



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

Issued by the Chief Inspector

Name of designated centre:	Landscape
Name of provider:	St Michael's House
Address of centre:	Dublin 14
Type of inspection:	Unannounced
Date of inspection:	11 May 2023
Centre ID:	OSV-0002397
Fieldwork ID:	MON-0036362

About the designated centre

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

Landscape is a designated centre operated by Saint Michael's House located in South County Dublin. It provides a community residential service to five adults with a disability. Residents with additional physical or sensory support needs can be accommodated in the designated centre. The designated centre can support residents with additional support needs such as alternative communication needs, specialist diet and nutrition programmes, and residents with well managed health conditions such as epilepsy or diabetes. The centre can also support people with a dual diagnosis of intellectual disability and mental health diagnosis.

The centre comprises of a two-storey house which consists of five resident bedrooms, office, staff sleepover room, two sitting rooms, dining room/kitchen, three bathrooms and utility room. The centre is staffed by a person in charge and social care workers. Staff are educated and trained to provide care and support to people with intellectual disabilities in a social care model. The focus of the centre is to support and assist residents to gain experience, live as independently as possible and to live lifestyles similar to their peers without a disability.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Thursday 11 May 2023	08:10hrs to 14:45hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This inspection was carried out as part of the regulatory monitoring of the designated centre. Overall, the inspector found that the centre was operating at a high level of compliance, and residents received a good quality and safe service that was operated with a human rights-based approach to care and support.

The centre comprised a large two-storey house in a busy Dublin suburb. The centre was within a short walking distance to many amenities and services including shops, cafés and restaurants, and public transport. There was no dedicated vehicle to transport residents, however they could easily walk to local amenities, use public buses and taxis (paid for by the provider), and a day service bus was available for them to use at the weekends.

The person in charge accompanied the inspector on an observational walk around of the centre. Overall, it was found to be clean, bright, homely, nicely furnished, and appropriate to the assessed of residents living there. The communal living areas included two sitting rooms, a large kitchen dining area, and a pleasant back garden. The kitchen was well equipped and there was a good selection of food and drinks available to residents. Some of the kitchen presses were worn and the provider planned to renovate them later in the year. A notice board displayed information for residents on complaints, COVID-19, community activities, and the staff roster. The weekly menu was displayed on the fridge.

There was several bathrooms, utility room with laundry facilities, staff sleep over room and office. Residents' bedrooms were spacious, comfortable, and decorated to their tastes. Generally, the premises was well maintained, however some minor upkeep was required, and had been reported by the person in charge to the provider. There were no restrictive practices in the centre.

The inspector observed good fire safety systems including fire detection, containment and fighting equipment. The exit doors were easily opened to aid a prompt evacuation, and the fire doors closed properly when the fire alarm activated. The fire panel was addressable and there was guidance displayed beside it on the different fire zones in the centre.

The inspector also observed good infection prevention and control (IPC) measures, such as access to hand-washing facilities and cleaning chemicals, and arrangements for safe management of soiled laundry. Fire safety and IPC matters are discussed further in the quality and safety section of the report.

The inspector met two residents. Another resident was away visiting their family, and there were two vacancies. One resident had a mild illness on the day of the inspection and was resting in the centre instead of attending their day service. They showed the inspector photographs of their family on their smart tablet device, but

declined to speak with the inspector.

The other resident spoke with the inspector before they left for their day service. They said that they were happy living in the centre, and liked their housemates and staff. They told the inspector that they enjoyed the food in the centre, and was happy with the menu displayed on the fridge. They showed the inspector their bedroom which was nicely decorated with family photographs and had a large television, and said that their bed was comfortable. They had an active life, and told the inspector about some of the activities that they enjoyed, such as attending day services, spending time with family, discos, concerts, swimming, social clubs, eating out, walking, and going to the pub. They were going to England the day after the inspection with one of their housemates and staff from the centre. The trip was part of their personal goals, and they were very excited for it. They were also planning another trip to England later in the year to attend a football match. They expressed no concerns to the inspector.

