button on the self close device of door fixed.



## 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.	Not Compliant	Orange	31/10/2022
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	30/06/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and	Substantially Compliant	Yellow	30/03/2022

	suitably decorated.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	30/06/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	01/03/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	01/03/2022