



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

Issued by the Chief Inspector

Name of designated centre:	The Pines
Name of provider:	St Michael's House
Address of centre:	Dublin 14
Type of inspection:	Short Notice Announced
Date of inspection:	05 August 2020
Centre ID:	OSV-0002398
Fieldwork ID:	MON-0029898

About the designated centre

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

The Pines is a designated centre operated by St. Michael's House. It provides residential care and support for up to five adults with an intellectual disability. Residents with additional physical and sensory support needs can also 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 and mental health diagnosis. The centre comprises a detached, two-storey house. Each resident has their own bedroom. The centre is managed by a person in charge and person participating in management as part of the provider's governance oversight arrangement for the centre. The staff team consists of a nurses and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 5 August 2020	11:20hrs to 17:30hrs	Andrew Mooney	Lead

What residents told us and what inspectors observed

In line with public health guidance and residents' assessed needs, the inspector did not spend extended periods with residents. However, the inspector did have the opportunity to meet all five residents and briefly speak with four residents during the inspection.

During the inspection the inspector met and spoke with residents. The inspector sat in the garden, adhering to social distancing guidance and spoke with two residents about their experience of the centre. Residents commented that this was the best centre they had ever lived in and they loved their home and they were complimentary about staff. Residents appeared very comfortable in the presence of staff and other residents.

Residents told the inspector about the things they like to do, which included going to the seaside, going to amusements and watching football matches. Unfortunately, due to the COVID-19 pandemic residents had not been able to engage in all the activities they usually did. For example residents said they missed going to their day services and seeing their friends.

The inspector observed staff supporting residents throughout the inspection in a caring and supportive manner. Staff appeared to know residents very well and understood their communication styles. Staff assisted residents to engage and communicate with the inspector.

Capacity and capability

The governance and management arrangements within the centre ensured appropriate resources were available to operate a safe service. However, the capacity and capability of the centre was adversely impacted as service deficits were not addressed in a timely manner.

There were clearly defined management structures which identified the lines of authority and accountability within the centre. There was a suitably qualified and experienced person in charge in place who provided effective leadership. The provider had systems in place to monitor and review the quality of services provided within the centre. However, while these systems identified service deficits, appropriate actions were not always undertaken to address these issues in a timely manner. This showed that while the provider could self identify issues within the centre, it did not always have the capacity or capability to drive the improvements required. For example premises issues were identified during the last inspection of the centre on the 14 March 2018. The provider submitted a compliance

plan, committing to addressing these issues by the 31 August 2018. However, these premises issue had not been addressed. This was despite the person in charge raising the issue multiple times during monthly governance meetings.

The provider had ensured that staff had the required competencies to manage and deliver person-centred, effective and safe services to the residents of the centre. Staff were supported and supervised to carry out their duties to protect and promote the care and welfare of residents. During the inspection the inspector spoke with staff and found them to be knowledgeable about residents and the providers policies and procedures. The inspector observed staff interacting in a very positive way with residents and it was clear they knew residents well.

The provider had ensured that staff had the appropriate skills and training to provide support to residents. Training such as safeguarding vulnerable adults, medication management, fire prevention and manual handling was provided to staff, which improved outcomes for residents. A small number of staff required training in the area of infection control and positive behaviour support. Staff were supported and supervised appropriately to protect and promote the care and welfare of residents within the centre. Staff told the inspector they felt well supported by the person in charge and would feel comfortable raising concerns if they arose.

Generally, incidents within the centre were notified to the Chief inspector in line with the regulations. However, from a review of documentation and a discussion with the person in charge, the inspector identified a small number of restrictions which had not been notified quarterly as required. Furthermore, a number of three day notifiable events had been notified outside the required three day time frame.

Regulation 15: Staffing

There was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The education and training available to staff enabled them to provide care that reflected up-to-date practice. However, a small number of staff required positive behaviour support and infection control training. Staff were supervised as appropriate to their role.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management structure was clearly defined and identified the lines of authority and accountability. However, the cumulative impact of non compliance identified during this inspection indicated that the management systems in place did not ensure that the service was effectively monitored.

Judgment: Not compliant

Regulation 31: Notification of incidents

Generally, incidents within the centre were notified to the Chief inspector in line with the regulations. However, a small number of restrictive practices had not been notified quarterly and not all three day notifications had been submitted within the appropriate time frame.

Judgment: Not compliant

Quality and safety

There were systems and procedures in place to protect residents, promote their welfare and recognise and effectively manage the service when things went wrong. This included a robust provider response to the COVID-19 pandemic. However, concerns relating to delays in following through on long standing premises issues, fire management systems and the centres adherence to safeguarding processes negatively effected the quality and safety of the centre.