The provider's recent annual review of the centre had consulted with residents and their families. The residents' said that they liked living in the centre, and spoke about the activities they enjoyed and their personal goals. Family feedback was also positive and complimented the staff team in the centre.

The inspector observed staff engaging kindly with residents, and they knew each other well. Staff were observed offering residents choices, for example, regarding activities and support with their personal care, and their decisions were respected.

The inspector met and spoke with several members of staff including the person in charge, a social care worker, and service manager. They demonstrated a rich understanding of the residents and their individual needs. They all told the inspector that since the previous inspection in 2021, safeguarding concerns had been resolved leading to a more relaxed environment and residents were happier. They also told the inspector about the upcoming planned admission of a resident to the centre. The admission had been carefully considered and planned for, and they were confident that the new resident was compatible with the other residents living in the centre.

The person in charge described the quality and safety of the service provided in the centre as being very good and personalised to the residents' individual needs and wishes. They had no concerns, but felt confident escalating any potential concerns to the service manager. The service manager told the inspector that residents received a high standard of care and was satisfied that their needs were being met in the centre.

The social care worker told the inspector that the service provided to residents was "exceptional" and individualised to their needs, and that residents enjoyed a good quality of life. They spoke about residents' healthcare needs and the associated supports, such as access to multidisciplinary team services and implementation of care plans. They spoke about some of the activities residents enjoyed and how they were supported to maintain relationships meaningful to them, for example, through visiting family. They had completed human rights training, and spoke about some of

their learning, for example, promoting residents' will and preferences, and applying human rights principles (such as, fairness, equality, and dignity) to care. They also spoke about how they supported a resident's wish to have a paid job by helping them to access employment services. They also were aware of independent advocacy services that residents could use if required.

They told the inspector about some of the fire safety measures, such as fire safety checks, fire drills, and education for residents. They were aware of the provider's procedures for safeguarding residents. They had no concerns about the service, however felt confident in raising any concerns with the management team. They were also satisfied with the support and supervision they received.

From what the inspector was told and observed during the inspection, it was clear that residents had active and rich lives, and received a good quality service. The service was operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

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

Capacity and capability

There were effective management systems to ensure that the service provided in the centre was safe, consistent and appropriate to residents' needs.

The management structure was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time and based in the centre. They had a good understanding of their role and of the supports required to meet the residents' assessed needs. The person in charge was supported in their role by a service manager and Director of Care, and there were effective systems for the management team to communicate and escalate any issues.

The registered provider had implemented management systems to ensure that the centre was safe and effectively monitored. Annual reviews and six-monthly reports, and a suite of audits had been carried out, and actions were identified to drive quality improvement.

There were no complaints, however, the provider had prepared an effective complaints procedure that was also in an easy-to-read format for residents. They had also prepared a written statement of purpose that contained the information set out in Schedule 1 and was available to residents and their representatives to view.

The staff skill-mix of social care workers was appropriate to the needs of the residents and for the delivery of safe care. Staff completed relevant training as part

of their professional development and to support them in their delivery of appropriate care and support to residents. The person in charge maintained planned and actual rotas showing staff working in the centre. There were some vacancies, however they were managed well to reduce any potential adverse impact on residents.

The person in charge provided support and formal supervision to staff working in the centre, and staff spoken with advised the inspector that they were satisfied with the support they received. Staff could also contact the service manager or on-call service if outside of normal working hours. Staff also attended regular team meetings which provided an opportunity for them to raise any concerns regarding the quality and safety of care provided to residents. The inspector viewed a sample of the recent staff team meetings which reflected discussions on safeguarding, fire safety, infection prevention and control, complaints, incidents, health and safety issues, and staff training.

The person in charge had ensured that incidents occurring in the centre were notified to the Chief Inspector of Social Services in accordance with the requirements of regulation 31.

