



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

Issued by the Chief Inspector

Name of designated centre:	Longlands
Name of provider:	St Michael's House
Address of centre:	Co. Dublin
Type of inspection:	Short Notice Announced
Date of inspection:	03 February 2021
Centre ID:	OSV-0002391
Fieldwork ID:	MON-0027347

About the designated centre

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

The designated centre is based in a suburban area of North County Dublin comprising of a detached two storey building. On the ground floor of the centre there is an entrance hallway, two living rooms, a staff sleepover room and office space, three resident bedrooms, a large bathroom with wet room facilities, a utility room, and a large kitchen and dining space. The first floor of the building contains three resident bedrooms, a bathroom, a hot press, and an additional toilet. There is a driveway to the front of the building and a garden to the rear with an outdoor dining area. The centre provides a residential support service to six individuals with intellectual disabilities. The staff team comprises a person in charge and a team of social care workers.

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
Wednesday 3 February 2021	10:00hrs to 15:30hrs	Amy McGrath	Lead

What residents told us and what inspectors observed

The inspector met with and spoke to four of the six residents who live in the centre. All residents appeared comfortable in their home and at ease in each others company. Residents engaged with each other and staff in a friendly and relaxed manner. One resident had recently celebrated a birthday and the inspector observed decorations and birthday cards in the resident's room. This resident shared that they enjoyed celebrating their birthday and were happy with the gifts they received.

Some residents shared how their day to day lives had changed due to the implementation of government restrictions; residents were no longer attending day services and explained that they were supported to engage in activities in their home and in the community including video calls with their families and friends from day services. Some residents told the inspector that they enjoyed going on drives in the centre's vehicle, especially in recent months when access to other facilities has been limited. Residents shared that sometimes the centre vehicle was unavailable as it was being repaired and in these cases they were without transport for a number of days.

Two residents showed the inspector their bedrooms and both were satisfied with their personal space, including the style and decoration. Residents bedrooms were seen to be decorated in a homely manner and each had personal items and decorations. Some areas of residents bedrooms were seen to require deep cleaning, such as high windows which had heavy cobwebs and dust present.

The inspector spoke with two family members of residents. Family members were complimentary of the quality of care received by their relative and were satisfied with how their family member was supported to maintain communication and contact in recent months when visits to the centre were restricted.

The inspector observed staff and resident interactions and noted that staff were responsive to residents' needs and familiar with their communication methods. It was observed that there was sufficient staff available to meet residents' care needs. The staff team was seen to be well established and were familiar to residents. There was a communication board in the centre that informed residents of the staffing arrangements for the week ahead. Residents that spoke to the inspector were aware of which staff members would be working that evening and the following day. Residents each had an allocated key worker who supported them with personal planning and achieving planned goals.

The next two sections of the report 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 delivered.

Capacity and capability

Overall, the governance and management arrangements had ensured that a safe and good quality service was delivered to residents. The provider had ensured that the delivery of care was person centred, with residents directing the care and support they received. While there was some improvement required in relation to premises, the provider had self identified most of the issues and had a plan in place to address them.

There were effective management arrangements in place that ensured the safety and quality of the service was consistently 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 inspector found that the monitoring systems in the centre ensured that any potential quality or safety risks were escalated to the appropriate person or department, and that these issues were generally responded to and addressed quickly. While there had been some delay with regard to responding to a number of quality issues (as discussed later in the report) these delays had been largely due to government restrictions and the implementation of infection control guidance.

The inspector found that the provider had implemented all required actions from the previous inspection, including improvements to medication storage arrangements.

The staffing arrangements in the centre, including staffing levels, skill mix and qualifications, were effective in meeting residents' assessed needs. There was a planned and actual roster maintained by the person in charge.

Staffing arrangements, such as recruitment and workforce planning, took into consideration any changing or emerging needs of residents and facilitated continuity of care. The provider had a clear contingency plan in place in the event of staff absences due to COVID-19.

There were records maintained of incidents that occurred in the centre, and all adverse incidents had been notified as outlined in the regulations.

There was a complaints policy and associated procedures in place. An accessible version of the policy was available for residents, and a copy of the complaints process was displayed in a prominent position. There had been no complaints made in the period since the last inspection. There were designated complaints officers nominated and staff spoken with were knowledgeable of the complaints process.

Regulation 15: Staffing

There were sufficient staff in place to meet the assessed needs of residents. The inspector found that staff had the necessary skills and experience to support residents and provide high quality, person centred care.

The person in charge had prepared a planned and actual roster that accurately reflected the staffing arrangements in the centre. Staffing arrangements were found to be flexible with regard to residents' changing needs, and provided for continuity of care.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that effectively governed the service. The inspector found that there were clear lines of communication between staff and management, and that management personnel were clear with regard to their roles and responsibilities. There were a range of local audits carried out to oversee the quality and safety of care provided to residents, and it was found that the provider responded promptly to issues identified through these systems.