The provider had adopted a range of infection prevention and control procedures to protect residents from the risk of acquiring a healthcare associated infection. There were hand washing and hand sanitising facilities available in appropriate areas of the centre. There were suitable arrangements for clinical waste disposal. The provider had ensured adherence to standard precautions and there were ample supplies of personal protective equipment (PPE). There were clear arrangements in place to protect residents and staff from acquiring or transmitting COVID-19. The provider had developed training resources and a dedicated response team to support the implementation of public guidance. During the inspection, staff were observed to adhere to social distancing and wore appropriate PPE. The cumulative impact of these measures ensured residents were appropriately safeguarded against

unnecessary exposure to the COVID-19 virus.

The centre is a two-storey house and comprises six bedrooms of which five are used by residents. The other bedroom is used by the provider as an office and overnight accommodation for staff. Residents had access to a communal sitting room, kitchen and dining room. There was also a second smaller communal sitting room called the "annex" available to residents. As identified on a previous inspection in March 2018, access to the rear of the garden was compromised due to the exit route through the utility room not being suitable to meet residents' mobility needs. Therefore, residents were required to go through a bathroom or another resident's bedroom, if they wished or needed to access the garden. These concerns had been ongoing for a number of years and at the time of this inspection appropriate measures were not taken in a timely manner. The design and layout of the premises did not ensure that each resident could enjoy living in an accessible and homely environment. Additionally, the inspector observed some broken items stored in the back garden and the management of this waste required improvement.

There were appropriate systems in place for the detection of fire and all staff had received suitable training in fire prevention and emergency procedures. Regular fire drills were held and accessible fire evacuation procedures were on display in the centre. However, the completed fire drills were not reflective of all fire scenarios, as they did not simulate the evacuation of all residents with the least number of staff. Additionally, from a review of completed fire drills, where barriers to fully evacuating residents from the premises were identified, it was unclear what measures were put in place to address these barriers. The inspector also noted that poor housekeeping in an area of the building represented an unnecessary risk of fire in the centre. This was addressed during the inspection. Assurances were provided post inspection that suitable arrangements were in place to safely evacuate all residents with the least number of staff. A fire safety report completed on behalf of the provider noted a number of actions were required to ensure current containment measures were effective. For example the report noted a fire door to the "annex" required upgrading, however it was unclear if this upgrade had been completed.

The provider had ensured that there were systems in place to safeguard residents from all forms of potential abuse. All incidents, allegations and suspicions at the centre were reviewed. However, improvements were required in relation to how safeguarding concerns were notified to the national safeguarding team. The person in charge ensured measures were put in place to address any local concerns raised. However, the provider had not ensured that these concerns were notified consistently and in a timely manner to the local safeguarding team.

There were appropriate arrangements in place to ensure that residents had a personal plan in place that detailed their needs and outlined the supports required to maximise their personal development and quality of life. The service worked together with residents and their representatives to identify and support their strengths, needs and life goals. Residents were supported to access and be part of their community in line with their preferences. Residents were assisted in finding opportunities to enrich their lives and maximise their strengths and abilities. This included residents engaging in a variety of meaningful activities within the local and

wider community, including attending day services and staying connected with family and friends. However, due to the national COVID-19 pandemic, opportunities to engage in these activities had been limited in line with public health advice. Residents expressed that they understood why this was needed but they were looking forward to getting back to day services as soon as possible.

Residents' health care needs were well supported. Residents had access to a general practitioner (GP) of their choice and other relevant allied health care professionals where needed. During times of illness, residents' health needs were appropriately supported in consultation with their GP and other appropriate multi-disciplinary team members, such as speech and language therapists, occupational therapists and psychologist. There was appropriate guidance available to staff to support residents with their health care needs and staff demonstrated a comprehensive understanding of residents' health care needs. Residents were supported to access all relevant national screening programmes. This resulted in residents' health being appropriately supported. However, improvements were required in how some documentation was maintained.

Regulation 17: Premises

Actions identified on the last inspection had not been fully addressed. The design and layout of the premises did not ensure that each resident could enjoy living in an accessible and homely environment. Improvements were also required in the management of maintenance issues and the disposal of general waste.

Judgment: Not compliant

Regulation 27: Protection against infection

The prevention and control of health care related infections was effectively and efficiently governed and managed. Staff were observed to maintain social distancing and demonstrated good hand hygiene during the course of the inspection.