Regulation 15: Staffing

The person in charge was satisfied that the current staff complement and skill-mix of social care workers was appropriate to the number and assessed needs of residents.

The person in charge maintained planned and actual staff rotas. The inspector viewed a sample of the recent rotas, and found that they showed the names of staff working in the centre during the day and night. There was one permanent half-time vacancy, as well as recent additional vacancies due to unplanned staff leave. The provider was recruiting to fill the vacancies. In the meantime, the vacancies were being filled by regular relief staff, and permanent staff also worked additional hours to support the consistency of care for residents. The May 2023 rota noted six different relief staff working in the centre, however, the relief staff had previously worked in the centre and were familiar with residents, and a permanent staff member was always on duty to reduce any potential impact on residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff working in the centre had access to training as part of their continuous professional development and to support them in the delivery of effective care and support to residents. Staff completed training in areas such as, fire safety,

safeguarding of residents, positive behaviour support, infection prevention and control, manual handling, medication management, emergency first aid, and supporting residents' eating and drinking needs. Some training was outstanding, however, had been scheduled by the person in charge for staff to attend in the coming months. Some staff had also completed human rights training as noted in the 'What residents told us and what inspectors observed' section of the report.

The person in charge provided informal and formal supervision to staff. Formal supervision was scheduled quarterly as per the provider's policy. The person in charge maintained supervision records and schedules. In the absence of the person in charge, staff could contact the service manager for support and direction. There was also an on-call service for staff to contact outside of normal working hours.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that the centre was resourced to deliver effective care and support to residents.

There was a clearly defined management structure with associated lines of authority and accountability. The person in charge worked directly with residents, but also had protected time to carry out their management and administrative duties, and was satisfied with these arrangements. They were supported in their role by a service manager who in turn reported to a Director of Care. There were good arrangements for the management team to communicate including formal meetings and sharing of governance reports.

The person in charge also attended regular group meetings with other managers who reported to the service manager. The purpose of these meetings was to provide updates and promote shared learning, for example, recent meeting minutes noted discussions on safeguarding procedures.

The provider had implemented good systems to effectively monitor and oversee the quality and safety of care and support provided to residents in the centre. Annual reviews and six-monthly reports were carried out, and had consulted with residents. Audits had also been carried out in the areas of health and safety, and infection prevention and control.

There were two resident vacancies in the centre, and the provider was ensuring that potential new admissions were being carefully considered and assessed to ensure that their needs could be met in the centre, and that residents were involved in the admission process. This demonstrated good decision making by the provider to support a safe and quality service for residents.

There were effective arrangements for staff to raise concerns. In addition to the supervision arrangements, staff also attended regular team meetings which provided

a forum for them to raise any concerns. Staff spoken with advised the inspector that they were confident in raising any potential concerns with the management team.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. The statement of purpose was last revised in December 2022, and was available in the centre to residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that incidents occurring in the centre, such as allegations of abuse and outbreaks of notifiable diseases, were notified to the Chief Inspector in accordance with the requirements of this regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had established an effective complaints procedure underpinned by a comprehensive policy. The complaints procedure was in an easy-to-read format for residents. Resident meetings regularly discussed complaints to support awareness and understanding of the topic. Residents also had access to advocacy services if required.

There were no current complaints, and previous complaints made by residents and their representatives had been resolved.

Judgment: Compliant

Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support. The inspector observed residents to have active lives and participate in a wide range of activities within the community and the centre. Residents chose to live their lives in accordance with their will and personal preferences. Residents were also supported to maintain relationships meaningful to them, for example, with their families. Residents spoken with were happy in the centre, and the inspector found that the service provided to them was safe and of a good quality.

Assessments of residents' individual needs had been carried out which informed the development of personal plans. The plans viewed by the inspector were up to date and provided sufficient guidance for staff to effectively support residents with their needs. Residents' healthcare needs were being met in the centre and they had good access to a wide range of multidisciplinary team services, and could avail of vaccination and national screening programmes.

