



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

Issued by the Chief Inspector

Name of designated centre:	Willowglade
Name of provider:	St Michael's House
Address of centre:	Dublin 14
Type of inspection:	Announced
Date of inspection:	15 November 2022
Centre ID:	OSV-0002400
Fieldwork ID:	MON-0029103

About the designated centre

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

Willowglade is a designated centre operated by St Michael's House located in an urban area in County Dublin. It provides a community residential service for up to six residents at any given time, both male and female, with an intellectual disability. The designated centre is a dormer bungalow comprising a kitchen/dining room, two sitting rooms, a utility room, six resident bedrooms, a staff sleepover bedroom, office, storage room and a number of shared bathrooms. The centre is staffed by a person in charge, nurses, social care workers, direct care assistants and a domestic staff worker.

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 (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
Tuesday 15 November 2022	09:45hrs to 18:00hrs	Louise Renwick	Lead

What residents told us and what inspectors observed

This inspection was following the provider's application to renew the registration of their designated centre, for six adults. The inspection was announced, and the inspector had the opportunity to meet residents, spend time in the centre observing the daily activity and to talk to staff and management.

The inspector met all residents who lived in the designated centre, and spent some time in their company, observing interactions and the daily activities. One resident told the inspector that the centre was really nice, and the food was really nice too.

During the morning, a resident was at home relaxing and watching television. They appeared comfortable and had their own small living room to watch television in private. Later in the day staff spent time with the resident giving them a hand massage, which they said they enjoyed.

In the morning, other residents were out in external day services during the day and they returned in the late afternoon to the designated centre. Resident were greeted by staff and discussed the plan for the evening meal and any activities or appointments that were happening that evening.

One resident was having a footspa and listening to their favourite music in the afternoon and later went for a walk in the local area. Other residents had sensory and musical toys available to them, and enjoyed listening to their favourite music while relaxing in the living room. Staff interactions were positive and person-centred and demonstrated that staff knew residents' well, including their likes and dislikes and preferences. There was a pleasant and joyful atmosphere in the designated centre, and later in the evening an external musician performed songs and played music which the group really enjoyed and took part in weekly.

Residents were seen to have the opportunities to engage in both home-based and community based activities of their choice. For example, going out with staff for walks in the local area, attending events and shows in Dublin or spending time at home engaged in activities that they enjoyed. Residents had recently enjoyed visiting Dublin Zoo for the lights show, going out for meals and hot chocolates and attending musicals. During the week, residents took part in music sessions in their home or had a massage by a visiting therapist.

The inspector was in the designated centre during the evening meal time, and observed a pleasant mealtime experience. Residents were supported, if required with their meal, or chose to eat in quieter rooms of the house. Meals were prepared and cooked by household staff and were modified to the consistency required for each resident. Staff were aware of residents likes and dislikes, and menu planning was arranged to ensure residents had meals in line with their taste and requirements.

The designated centre was located in south Dublin, and was close to community amenities, transport links and facilities. Each resident had their own individual bedroom which were decorated in line with their choices and tastes. There were five bedrooms for residents downstairs and one upstairs. There was a living room with indoor swing seat and furniture, a second smaller sitting room, and a communal kitchen/ dining room for residents. The centre was decorated with photographs of residents and staff and enjoyable moments. There were an adequate number of bathrooms and showering facilities.

One of the bathrooms had a specialist bath for wheelchair users, while still functional it was old and the person in charge spoke about difficulties in replacing parts given its age. Therefore the person in charge had put forward a request for funding approval to replace the bath with a newer model. Residents had equipment available to them, such as shower aids and ceiling tracking hoists which were serviced and checked regularly. There was a back garden with patio access, and in the summer staff explained that residents could sit outside and enjoy the space.

Overall this inspection saw positive and warm interactions between residents and staff, there was a pleasant and homely environment and staff spoke positively about the residents they support and their needs. Premises were homely and nicely decorated and suitable to the needs of residents. Some minor improvements required in relation to incident and risk management, which would better inform care planning and control measures for identified risks.

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

The registered provider demonstrated that they had the capacity and capability to operate the designated centre in a manner that resulted in positive experiences for residents and a good quality service. Overall, this inspection found good levels of compliance with the regulations, and residents were afforded a safe and good quality service.

The provider had prepared a written statement of purpose and function, that set out the needs that could be supported in the designated centre, the facilities and services available and the details as required in schedule 1 of the regulations. The provider was adequately resourced to deliver a residential service in line with the written statement of purpose. For example, there was sufficient staff available to meet the needs of residents each day and night, and there were adequate premises, facilities and supplies. The provider had arrangements in place for transport with a wheelchair accessible bus located in the designated centre to support residents to

attend day services, appointments or events.

The centre had experienced a period of time with unstable management, due to changes in the role of person in charge and times when the clinical nurse manager 1 role was vacant. Since the appointment of a full-time permanent person in charge in September 2022, things had stabilised and clear plans were in place to address gaps in documentation and to improve the operational management of the designated centre.