Judgment: Compliant

Regulation 28: Fire precautions

There were appropriate systems in place for the detection of fire, all equipment was appropriately serviced, including emergency lighting. All staff had received suitable training in fire prevention and emergency procedures.

However, fire drills required improvement and poor housekeeping in one area of the building represented an unnecessary risk of fire in the centre. Furthermore, it was unclear if current fire containment measures were appropriate.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

There was a comprehensive assessment that met the needs of the residents and a personal planning process that reflected those assessed needs.

Judgment: Compliant

Regulation 6: Health care

Appropriate health care was made available for each resident having regard to that residents personal plan.

However, some documentation required improvement to ensure that the outcome of completed health appointments were accurately recorded.

Judgment: Substantially compliant

Regulation 8: Protection

Residents were safeguarded appropriately within the centre.

However, not all allegations of a safeguarding nature were investigated and reported in line with the centres safeguarding vulnerable adults policy. Furthermore, it was not clear that the reporting of a notified safeguarding issue to the safeguarding office was not completed within the required three day time frame.

Judgment: Not 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 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Not compliant

Compliance Plan for The Pines OSV-0002398

Inspection ID: MON-0029898

Date of inspection: 05/08/2020

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The person in charge has ensured that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.</p> <p>All staff has completed Infection control training on line.</p> <p>Due to Covid Pandemic the interim arrangement for PBS training, because of social distancing, is the online module 'Principles and Practices of PBS'. Staff will have PBS training completed by October 2020.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Service manager will continue to monitor the management systems through the 6 monthly audits and support the PIC in her role in the Governance and management of the designated centre.</p> <p>The Registered Provider will ensure that the management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. SMH Head of Technical Services and an external Architect will undertake a full assessment of the works required to the centre with the PIC and OT to meet the needs of the residents within the centre. This assessment will be completed within 3 months and funding sought from the HSE for the</p>	

works required. 28/11/2020

Once the full assessment of the premises is completed with the input of all key stakeholders and funding approved, it is proposed works will commence in November 2020 with a completion date of 28/5/2021

Regulation 31: Notification of incidents

Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

The person in charge will ensure with immediate effect that the Chief Inspector notice in writing within 3 working days of the following adverse incidents relating to any allegation, suspected or confirmed, of abuse of any resident.

Regulation (3) (a)

The person in charge has submitted a written report is provided to the Chief Inspector relating to a restrictive procedure which occurred 2019 which relates to a restrictive procedure including physical. This has now been completed.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The person in charge has ensured that general house cleaning and maintenance of the garden has been addressed with immediate effect. This has been completed.

The registered provider will ensure that the premises of the designated centre is designed and laid out to meet the aims and objectives of the service and the number and needs of residents. SMH Head of Technical Services and an external Architect will undertake a full assessment of the works required to the centre with the PIC and OT to meet the needs of the residents within the centre. This assessment will be completed within 3 months and funding sought from the HSE for the works required. 28/11/2020
The person in charge

Once the full assessment of the premises is completed with the input of all key stakeholders and funding approved, it is proposed works will commence in November 2020 with a completion date of 28/5/2021

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Person in Charge has ensured with immediate effect that a fire drill has been conducted for all residents with minimum number of staff. This was completed in August 2020. Regulation 28 (3) (a) Fire alarm system was replaced in February 2020 so all issues were addressed as per fire report. Sitting room door was upgraded and partition was to attic space was completed and so issues were addressed as per fire report - Oct 2019. Work regarding wall vents was scheduled to be completed in March and was deferred due to COVID. A start date is in the process of being agreed with the SMH Housing Association to piggy back on the roll out of door closers program which will start on the southside in the coming weeks (changes in COVID dependent). Work is harder to complete as service users are not attending day service and limited places they can relocate to for large periods of time for work to be completed. The work required on upgrading the door to the utility will happen as part of this as it was overlooked in works that took place in October 2019. Work will be completed by 31st Dec 2020.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: The registered provider and PIC are satisfied that appropriate healthcare for each resident has been reviewed and updated. All relevant medical appointments have been scheduled.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: The person in charge has completed outstanding PSF1 where deemed necessary by DSW and DO as in line with SMH Safeguarding Policy May 2019.</p>	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	23/10/2020
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	20/08/2020
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the	Not Compliant	Orange	28/05/2021

	statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	26/02/2021
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Red	05/08/2020
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2020
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are	Not Compliant	Orange	07/08/2020

	aware of the procedure to be followed in the case of fire.			
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	30/08/2020
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	20/08/2020
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	30/09/2020

Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Not Compliant	Orange	20/08/2020
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