There were no restrictive practices or interventions in the centre. Staff completed training in positive behaviour support and plans were developed to support residents with their behaviours as required.

There were good arrangements, underpinned by robust policies and procedures, for the safeguarding of residents from abuse. Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns. Staff spoken with were familiar with the procedure for reporting any concerns.

The premises were found to be bright, clean, homely, and nicely furnished. There was sufficient communal space, and nice gardens for residents to enjoy. The premises were meeting the residents' needs, and residents spoken with said they were happy with their bedroom and home. Some minor upkeep was required, and had been reported to the provider to address.

There were good fire safety systems. Staff completed regular checks on the fire safety equipment and precautions, and there were arrangements for the servicing of the fire safety equipment. Fire evacuation plans and individual evacuation plans had been prepared to be followed in the event of a fire, and the effectiveness of the plans was tested as part of regular fire drills carried out in the centre. Staff completed fire safety training, and residents were reminded of fire safety during their weekly meetings.

There were effective IPC measures and arrangements to protect residents from the risk of infection. The provider had prepared comprehensive IPC policies and procedures, and there was also good support available from the provider's IPC team. There had been no stand-alone IPC audit by a person competent in this area, however there were other arrangements for the oversight and monitoring of the IPC measures through local audits, and discussions at team meetings. Staff had completed relevant IPC training and were knowledgeable on the IPC matters that they discussed with the inspector. The centre was clean, and there was a good supply of cleaning equipment and chemicals, and personal protective equipment.

Regulation 17: Premises

The centre comprised a large two-story building close to many local amenities and services. The premises were found to be appropriate to the needs and number of residents living in the centre.

It was clean, bright, warm, homely, nicely furnished, and comfortable. The communal space including two sitting room, kitchen and dining room, and spacious gardens. There was adequate bathroom facilities, and the kitchen was well equipped. Residents spoken with told the inspector that they were very happy with their bedrooms which were nicely decorated.

Parts of the centre required minor upkeep, such as rust on a bathroom radiator, stained carpeting and damaged floor boards. These matters had been reported to the provider as requiring attention. The kitchen presses were worn, and the provider planned to renovate them later in the year.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had ensured that residents were supported to buy, prepare and cook meals in the centre as they wished.

The inspector observed a good variety of food and drinks for residents to choose from. Residents planned a weekly menu during their house meetings, and staff usually completed the grocery shopping. Residents spoken with told the inspector that they liked the food in the centre and were happy with the selection of food and drinks.

Some residents required modified and specialised diets. Feeding, eating, drinking, and swallow (FEDS) plans and information on specialised diets had been prepared and were readily available for staff to follow. Staff had also completed relevant training to support residents with their meals. Residents also had access to speech and language therapy input as required

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had implemented good infection prevention and control

(IPC) measures and procedures.

There was a suite of policies and procedures on IPC for staff to refer to, and updates to guidance was regularly shared with them. The provider had an established IPC team and they also provided support and guidance on IPC matters.

An IPC preparedness plan had been prepared, which included guidance on the management of outbreak of infectious disease, for example, use of PPE, reporting, resources, and monitoring residents' wellbeing. The person in charge had also prepared risk assessments on COVID-19 and IPC matters which noted the associated control measures to be implemented, for example, unused taps were flushed weekly to reduce the risk of legionella.

There had been no stand-alone IPC audit carried out by a person competent in this area. However, monthly IPC checklists and quarterly health and safety audits were completed by the person in charge, and they assessed a range of IPC matters, such as handling and storage of chemicals, waste management, and housekeeping.

Staff in the centre were responsible for cleaning duties in addition to their primary roles, and there was guidance and cleaning schedules to inform their practices. Staff were required to complete IPC training to support their practices. Staff spoken with advised the inspector on the arrangements for soiled laundry, and use of cleaning chemicals and colour-coded equipment to reduce the risk of infection cross contamination.