There was an unannounced visit carried out on behalf of the provider on a six-monthly basis which was used to inform a report on quality and safety. The provider produced an annual review of the care and support delivered in the centre, and this review included the views of residents. At the time of inspection the person in charge had initiated a consultation with residents and family members in order to inform the annual review for 2020.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was knowledgeable of their responsibility to give notice of incidents that occurred in the centre. It was found that all incidents that required notification had been submitted to the chief inspector within the appropriate time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear and accessible complaints procedure in place. The provider had nominated complaints officers as well as a person responsible for oversight of the complaints process. There were no active complaints at the time of inspection, however records indicated that residents were supported to make complaints when they chose to do so.

Judgment: Compliant

Quality and safety

The governance and management arrangements in the centre were found to facilitate good quality, person centred care and support to residents. Residents were supported to direct their own care plans, contribute to the running of the centre and engage in meaningful activities that maximised their potential. The inspector found premises to be non-compliant, with significant improvement required in relation to housekeeping and maintenance of the property. Under this regulation the provider was required to submit an urgent compliance plan to address an urgent risk. The provider's response did provide assurance that the risk would be adequately addressed.

Some additional quality improvement was required in relation to areas such as infection prevention and control, and health care; notwithstanding, the inspector found that residents received high quality care that was informed by their needs and expressed preferences

The person in charge had ensured that residents had access to opportunities for leisure and recreation. Residents engaged in activities in their home and community and were supported to maintain relationships with friends and family. It was found that residents were central to their personal planning process, and that their will and preference was respected with regard to decision making. Residents were supported to set and achieve personal goals in order to enhance their quality of life. Residents spoken with were satisfied that they could engage in hobbies of their choosing, and that they could make decisions about how they spent their time.

There were risk management arrangements in place, including a risk management policy and procedures. Risk in the centre was assessed and there were comprehensive control measures in place. Improvement was required to ensure that the reporting and recording of risk was accurate in order to ensure that relevant risks were escalated appropriately.

Residents were provided with a vehicle for transport which was used by residents to attend day services and other facilities in the community. There were arrangements

in place to monitor how roadworthy the vehicle was and the vehicle was serviced on a quarterly basis. Notwithstanding the service history, it was noted that the vehicle regularly required repair and was often unavailable for use for long periods of time. For example, in October of 2020 it was unavailable for 8 days and in July of 2020 it was unavailable for 20 days. Residents spoken with told the inspector that it was very inconvenient to have no transport available during these periods. The inspector was also informed that due the service history, staff were not confident that it was suitable for longer drives and it so it was largely used for shorter trips, with alternative arrangements being sought for longer trips (such as borrowing a vehicle from another centre).

There was an assessment of need carried out for all residents on at least an annual basis, and this assessment identified the ongoing and emerging health care needs of residents. Residents had access to a general practitioner and a range of allied health professionals which ensured that for the most part, residents' health care needs were met. The inspector found that in the case of one resident, there was no evidence based health care plan in place in relation to weight management and malnutrition. In this case, it has been recognised that the resident's weight required monitoring, however these records did not inform the development of an appropriate health care plan, and did not indicate when specialist consultation was necessary. This health risk was referred to an appropriate health care professional following the inspection.

There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. There were hand washing and sanitising facilities available for use, although in one bathroom there was no soap or hand towels. Infection control information and guidance was available to staff. The provider had carried out a range of risk assessments in relation to COVID-19 and ensured that these were updated in accordance with public health guidance; there were appropriate control measures in place for all identified risks.

For the most part, the design and layout of the premises was suitable to meet residents' needs. It was found that one room, which was designated as a second living area for residents in the statement of purpose, was largely used for storage and was not suitably furnished to function as a living area. The inspector observed mildew around some of the windows upstairs. While there was a housekeeping and cleaning schedule in place, and generally the premises was tidy, there were some areas of heavy dust and cobwebs that required deep cleaning. There were some outstanding maintenance issues that the provider had identified, such as damaged walls and broken door frames. Most rooms in the centre required painting.

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. There were suitable fire containment measures in place. Staff had received training in fire safety and there were detailed fire evacuation plans in place for residents.

Regulation 13: General welfare and development

The inspector found that residents were supported to have active personal and social lives in accordance with their interests. Residents were central to decisions about their day to day care and long term personal goals, and staff supported residents to engage in activities and hobbies of their interest.

A review of records found that residents socialised in their local community, attended day services, visited family members and friends and had visits to their home. In recent months residents had limited engagement in the community due to the implementation of public health guidance and restrictions. It was found that staff supported residents to maintain contact with their family and friends through alternative methods such as video calls. Residents also went for walks in their local community, were supported to attend local shops and enjoyed take-out meals from nearby restaurants.

Judgment: Compliant

Regulation 17: Premises

Under this regulation the provider was required to submit an urgent compliance plan to address an urgent risk. The provider's response did provide assurance that the risk would be adequately addressed. The provider promptly responded to a maintenance issue that was identified on the day of inspection as a risk to resident safety.

While generally the layout and design of the premises was sufficient to meet residents' needs, the layout and function of rooms in the centre was not reflective of those in the statement of purpose. The inspector found that one room, which was designated as a second living area, was not equipped to be used as such and was used primarily for storage. Although there was a living area available for residents' use, the provision of a second living area would improve the communal space available to six residents.

The inspector completed a walk through of the premises and found that while the house was tidy and well decorated, a deep clean was required as well as painting throughout. There was heavy dust and cobwebs in some areas, as well as mildew on some of the windows upstairs. Residents rooms were well equipped and decorated with personal items. There was some damage to walls in parts of the house that required repair, and numerous door frames were found to be partly detached from the wall.

Judgment: Not compliant

Regulation 26: Risk management procedures

There were clear risk management arrangements in place and the person in charge had received training in risk management. Generally, risk was well managed; the person in charge had ensured that any identified risk was assessed and that necessary control measures were in place. Residents were supported to take personal risks in a manner that supported independence and promoted their safety. Improvement was required with regard to the recording of risk and the accurate reporting of risk through the appropriate channels. The inspector found that risk reports received by senior management did not contain accurate risk ratings.

The provider had made a vehicle available for residents use. This vehicle was serviced regularly, and maintained to ensure that it was roadworthy. Staff and residents shared that the vehicle regularly had issues and was not available for periods of time. Any issue identified was addressed promptly by the provider, however it was noted that the frequency of problems and required repairs meant that staff were hesitant to take residents on longer journeys, and the availability of the vehicle was not always reliable.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19.

The person in charge ensured that staff had access to up to date infection control information and protocols. This information was also made available to residents in various accessible formats. Staff had received training in relation to infection prevention and control and hand hygiene. There were clear procedures in place to follow in the event of a COVID-19 outbreak in the centre, with a range of resources available. There was adequate personal protective equipment available.

While there were hand washing and sanitising facilities available for use, one bathroom did not have hand soap or towels available on the day of inspection. The inspector also found that hand hygiene practices could be further improved by the provision of hand sanitising gel nearer to the entrance of the premises so as to avoid having to enter other areas of the home prior to performing hand hygiene.

Judgment: Substantially 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. Fire fighting equipment was available and regularly serviced. Staff had received training in fire safety and on-site fire drill training. The inspector found that residents took part in planned evacuations and that learning from fire drills was incorporated into personal evacuation plans.

Judgment: Compliant

Regulation 6: Health care

The inspector found that an emerging health care need of one resident had not been managed in accordance with evidence based practice. While this health care need was being monitored, the provider had not facilitated access to an appropriate health care professional.

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 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Substantially compliant

Compliance Plan for Longlands OSV-0002391

Inspection ID: MON-0027347

Date of inspection: 03/02/2021

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 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>In response to non compliance under Regulation 17 (1) (a):</p> <ul style="list-style-type: none"> • The PIC and staff team have cleared the items stored in the second living area so that it can be used as a communal space. <p>In response to non compliance under Regulation 17 (1) (b):</p> <ul style="list-style-type: none"> • The Provider responded immediately to the maintenance issue identified on the day of Inspection and repair works were carried out on the bedroom doorframes referred to. <p>In response to non compliance under Regulation 17 (1) (c):</p> <ul style="list-style-type: none"> • The PIC has drawn up and submitted a Proposal for painting and decorating and other works required including removal of heavy dust and mildew on some windows upstairs. • The PIC had booked a deep clean for the house. 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>In response to substantial compliance under Regulation 26 (2):</p> <ul style="list-style-type: none"> • The PIC will arrange to review and update all Risk Ratings with the Quality and Standards Manager. <p>In response to substantial compliance under Regulation 26 (3):</p> <ul style="list-style-type: none"> • The PIC has submitted an application for a replacement bus to the Provider. 	

- The Transport Manager confirmed that the house has been listed for a replacement bus.
- In the meantime as well as borrowing a bus from other residential houses nearby, the house has signed up for the "Go Car" facility as back up support.

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

In response to substantial compliance under Regulation 27:

- The PIC and Staff Team will ensure that there are soap and towels available in all bathrooms.
- The PIC has placed a hand sanitizer inside the front door for usage on arrival to the house.

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:
In response to substantial compliance under Regulation 6 (2) (d):

The PIC has contacted a Dietician for the Resident and a detailed health care plan has been put in place.

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)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	05/02/2021
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.	Not Compliant	Red	05/02/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/06/2021
Regulation 26(2)	The registered provider shall	Substantially Compliant	Yellow	30/04/2021

	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.			
Regulation 26(3)	The registered provider shall ensure that all vehicles used to transport residents, where these are provided by the registered provider, are roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.	Substantially Compliant	Yellow	31/12/2021
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	Substantially Compliant	Yellow	05/02/2021

	Authority.			
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Substantially Compliant	Yellow	28/02/2021