There was a clear management structure and management systems of oversight to monitor the quality of the care and support in the designated centre. The person in charge worked full-time and was responsible for only this designated centre. They were suitably skilled, experienced and qualified and were supported in their role by a clinical nurse manager 1. The person in charge also worked as a nurse in the designated centre, and as per the statement of purpose had allocated management hours each month.

There were effective lines of escalation and information to ensure the provider was aware of how the centre was operated and if it was delivering a good quality service. There had been unannounced visits completed, on behalf of the provider on a six month basis, along with an annual review on the quality and safety of care. Along with this, there were local auditing and review systems in place. The person in charge along with their manager had completed their own audits and actions plans to identify areas in need of improvement now that stable management and staffing resources were in place, and demonstrated timely plans to work through these areas.

There had been a high turn over of staff in recent months, which the provider had since addressed through recruitment processes and a more stable and consistent staff team were now in place. Residents were supported by staff nurses and direct support workers, and there was always a nurse on duty in the designated centre at day and night-time. Some staff had worked in the designated centre for many years, and knew the residents really well.

The provider employed a household staff member in this centre to support the residents and staff with meal preparation, cleaning and laundry. Staff were provided with training which was refreshed regularly, such as fire safety, supporting residents with food and safeguarding. There were systems in place to monitor training needs of staff, and ensure training was kept relevant and up-to-date.

Three areas were found to be substantially compliant with the regulations. The provider and person in charge were not fully utilising the information from adverse events, to inform their risk assessments and to review and alter the control measures for risks. For example, using the information from incidents and events to increase the likelihood of occurrences on their risk ratings and in turn effect a review of the control measures or support plans in place. However, overall, the provider and person in charge were operating the designated centre in a manner that was resulting in a positive experience for residents, and which was in line with the Regulations.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a application to renew their registration of the designated centre. The provider had submitted the required documentation and application form, as outlined in the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a full-time person in charge to work in the designated centre, who was suitably skilled, experienced and qualified. The person in charge was responsible for one designated centre, and worked as a nurse for periods of time and had management hours during the month.

Judgment: Compliant

Regulation 15: Staffing

There was a full staff team in place, with a skill-mix as outlined in the written statement of purpose. The team consisted of nurses, direct support workers and household staff.

Staffing resources were planned in a way that was meeting residents' needs, with four staff available in the centre when all residents were at home, for example in the evenings and at weekends. The person in charge had autonomy to review the staffing resources and make changes to better meet the needs of residents, when required.

The provider ensured that there was a staff nurse on duty at all time, based on the assessed needs of residents.

The person in charge maintained an actual and planned roster, showing who was on duty each day and night. There was a decrease in the requirement for temporary agency staffing following a recruitment process and the provider was making plans to address any planned vacancies.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with training which was relevant to the needs of residents, and training was kept up-to-date through refresher courses. There was a mix of online and in person training available to the staff team, and the person in charge had oversight of the training needs of staff and while there were some small gaps in identified training, these were planned and scheduled to be completed shortly.

There was a formal system of supervision for the staff team, with each staff taking part in one-to-one supervision meetings with the person in charge on a routine basis. The person in charge had amended the rostered hours to promote full attendance at regular staff team meetings to promote consistent practice.

Judgment: Compliant

Regulation 23: Governance and management

There were governance and local management systems in place to oversee the care and support in the designated centre and self-identify areas for improvement. However, the provider had not ensured a full-time person in charge was appointed at all times to hold responsibility of the designated centre. This has since been addressed since September 2022.

The provider had carried out an annual review and unannounced visits and reports on a six month basis and the local management team completed regular audits and reviews in areas such as personal plan documentation, medication management and health and safety. The provider had arranged for a comprehensive audit in infection prevention and control by professionals who did not work in the designated centre.

While systems of oversight were in place, the provider was not fully using all information gathered about the designated centre to inform their risk management system and ensure learning and continuous improvement.

There was a defined governance structure in the designated centre with clear lines of reporting and responsibility. There was a full-time person in charge, who also had support from a clinical nurse manager.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a written statement of purpose and function describing the services and

facilities in the designated centre, which was seen to be a true reflection of what was on offer for residents. The statement of purpose and function contained the required information as outlined in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

From a review of adverse events in the designated centre, it was determined that any notifiable incident had been recorded and submitted to the Authority as required. Following a review of incidents and events by the local management team, a retrospective notification was submitted to the Chief Inspector which had not been submitted within the timeframes, due to gaps in the appointment of the person in charge role earlier in the year.

Judgment: Compliant

Quality and safety

The provider and person in charge were operating the designated centre in a manner that offered a safe and pleasant place to live and a good quality of life for residents.

The person in charge and staff team knew residents well, and understood their care and support needs. There were systems in place to formally assess and plan for residents' health, social and personal needs. Information was available to guide the supports for residents and there was effective oversight from the person in charge of the care and personal plans for residents. Residents had access to allied health professionals to support the delivery of their care and support and received nursing supports within the designated centre. Some documentation required updating and review, and this was planned for by the person in charge and staff team.

