



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

Issued by the Chief Inspector

Name of designated centre:	St Michael's House - Cara
Name of provider:	St Michael's House
Address of centre:	Dublin 17
Type of inspection:	Short Notice Announced
Date of inspection:	16 July 2020
Centre ID:	OSV-0002349
Fieldwork ID:	MON-0025508

About the designated centre

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

Cara is a purpose built residential home for adults with an intellectual disability, dementia and/or a life limiting condition. The building comprises a residential unit, memory clinic, and an administration area. These are arranged around two internal landscaped courtyards. The centre has been designed to allow safe freedom of movement within the building. The building and courtyards are fully wheelchair accessible. The courtyards have been designed to integrate sensory gardens with scented plants, water features, contrasting colours/textures, a swing, pergolas, gazebo and other features. These courtyards can be used as outdoor rooms. The sitting room and living room are located in the southern side of the building to avail of sunshine and the rear garden, which is fully landscaped with a meandering walkway around the gardens. Daylight is a constant feature of the design. The glazing to the courtyards and strategically placed roof lights allow sunshine to penetrate deep into the building.

The staff team in Cara of clinical nurse managers, staff nurses, care staff, domestic staff and a cook.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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How we inspect

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
Thursday 16 July 2020	09:05hrs to 14:30hrs	Andrew Mooney	Lead
Thursday 16 July 2020	09:05hrs to 14:50hrs	Amy McGrath	Support

What residents told us and what inspectors observed

In line with public health guidance, inspectors did not spend extended periods of time with residents. However, inspectors did have the opportunity to meet and briefly engage with five residents during the inspection

Residents expressed that they were happy within the centre. Inspectors observed residents being supported in a dignified and caring manner during the inspection. Some residents were observed preparing to go out and they told inspectors they were being supported to go and get a coffee.

Inspectors also observed residents engaging in activities of their choosing, such as arts and crafts. Residents appeared very comfortable with staff and seemed to know them well. Inspectors noted that residents appeared relaxed and comfortable in each others company. The design and configuration of the centre was homely and inviting, with pleasant internal and external areas.

Capacity and capability

The governance and management arrangements within the centre ensured appropriate resources were available to operate a safe service.

There was a suitably qualified and experienced person in charge, who demonstrated that they could lead a quality service and develop a motivated and committed team. There were clearly defined management structures which identified the lines of authority and accountability within the centre. Staff could clearly identify how they would report any concerns about the quality of care and support in the centre. There were arrangements in place to monitor the quality of care and support in the centre. There were appropriate audits in place and the provider had ensured that an unannounced visit to the centre was completed every six months. However, the last annual review of quality and safety of care completed for the centre was not available for review within the centre. It was therefore unclear how the creation and review of this document was communicated with residents and/or their representatives.

Staffing arrangements at the centre were appropriate to meet the needs of the residents and reflected what was outlined in the statement of purpose. From a review of the roster it was evident that there was also an appropriate skill mix of staff employed at the centre. The person in charge had ensured that there was both a planned and actual roster which was maintained.

There was a schedule of staff training in place that covered key areas such as

safeguarding vulnerable adults, fire safety and manual handling. The person in charge maintained a register of what training was completed and what was due. A training needs analysis identified that a high number of staff required emergency first training, this had been scheduled for completion but had been postponed in response to the COVID-19 pandemic. The person in charge was aware of this and noted that this training would be rescheduled once the training recommenced.

Staff spoken with were knowledgeable and informed of key areas such as residents' needs, safeguarding and infection prevention and control. A review of supervision records noted that staff were supervised in line with the providers policy on supervision. These records were well maintained and detailed a high level of staffing support.

From a review of incidents and key events within the centre, inspectors noted that the person in charge had ensured that the Chief Inspector was notified of most incidents as per the regulations. However, on discussion with the person in charge and from reviewing records, it was identified that not all restrictive practices had been notified quarterly as required by the regulations.

Regulation 15: Staffing

There was enough staff with the right skills, qualification 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, evidence-based practice. Staff were supervised appropriate to their role.

Judgment: Compliant

Regulation 23: Governance and management

The management structure was clearly defined and identified the line of authority and accountability, specified roles and detailed responsibilities for all areas of service provision.

However, on the day of inspection the annual review of quality and safety of care

was not available for review.

Judgment: Not compliant

Regulation 31: Notification of incidents

Not all restrictive practices were notified to the Chief inspector as required by the regulations.

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. However, improvements were required in how the provider adhered to their safeguarding policy and procedures.

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 investigated. 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 activities to enrich their lives and maximise their strengths and abilities. However, due to the national COVID-19 pandemic, opportunities to engage in these activities had been limited in line with public health advice.

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, hospital consultants and other appropriate multi-disciplinary team members, such as speech and language therapists, occupational therapists and psychologists. There was appropriate guidance available to staff to support residents with their health care needs and staff demonstrated a

comprehensive understanding of residents' needs. This resulted in residents' health being well supported.

Appropriate supports were in place to support and respond to residents' assessed support needs. This included the on-going review of behaviour support plans. Staff were very familiar with residents needs and any agreed strategies used to support residents. Where restrictive procedures were required they were applied in accordance with the providers policy and were reviewed regularly.

There was a policy in place in relation to visitors to the centre. The provider had ensured that the policy and associated procedures had been updated to reflect national health protection guidance, and there were clear protocols in place to ensure that residents could safely receive visitors. There were sufficient communal and private facilities in which residents could receive visitors, including outdoor spaces.

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 throughout 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.

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. However, the arrangements in place in relation to the use of reusable face coverings were not in line with public health guidance. The person in charge noted that disposable medical grade face masks were primarily used and available. The person in charge committed to desisting the use of reusable face coverings within the centre on the day of inspection.

There was a risk management policy in place which outlined the measures and actions in place to control risk. There were systems in place for the assessment, management and ongoing review of risk; the person in charge maintained a risk register that accurately reflected the known risks in the centre and there were records of incidents and accidents that occurred. The person in charge had ensured that risks pertaining to residents were identified and that there were appropriate control measures in place.

The provider had ensured that there were fire safety measures in place, including detection and alarm system, fire fighting equipment and containment measures. There were personal evacuation plans in place for all residents, however the centres fire evacuation plan did not accurately reflect the evacuation arrangements undertaken in fire drills. The person in charge had not ensured that fire evacuation drills were carried out regularly as outlined in the providers own fire safety management policy.

Regulation 11: Visits

The provider had implemented measures to facilitate each resident receiving visitors. There was a visitors policy in place that had been updated in accordance with health protection guidance.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk management policy in place which outlined clear risk management procedures. Risk in the centre was identified and assessed in accordance with the providers policy and appropriate control measures were in place where required.

The person in charge maintained accurate incident records which were reviewed and analysed to facilitate learning from accidents and incidents.

Judgment: Compliant

Regulation 27: Protection against infection

There were arrangements in place to protect residents from the risk of acquiring a healthcare associated infection, including hand wash facilities, clinical waste arrangements and laundry facilities. The provider had introduced a range of measures to protect residents and staff from acquiring COVID-19 although the use of reusable face coverings was not in adherence to public health guidance.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had ensured that there were fire safety measures in place, including detection and alarm system, fire fighting equipment and containment measures. There were personal evacuation plans in place for all residents, however the centres fire evacuation plan did not accurately reflect the evacuation arrangements undertaken in fire drills. Fire evacuation drills were not carried out regularly as outlined in the providers own fire safety management policy.

Judgment: Substantially compliant

Regulation 6: Health care

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

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate supports were in place for residents with behaviours that challenge or residents who were at risk from their ow behaviour.

Judgment: Compliant

Regulation 8: Protection

Residents were safeguarded appropriately within the centre.

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

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive assessment of need, the outcome of this assessment was used to inform an associated plan of care, which was recorded in the resident's personal plan.

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 - 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	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant

Compliance Plan for St Michael's House - Cara OSV-0002349

Inspection ID: MON-0025508

Date of inspection: 16/07/2020

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider will ensure that there is an annual review of the quality and safety of care and support in the designated centre, and that such care and support is in accordance with standards, and in compliance with regulation 23(1)(d)</p> <p>The Provider acknowledges the delay in completing the annual review for 2019, which was due to the management of the Covid 19 pandemic.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The person in charge shall, where required, ensure that Positive Behavior Support guidelines will reflect, "as required medication" (PRN) prescribed as a therapeutic intervention, to ease distress associated with a resident's life limiting condition.</p> <p>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, in compliance with regulation 31(3)(a)</p>	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The provider will ensure, that residents who may be at risk of a healthcare associated infection, are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the authority, and in compliance with Regulation 27.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The Provider's fire policy will be amended to reflect the site specific fire drill arrangements in this designated centre. The designated centre does not complete alarmed night time fire drills with residents as it is a facility for those with dementia and residents who are nearing end of life, and as such it can at times be impracticable & inappropriate to complete alarmed night time drills. At night all residents are evacuated via their bed (even if ambulant) and this is the reason for conducting bed evacuations with staff members working in teams of two as they would be on night shift. This also means that every single staff has been refreshed and has practiced the night time evacuation arrangements for the centre every year. This has been agreed with management, staff and the Provider's fire officer. Local management will determine when it would be appropriate to complete alarmed day time drills, depending on the health of residents as stated above. In lieu of alarmed day time drills, the staff team will complete fire walks/silent drills whichever is most appropriate. The day time evacuation arrangements are discussed with the team at annual fire training. Any residents of concern are discussed and a plan put in place to ensure safe evacuation. The Service providers Fire Policy has been updated to reflect the site specific arrangements agreed for this centre.</p> <p>The above is in compliance with Regulation 28(4)(b)</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p>	

The person in charge shall ensure, that all incidents, allegations or suspicions of abuse in the Centre, are immediately reported to the safeguarding officer, who will initiate and put in place an investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action in line with the Provider's safeguarding policy, National guidelines, and in compliance with Regulation 8(3)

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)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Not Compliant	Orange	04/09/2020
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	16/07/2020

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 aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	17/08/2020
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	10/08/2020
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	Not Compliant	Orange	10/08/2020

	abuse.			
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