



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

Issued by the Chief Inspector

Name of designated centre:	Clew Bay
Name of provider:	St Michael's House
Address of centre:	Dublin 11
Type of inspection:	Announced
Date of inspection:	13 March 2024
Centre ID:	OSV-0002334
Fieldwork ID:	MON-0034695

About the designated centre

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

Clew Bay is a designated centre operated by St Michael's House located in an urban area of north Co. Dublin. It provides community residential services to seven adults with intellectual disabilities over the age of 18. The centre consists of two premises located in nearby towns. One premises is a two-storey, end of terrace house with five bedrooms, three bathrooms, a kitchen, dining and living spaces. The other premises is a semi-detached house with two bedrooms (one of which contained an en-suite bathroom), a staff bedroom and office, a kitchen and dining area, living room, main bathroom, and outdoor utility area. The centre is located close to amenities including shops, pubs, churches, Garda station, credit union, banks, parks, a swimming pool and a library. The local shopping centre is a 10 minute walk and the area is well served by public transport. The centre is staffed by a person in charge and social care workers. Residents have access to nursing support through a nurse on call service if required.

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
Wednesday 13 March 2024	09:45hrs to 16:15hrs	Jennifer Deasy	Lead

What residents told us and what inspectors observed

This inspection was an announced inspection carried out in response to the provider's application to renew the registration of the designated centre.

The inspector had the opportunity to meet most of the residents who lived in the designated centre during the course of the inspection. The inspector used conversations with residents, staff and family members, a walk-around of the centres and a review of key documentation to inform judgments on the quality and safety of care.

Overall, the inspector found that this centre was meeting the requirements of the Regulations in many areas and that staff were striving to provide a very good quality, person-centred service for the residents.

The designated centre was comprised of two houses located a short distance from each other in two suburbs of Dublin. The centre was registered for seven beds and was home to six residents at the time of inspection. The inspector had the opportunity to meet five of the residents and most residents chose to speak to the inspector in more detail regarding their experiences of living in the centre. Some residents expressed that they did not wish to speak to the inspector and their wish was respected. One family member also spoke to the inspector over the phone and provided their feedback about the designated centre and the care provided.

The inspector first attended the house which was home to one resident. This resident, with support from staff, told the inspector that they had plans to go swimming that day. The resident was seen to use Lámh signs and pictures to support their communication. Staff were familiar with the resident's Lámh signs and the inspector saw that there was ready availability of visual supports for communication in the centre. The resident was in receipt of an individualised day service from their home. The inspector saw the resident's diary of activities which showed that the resident had a busy and active life.

This resident then showed the inspector around their home. The house was seen to be very clean and well-maintained. Works had been completed to ensure that it was safe, accessible and suitable to meet the resident's needs. For example, an en-suite shower room had been built for the resident. The resident showed the inspector their bedroom and, in particular, was proud to show the inspector how their clothes were organised and stored.

The inspector then attended the second house which made up the designated centre. Two residents spoke to the inspector about their experience of living there and showed the inspector around the house. Both residents had completed residents' feedback questionnaires and these were reviewed by the inspector with the residents. The questionnaires detailed that residents were very happy with the quality of care in the centre. Residents told the inspector that it was a nice house

and that they got on well with each other and with the staff. Residents spoke about playing cards with the staff in the evenings and having a laugh with each other.

Residents showed the inspector around the centre. The inspector found that residents were well-informed of issues relating to health and safety in their home. For example, residents were informed of the infection prevention and control arrangements, the fire evacuation procedures and of the staffing arrangements, including the rationale for having an agency staff nurse on the roster.

These residents clearly communicated to the inspector that their rights were upheld and that they had freedom and autonomy in their daily lives. Residents said that they were free to make their own choices. A family member also told the inspector about the positive support that their loved one had received from staff in respect of managing their health care needs. The family member communicated that the staff support had enabled the resident to make an informed decision in respect of their health care needs and to maintain their independence in their everyday life.

Another resident told the inspector that, while the designated centre was a good place to live, they would prefer to live independently in their own home. This resident told the inspector that staff were supporting them to achieve this goal. They also told the inspector that they had recently gained employment and were looking forward to starting their job.

The inspector saw that both of the houses were very clean and well-maintained. There was sufficient private and communal space. Residents were supported to maintain their privacy in respect of their private spaces, with some residents choosing to lock their bedrooms as and when they wished to. There were some works required to one bathroom in one house. This had been highlighted by residents through the provider's own audit of the service.

The inspector saw that interactions between residents and staff were friendly, respectful and familiar. Staff were responsive to residents' communications and were seen to support residents' autonomy and independence.

Overall, the inspector found that residents in this centre were in receipt of good quality and person-centred safe care. The next two sections of the report will set out the oversight arrangements and how effective these were in ensuring that a safe and quality service was being delivered.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided. Overall, the inspector found that there were effective leadership systems in place which were ensuring that

residents were in receipt of good quality care.

There were clearly defined management systems in place. The centre was staffed by a team of social care workers. While there were 3.5 whole time equivalent vacancies in the centre at the time of inspection, the inspector saw that the contingency arrangements were effective in supporting continuity of care for the residents. Gaps in the roster tended to be filled by in-house staff working relief shifts and by a regular block-booked agency nurse. Residents spoken with were familiar with the staff team and reported that they got on well with them and knew them all, including relief and agency staff.

The staff team reported to a person in charge who was suitably qualified and experienced. The person in charge had responsibility for two designated centres. There were systems and structures in place to support them in fulfilling their regulatory responsibilities, including for example, the appointment of a team leader in each house. There were clearly defined roles and responsibilities for the team leader and the person in charge.

The person in charge reported to a service manager. They held regular meetings to review the quality and safety of care and implemented actions to address issues or risks where identified. The provider had also in place a series of audits which were effective in driving service improvement. These audits were completed in consultation with key stakeholders including the residents and reflected their views on the service.

Overall, the inspector was assured that there were clear lines of accountability and that staff working in the service were informed of their responsibilities. The governance systems were effective in ensuring that the service was safe and consistently monitored.

Regulation 14: Persons in charge

The designated centre was run by a suitably qualified and experienced person in charge. They were employed in a full-time capacity and had oversight of an additional designated centre.

The inspector saw that there were systems in place to support the person in charge in having oversight of both designated centres. For example, the person in charge was employed in a supernumerary capacity and organised their week to spend equal amounts of time in each of the designated centres.

Each centre had a team leader who had defined responsibilities. The team leader completed audits and reported to the person in charge to support them in their oversight of the centre. The person in charge demonstrated a comprehensive understanding of the residents' needs as well as the service needs.

Judgment: Compliant

Regulation 15: Staffing

A planned and actual roster was maintained in the centre. The inspector found that, while there were a number of staff vacancies in the centre, these were not impacting on the quality of care or the continuity of care provided to residents. The person in charge had in place a small panel of regular relief staff to fill gaps in the roster. The residents were seen to be familiar with the staff on duty and spoke about receiving good quality care and support. The atmosphere in the designated centre was relaxed and the inspector saw that care was resident-focused.

Nursing care was available to those residents who required it in line with their assessed needs. On occasion, an agency nurse was required in one of the houses. The inspector saw that a regular agency nurse was booked where possible. Residents were informed of the reasons for having an agency staff on duty and were familiar with the agency staff who filled this gap in the roster.

Judgment: Compliant

Regulation 16: Training and staff development

There was a high level of compliance with mandatory and refresher training in the centre. All staff were up-to-date in training in key areas such as fire safety, safeguarding, children first and safe administration of medications.

Staff were in receipt of regular support and supervision through both individual supervision sessions with the person in charge and monthly staff meetings. Records of these meetings were maintained and action plans were implemented to address issues arising where required. The inspector saw that actions were progressed across meetings.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management systems in place in the centre which were effective in ensuring a good quality and safe service. The staff team, team leader and person in charge were aware of their defined roles and responsibilities. There were suitable systems in place to identify risk and to escalate this to the provider

level.

The provider had in place a series of comprehensive audits which were used to drive service improvement. These audits included six-monthly unannounced visits and an annual review of the quality and safety of care. Audits were completed in consultation with residents, family members and staff. The inspector saw that residents and family members spoke positively of the quality of the service in the designated centre. Audits were used to identify required actions to drive service improvement. The inspector saw that actions were progressed across audits and that required actions were completed in a timely manner.

Monthly meetings were held between the person in charge and the service manager. Records of these meetings were maintained. The inspector saw that these meetings were used to identify and progress actions relating to the service and the resident needs.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was in place for the designated centre. This contained all of the information as required by the Regulations.

Judgment: Compliant

Quality and safety

This section of the report details the quality of the service and how safe it was for the residents who lived there. Overall, the inspector found that residents were in receipt of a good quality and safe service which was enabling them to live active lives in line with their preferences and assessed needs. There were two rights-based issues which were discussed over the course of the inspection. These required review by the registered provider and will be detailed below.

The inspector reviewed a sample of residents' files over the course of the inspection. Each file contained a comprehensive assessment of need which was informed by the resident, their representatives and the multi-disciplinary team. Comprehensive care plans were in place which guided staff in meeting residents' assessed needs.

Residents' rights to autonomy and dignity were considered when writing these care plans. The inspector saw that plans were person-centred and clearly detailed residents' preferences and steps to uphold their autonomy. The inspector was told by a family member of the steps that staff had taken to provide education and

support to a resident in order to enable them to make an informed decision regarding their own health care.

Residents in this centre lived active lives. Residents spoke to the inspector about attending day services, community clubs, paid employment and volunteering. Residents were well-connected in their communities and had good social networks. Some residents told the inspector that they enjoyed having family and friends to visit. There was also a culture of positive risk-taking in order to support residents' independence. For example, one resident enjoyed staying with a friend on some occasions.

The designated centre was generally clean and well-maintained although there were some improvements required to one bathroom of one of the houses. The residents had communicated issues with the bathroom to the provider through the provider-level audits. There was sufficient private and communal space in the centre. The inspector saw that there were effective fire safety management systems in place and that many residents were informed of these systems.

Residents told the inspector that they felt safe in their home and that they got on well with each other and with the staff team. There were a number of restrictive practices in place in the centre. While residents were informed of these and of the rationale for most of these, it was not evident that they had given their consent for them. This required review by the person in charge.

Many residents also told the inspector that they felt that their rights were upheld and that they had freedom to direct their everyday lives. The inspector saw that staff were providing resident-focused care and were endeavouring to uphold residents' rights to autonomy.

However, there were two rights-based issues which were raised over the course of the inspection and required review by the registered provider. These included one resident's right to use their free travel pass at all times and, the steps that were being implemented to support another resident to progress towards independent living in a timely manner, in line with their expressed preferences.

Regulation 11: Visits

There were no visiting restrictions in either of the houses that comprised the designated centre. Residents were free to receive visitors in line with their preferences and choice. Residents told the inspector that they often had family and friends over to visit them. The inspector saw that there was adequate space for residents to receive visitors.

Judgment: Compliant

Regulation 13: General welfare and development

Residents in this centre spoke about enjoying a good quality of life. Some residents spoke to the inspector about their employment and how staff had supported them to gain employment. Other residents spoke about volunteering in their community and attending local community clubs and activities. Residents appeared to be well-connected with their community and spoke about the positive impact that this had on their lives.

One resident had their own individualised day service which was delivered from their home. This was meeting the resident's assessed needs and personal preferences. The inspector saw that the resident had a busy and active life and regularly was supported with activities of their choosing both in their home and in their community.

Residents were also supported to access training in order to progress their goals. For example, one resident was completing independent living courses in order to progress towards their goal in this regard.

Judgment: Compliant

Regulation 17: Premises

Both houses which made up the designated centre were seen to be very clean, homely and comfortable. The houses were nicely decorated. Furniture was comfortable and well-maintained. Residents each had their own bedrooms which were personalised. Some residents chose to show the inspector their bedrooms. They showed her how their clothes were organised in line with their preferences and how the decor reflected their personal interests. There was sufficient storage for residents' personal possessions.

Residents also had access to many common areas including sitting rooms, kitchens and large back gardens. These communal areas were also clean and well-maintained. Residents in one house showed the inspector their utility room. Residents were well-informed of the infection prevention control arrangements and how they reduced the risk of the spread of infection when doing their laundry or cleaning the house.

There was some upkeep required to the bathrooms of one designated centre. The inspector saw that paint was peeling away on the ceiling of one shower room and there was some mildew built up around the top of the tiles in the shower.

The provider had identified on their own audits that a bathroom refurbishment had been requested by the residents.

Judgment: Compliant

Regulation 28: Fire precautions

There were appropriate systems in place to detect, contain and extinguish fires. Residents were informed of the fire evacuation arrangements. Some residents, in one of the houses, acted as fire deputies and supported the staff in completing routine fire safety checks and fire drills. Fire equipment was serviced regularly and was maintained in good working order.

Residents each had a detailed personal evacuation plan. The inspector saw that fire drills were completed in line with the provider's policy. These drills showed that all residents could be evacuated in a safe manner in the event of an emergency. One resident expressed to the inspector that they did not appreciate the fire drills as they could be annoying, however they understood the safety reasons for the drills.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A sample of residents' files were reviewed by the inspector across both houses in the designated centre. The inspector saw that each file contained an up-to-date and comprehensive assessment of need. The assessment of need was completed in consultation with residents and, where chosen by the resident, their representatives or family members. The assessment of need was also informed by multi-disciplinary professionals and additional assessment reports were included where required by residents' assessed needs.

The assessment of need was used to inform comprehensive care plans. The care plans were written in person-centred language and clearly detailed residents' preferences and choices in respect of their care.

Residents were supported to make informed decisions regarding their care and were provided with support to maintain their autonomy in respect of their assessed needs. For example, a family member of one resident told the inspector that the resident was provided with accessible information to assist them in making an informed decision regarding an assessed health care need. Individualised support and training was provided to this resident to ensure that they could maintain their independence while also controlling for the risks presented by this assessed need.

Judgment: Compliant

Regulation 7: Positive behavioural support

One resident in this designated centre was seen to be living in a single-occupancy arrangements. The inspector was informed that this arrangement had enhanced the resident's quality of life and had resulted in a decrease in incidents of behaviour of concern. An up-to-date positive behaviour support plan was available on this resident's file. Staff were knowledgeable regarding this plan and were seen to implement the plan when the resident became momentarily distressed during the inspection.

There were a number of restrictive practices in place in one of the houses of the designated centre. These restrictive practices had been reported to, and approved by, the provider's rights monitoring group. Residents were informed of the restrictive practices and could describe the reason why they were in place. For example, one resident showed the inspector their seizure monitoring alarm and described why it is required. However, improvements were required to the documentation of residents' consent in respect of these restrictive practices.

Judgment: Substantially compliant

Regulation 8: Protection

Residents in this centre told the inspector that they felt safe in their home. Residents reported that they got on well with each other and with the staff team. There had been only one reported safeguarding incident in the 12 months prior to the inspection. The inspector saw that, in respect of this safeguarding concern, that it had been reported to the safeguarding team and a comprehensive safeguarding plan was implemented.

Residents' files contained up-to-date intimate care plans. The inspector saw that these detailed how staff should uphold residents' dignity and respect their preferences and choices during the delivery of personal care. All staff were up-to-date in mandatory safeguarding training including Children First and Safeguarding Vulnerable Adults.

Some residents in this centre chose to further protect their privacy by locking their bedroom doors. This right was upheld by the staff in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector saw that this staff in this centre were striving to uphold residents' rights. The inspector was told by residents that they felt that their rights were upheld and that they had freedom to direct their lives in line with their preferences.

Residents were informed of the Assisted Decision Making and Capacity Act and showed the inspector accessible information in the centre regarding this Act.

Staff told the inspector that they were scheduled to complete training in human rights in the near future. The inspector saw that residents were placed at the centre of service provision and were empowered to participate in their own care.

This inspection found there were some areas where the support of residents' rights could be enhanced.

One resident had reduced access to their free travel pass. When travelling independently on public transport they paid for public transport, but used their travel pass when accompanied by staff. The rationale for this was that there was a risk of the resident misplacing their travel pass as this had occurred on a number of occasions previously and therefore, staff brought with them the travel pass when accompanying the resident.

More consideration and improvement of the measures in place were required to ensure the resident could use their travel pass as much as possible. In addition, further utilisation of external support agencies was also required for example, citizens advice and independent advocacy, which in turn could support the resident overcome potential barriers to replacing the travel pass if misplaced again.

Another resident had expressed for a number of years that they wished to live independently. The inspector saw that this resident was supported by staff to progress towards achieving this goal through completing independent living courses.

However, there was no clear time-frame or actions set out to determine how and when the resident would be supported to access independent housing in line with their expressed preferences.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Clew Bay OSV-0002334

Inspection ID: MON-0034695

Date of inspection: 13/03/2024

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 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>In response to the area of substantially compliant found under Regulation 7 (3). All Restrictive practices applications are approved through PAMG and in agreement with residents. All Residents consent in the in-care plans and signatures of Residents are now in situ.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>In response to the area of substantially compliant found under Regulation 9(2)(b): Support plan changed to offer options to resident in relation to Travel Pass and Leap Card, choices are recorded in their daily report. Resident keeps both cards in a locked box in their bedroom by choice. If the resident loses their Travel Pass staff will support resident to attend Transport Department to apply for a new pass. If there are any issue staff will ensure to contact Advocacy Group and Citizens Advice.</p> <p>In response to the area of substantially compliant found under Regulation 9(2)(d):</p> <p>The Multidisciplinary team input which includes Psychology and Psychiatry provides clinical advice in relation to supports needed to advance Resident’s goal of independent living. Currently the Resident attends an independent unit twice a month with a friend and has a part time job. PIC to contact Housing Compliance and Tenancy Support Manager to advice on application for Housing List. Ongoing training support continues with both Day Service and Residential and is completing College courses in independent</p>	

living. Time frames to be identified with Multidisciplinary Team and with Compliance and Tenancy Support Manager in line with housing list. An action plan will be implemented in line with time frames and advice from relevant clinical supports and resident's preferences.

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 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	14/04/2024
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	14/04/2024
Regulation 09(2)(d)	The registered provider shall ensure that each resident, in	Substantially Compliant	Yellow	01/05/2025

	accordance with his or her wishes, age and the nature of his or her disability has access to advocacy services and information about his or her rights.			
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