Residents were supported to take part in meaningful activities, and had returned to external day services during the day-time midweek. Residents who wished to spend more time at home, had this option available to them, for example, taking set days off. Residents were supported to use community based amenities and facilities in their neighbourhood and to keep in touch with family and friends.

Residents were protected against risk in the designated centre, through effective fire safety systems, infection control practices and safeguarding processes. Some minor improvements were required to the review of risk assessment documents and control measures, following changes or adverse events.

The premises were well laid out and suitable to residents' needs. The provider had systems in place to maintain the upkeep of the premises and the centre was nicely decorated and homely. There were some pieces of equipment that the person in charge had requested to be upgraded, for example the accessible bath which they were awaiting agreement of funding to replace.

Regulation 13: General welfare and development

The registered provider was ensuring residents had appropriate care and support in accordance with their assessed needs. Residents had access to recreation and activities that they enjoyed and had returned to external day services, if this was their choice. Residents had opportunities to engage in meaningful activities both at home and outside of the designated centre.

Residents were encouraged to maintain relationships with their families and friends, for example, by spending time with family members on a weekly basis.

The designated centre was well located within a community in south Dublin and had local amenities and facilities available, which residents were encouraged to use.

Judgment: Compliant

Regulation 17: Premises

The premises were designed and laid out to meet the individual and collective needs of residents. Residents had sufficient communal and private space and adequate facilities for storage of their belongings. Residents had private bedrooms which were decorated in line with their own interests and wishes and had aids and appliances available to them to support their care needs.

The person in charge was requesting the replacement of a specialist bath in the designated centre, and was awaiting funding approval for this to be completed.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy as per schedule 5 of the regulations, and procedures for identifying, assessing, managing and reviewing risk in the designated centre. The person in charge maintained a risk register, of known risks

and their control measures.

There were systems in place for the recording and reporting of adverse events of incidents in the designated centre, and these were reviewed by the person in charge. However, risk assessment documents and the likelihood of things occurring was not altered following review to ensure control measures could be amended or updated as required.

The provider had emergency plans in place, in the event of fire, natural disaster or other events.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Staff were provided with training in infection prevention and control and had access to information on best practice in the designated centre.

The provider had employed a clinical nurse specialist and clinical nurse manager focused on infection prevention and control, and these staff were available to the staff team, and carried out comprehensive audits.

The premises and environment were clean and tidy and there were systems in place to raise issues with buildings or their facilities. The provider had appointed a household staff member and there were systems in place to ensure the centre was routinely cleaned. Personal protective equipment (PPE) was available in the designated centre, and staff were seen to be wearing the correct PPE as advised in the most recent guidance. Hand sanitiser was available throughout the building.

There were written protocols and risk assessments in place for the management of COVID-19. Residents had isolation plans to be followed in the event of an outbreak, and the premises lay out supported this.

There were oversight arrangements in place to ensure infection prevention and control was reviewed, monitored and improved upon, through both local household and health and safety audits and as part of the provider's wider auditing systems. The person in charge had improved the systems of recording daily and nightly cleaning tasks to demonstrate they were completed.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety systems in place in the designated centre. For example, a fire

detection and alarm system, emergency lighting system, fire containment measures and fire fighting equipment. There were an adequate number of accessible fire exits.

There was a written plan to follow in the event of a fire or emergency during the day or night, and fire drills along with simulated practice exercises had taken place in the designated centre.

Staff were provided with routine training in fire safety and fire procedures.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a formal system of assessing and planning for residents' health, social and personal needs, with input from allied health professionals, as required.

Information within assessments and plans was in general kept up-to-date but some aspects required review and updating.

The provider had ensured the designated centre was suitable for the purpose of meeting each residents' needs as assessed.

Judgment: Substantially compliant

Regulation 8: Protection

There were policies, procedures and pathways in place to promote effective responding and reporting of potential safeguarding concerns in the designated centre, along with an identified designated officer.

Staff received training in the protection of vulnerable adults and possible indicators of abuse or harm, and this was refreshed on a routine basis.

Concerns or allegations of a safeguarding nature were recorded and reported in line with national policy, and if required residents were supported with safeguarding plans.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Willowglade OSV-0002400

Inspection ID: MON-0029103

Date of inspection: 15/11/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The PIC will review the risk assessments and where appropriate revise the risk rating based on updated control measures that were put in place.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The PIC will review the risk assessments and where appropriate revise the risk rating based on updated control measures that were put in place. Support plan for service user will be updated to reflect the changes.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The PIC, CNM1 will support keyworkers to review the personal plans and ensure they are	

up to date to reflect the support needs of the individuals.

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 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.	Substantially Compliant	Yellow	31/01/2023
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.	Substantially Compliant	Yellow	31/01/2023
Regulation	The person in	Substantially	Yellow	28/02/2023

05(6)(d)	charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Compliant		
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