IPC was discussed at team meetings to support staff knowledge, for example, recent meeting minutes noted discussions on infections, outbreak plans, and risk assessments. Residents had also received guidance on IPC matters during their weekly meetings.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems. There was fire detection and fighting equipment, and emergency lights in the centre, and it was regularly serviced. Staff also completed daily, weekly, and monthly fire safety checks. The inspector observed that all of the fire doors, including bedroom doors and the kitchen door, closed properly when the fire alarm activated. The fire panel was addressable and easily located in the hallway.

The person in charge had prepared evacuation plans to be followed in the event of the fire alarm activating, and each resident had their own individual evacuation plan which outlined the supports they may require in evacuating, for example, a flashing light was installed in one resident's bedroom as an aid to wake them during the night. Fire drills, including drills reflective of night-time scenarios, were carried out to test the effectiveness of the evacuation plans. The exit doors were fitted with

easy open mechanisms to support prompt egress in the event of an emergency.

Staff had completed fire safety training, and told the inspector about some of the fire precautions, and supports that residents required when evacuating. Fire safety was also regularly discussed at residents' meetings to support them in understanding the evacuation arrangements.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' health, personal and social care needs were assessed. The inspector viewed a sample of the assessments and found them to be comprehensive and up to date.

The assessments informed the development of personal plans. The inspector viewed a sample of residents' care plans including plans on health and wellbeing, communication, and intimate care. The plans were readily available to guide staff practice, up to date, and some reflected resident and their representatives input. Some plans also used pictures and were in easy-to-read format to be more accessible to residents.

Overall, it was found that appropriate arrangements were in place to meet the residents' needs.

Judgment: Compliant

Regulation 6: Health care

The registered provider had ensured that residents were provided with appropriate healthcare.

Residents' healthcare needs were assessed which informed the development of care plans. The inspector viewed a sample of the residents' healthcare assessments and plans, and found them to be up to date.

Residents had good access to a range of multidisciplinary services including psychology, chiropody, occupational therapy, general practitioners, dermatology, dentists, physiotherapy, and speech and language therapy.

If they wished to, residents were supported to participate in national health screening programmes and avail of vaccination programmes.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff working in the centre had up-to-date knowledge and skills to respond to and appropriately support residents with behaviours of concern, for example, they completed positive behaviour support training, and plans were developed to support residents with their behaviours. The provider had also prepared a policy on positive behaviour support which included easy-to-read information for residents.

There were no restrictive practices or interventions in the centre, however the provider had prepared a written policy on this matter.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. The systems were underpinned by comprehensive policies and procedures.

Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. There was also guidance in the centre for them to easily refer to. Staff spoken with able to describe the safeguarding procedures. Safeguarding concerns in the centre were assessed and where required measures were put in place to protect residents.

Personal and intimate care plans had been developed to guide staff in supporting residents in this area in a manner that respected their privacy and dignity. There was also a policy in relation to intimate care to guide staff practice.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the inspector found that the provider was promoting a human rights-based approach to care and support of residents, and the centre was being operated in a manner that respected and promoted their rights.

Residents were supported to make decisions and had control in their lives. Residents

were consulted with and participated in the organisation of the centre through weekly house meetings, key worker meetings, and daily consultations. During the inspection, the inspector observed residents being consulted with and listened to with care and respect by staff. They were also supported to plan and achieve personal goals, for example, going on holidays.

Residents' privacy and dignity was respected in the centre, and they were supported to maintain relationships with people meaningful to them. Residents had access to their own money, and had given consent to the provider to support them in managing their finances. Residents could avail of advocacy services, if required.

As noted earlier in the report, some staff had completed human rights training, and training on the Assisted Decision-Making (Capacity) Act 2015, to aid staff understanding of the legislation was being arranged.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant