



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

## Issued by the Chief Inspector

Name of designated centre:	Artane Residential
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Short Notice Announced
Date of inspection:	15 April 2021
Centre ID:	OSV-0002351
Fieldwork ID:	MON-0032228

## About the designated centre

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

Artane Residential is a designated centre operated by St. Michael's House. The centre is made up of two residential units, one is a large two storey community based residential house providing services and supports for six adults. The house is situated on a busy main road with access to all local community amenities. The second residential unit is a single occupancy flat, attached to the house, which affords one resident the independence of living on their own but with the supports of the main house. Some residents present with physical disabilities and the house provides wheelchair accessibility throughout the ground floor. The designated centre is situated in a well established residential area. Artane Residential provides supports for the residents under a social care model of service with nursing support and input available when required. Integration into the community is facilitated independently or by staff through local shops, pharmacy, churches, banking, pubs and public transport system to facilitate access to the wider community. The centre is staffed by a person in charge and social care workers.

**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 - 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 15 April 2021	10:30hrs to 17:30hrs	Andrew Mooney	Lead

## What residents told us and what inspectors observed

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

Residents showed the inspector their bedrooms and these were decorated in keeping with their preferences. Residents were very proud of their bedrooms, which were personalised meaningfully. However, the homeliness of the centre was negatively impacted due to ongoing maintenance not being completed. This included bathrooms within the centre not being functional and fully accessible for residents. In one instance, as there was an ongoing issue with a shower leaking, this shower could no longer be used. There was evidence of ongoing ventilation issues within a bathroom, which resulted in mould in areas of the ceiling. Furthermore, as this shower was on the first floor of the building, the ceiling of a bedroom below was heavily water stained.

Residents appeared very comfortable with staff. The inspector observed staff supporting residents in a kind and respectful manner. This included staff spending time with residents doing table top activities and supporting them with their assessed needs. Staff clearly knew residents very well and understood supported resident to engage with the inspector, in line with their communication preferences.

During the inspection, the inspector observed good infection control practices, which included appropriate COVID-19 precautions. In line with national guidance, visitors access was limited to essential access only. However, the provider did have contingency arrangements in place, to ensure where appropriate, visitors could meet residents in a safe manner. There was appropriate hand sanitising facilities and staff wore appropriate personal protective equipment (PPE). Residents who spoke to the inspector outlined the negative impact the pandemic had on them. This included residents missing friends and family, not attending their places of work anymore. For some residents there was a very clear negative impact on their level of independence. Residents who were previously independent in their community, now were not able to access their community independently and they were unhappy about this. This will be discussed further under the section quality and safety.

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 positively impacted on the quality and safety of the service being delivered.

## Capacity and capability

This centre had been last inspected on 13 November 2019 and high levels of non compliance were found during the inspection. This inspection found similar trends to the last inspection. The cumulative impact of the non compliance identified across this inspection, demonstrated that the provider was yet to enhance its governance and management arrangements sufficiently to ensure the centre was effectively monitored.

There were clearly defined management structures in place which identified the lines of authority and accountability within the centre and the centre was managed by a suitably qualified and experienced person in charge. The provider had systems in place to monitor and review the quality of services provided within the centre. However, these systems failed to drive sufficient improvements and address all concerns noted on previous inspections. The provider conducting unannounced inspections and an annual review of quality and care within the centre but these failed to drive the changes required. For instance, long standing concerns regarding the suitability of the fire evacuation plan remained unresolved. The inspector acknowledges that the provider was in the process of resolving some of these issues but at the time of inspection they remained unresolved.

The provider had ensured that staff had the required competencies to deliver a safe services to the residents of the centre. Staff were supported and supervised to carry out their duties to protect and promote the care and welfare of residents. During the inspection the inspector met with a number of staff and found them to be knowledgeable regarding residents needs. Staff were also observed interacting in a very positive and dignified manner with residents. However, the staffing arrangements at night did not meet the assessed needs of residents within the centre. This compounded the difficulties with the centres fire evacuation plan. This will be discussed further under quality and safety.

A training needs analysis was completed in the centre and staff were provided with suitable training such as fire safety, manual handling and positive behaviour support. Staff demonstrated knowledge and competence in these areas and this resulted in positive outcomes for residents. However, there were some gaps in refresher training that required review. For instance not all staff had completed refresher fire safety and safeguarding vulnerable people training.

There was a clear and planned approach to admissions to the centre, which included residents having an opportunity to visit the centre prior to admission. While admissions to the centre were timely, determined on the basis of fair and transparent criteria, not all residents had a written agreement with the provider. This required review to ensure residents had sufficient details of the support, care and welfare to be provided to them.

## Regulation 15: Staffing

There was enough staff to meet the day to day needs of residents. However,

staffing arrangements at night were not sufficient to meet all residents assessed needs. ie only one staff on at night, which was insufficient to ensure safe evacuation of all residents.

Judgment: Not compliant

### Regulation 16: Training and staff development

There was a schedule of mandatory training in place but not all staff had completed refresher training. For instance three staff required refresher fire safety and safeguarding vulnerable people training.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Despite self identifying areas of concern that impacted residents quality and safety within the centre, the provider did not demonstrate the capacity to take drive change in a timely manner. For instance there was long standing fire evacuation and maintenance issues within the centre.

Judgment: Not compliant

### Regulation 24: Admissions and contract for the provision of services

Not all residents had a written and agreed contract of care in place.

Judgment: Substantially compliant

### Quality and safety

Overall, this inspection found that the day to day practice within the centre ensured residents were safe and arrangements were in place to ensure that residents were safeguarded during the pandemic. However, immediate improvements were required in fire precaution measures, and the maintenance of the premises.

During the walk around of the centre, the inspector observed a fire door wedged

open. This was raised with the person in charge as an immediate action, as it posed a potential fire containment hazard. The fire evacuation plan within the centre also required immediate review. Part of this plan relied on a "stay and protect strategy", where under certain circumstances, a resident would need to stay in their bedroom and await emergency services. The provider had self identified this as a high risk strategy, as the fire rating of the bedroom door did not meet required fire containment standards. Furthermore, night time staffing arrangements meant there was insufficient staffing levels to mitigate against this risk. The provider had identified a plan to address this concern but it had not been implemented in a timely manner. This left the resident exposed to risk in the event of a fire. A review of fire drills also found that while they were completed frequently, they did not always demonstrate that residents could be safely evacuated. These drills required timely review to ensure their effectiveness.

The centre is made up of two residential units, one is a large two storey community based residential house providing services and supports for six adults. The house is situated on a busy main road with access to all local community amenities. All residents had their own bedroom and adequate storage. Bedrooms had been personalised to reflect residents' tastes. However, the accessibility of the centre required review to ensure it met the needs of all residents. For instance, not all residents could access the bath as there was not appropriate hoisting facilities in place to enable them to access it. Additionally, the centre had numerous long standing maintenance issues which were impacting residents' lived experience within the centre. These maintenance issues included a shower not being usable due to persistent leaks, water damage in the ceiling of a resident's bedroom and a broken bath. The second residential area relating to the designated centre was a single occupancy flat, attached to the house, which afforded one resident the independence of living on their own but with the supports of the main house.

Arrangements were in place to support and respond to residents' assessed support needs, including behaviour support plans. Staff were familiar with residents' needs and any agreed strategies used to support them. All staff received positive behaviour support training and this enabled staff to provide care that reflected up-to-date, evidence-based practice. However, not all positive behaviour support plans were reviewed as required. Additionally, during the walk through of the centre, the inspector observed some exits that were locked. While there was a rationale for these environmental restrictions, they had not been fully assessed in line with the provider's own policy. This required review, to ensure environmental restrictions were implemented in line with the requirements of the Regulations and to ensure residents were not unduly restricted.

During discussions with residents and staff it was clear that residents' support levels had increased in response to the pandemic. However, in some instances it was not clear that residents were fully consulted about these changes and they were therefore not supported to make decisions about their lives in a way that maximised their autonomy. For instance, residents who were previously independent in their community were no longer able to access their community independently. Residents told the inspector that they were not happy about these changes and this loss of



independence upset them.

The provider had adopted a range of infection prevention and control procedures to protect residents from the risk of acquiring a healthcare associated infection. The provider demonstrated their capacity to communicate with residents, their families and visitors to promote and enable safe infection prevention and control practices. There were appropriate hand washing and hand sanitising facilities available throughout the centre. There were suitable arrangements for clinical waste disposal. Staffing arrangements were reviewed and staff rosters had been designed to limit any potential outbreak of COVID-19.

### Regulation 17: Premises

Premises issues had not been addressed in a timely manner. There were ongoing maintenance issues that were negatively impacting residents quality of life, including a broken bath, a leaking shower, mould in a bathroom and water damage to the ceiling of a residents bedroom.

The centre required a comprehensive accessibility audit to promote accessibility to all areas of the centre.

Judgment: Not compliant

### Regulation 27: Protection against infection

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

Judgment: Compliant

### Regulation 28: Fire precautions

Immediate action issued in relation to a fire door being wedged open.

Part of the emergency fire evacuation procedure, consisted of a residents requiring to stay in their bedroom to await the emergency services.

Fire drills required improvement to demonstrate learning and effectiveness. For instance, during a fire drill a resident refused to evacuate. A repeat drill was not

completed to demonstrate that the centre could be safely evacuated.

Judgment: Not compliant

### Regulation 7: Positive behavioural support

Not all positive behaviour support plans had been updated annually.

There were environmental restrictions in place that had not been assessed in line with the providers restrictive practice policy. For instance restrictions on the entering and exiting of part of the centre had not been assessed and referred to the Positive Approaches Management Group (PAMG).

Judgment: Not compliant

### Regulation 9: Residents' rights

Residents right to access to their community independently was restricted without any clear assessment. These residents who were independent in their community prior to the COVID-19 had not participated in or consented to changes about their level of care and support.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Artane Residential OSV-0002351

Inspection ID: MON-0032228

Date of inspection: 15/04/2021

## 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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> <li>• Additional Night staff in place from the 15/04/21 – until the completion of fire upgrade works</li> <li>• Fire upgrade works were completed in center on 29/05/21 which facilitate the safe evacuation of all residents</li> </ul>	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> <li>• Training Plan and Training Audit in place for 2021 with identified dates of refresher requirements throughout the year</li> <li>• Two staff completed Fire Safety Refresher training 19/04/21 and 11/05/2021 respectively, one staff to complete– training by 08/06/2021</li> <li>• Two staff completed Safeguarding of Vulnerable Persons in May 2021, one staff remains outstanding – training will be completed when access can be gained to HSE Land.</li> <li>• First Aid Refresher training scheduled for 3 staff in June 2021</li> <li>• Staff have completed all other mandatory training requirements.</li> </ul>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• All outstanding Fire Evacuation works with installation of fire doors to the front of the DC Completed by the 29/5/2021</li> <li>• Self closing door mechanism on all fire doors throughout centre will be completed by 31/07/2021</li> <li>• Visual inspection of glass block wall 19/04/21 and provided fire protection of up to 30 mins –. Further analysis will be undertaken by specialist -11/6/2021</li> <li>• Fire blocking works required in utility room to be completed by 11/6/2021</li> </ul>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <ul style="list-style-type: none"> <li>• Contract of Care now in place for all residents.</li> </ul>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• Bathroom upgrade works to facilitate residents on the first floor of Center was completed 29/5/2021</li> <li>• Water damage to ceiling in one downstairs bedroom repaired- 24/05/21</li> <li>• Broken Parker bath in downstairs wheelchair accessible bathroom was assessed by Caretua 12/05/21 – awaiting outcome of assessment and relevant quotation for repairs if deemed functional</li> <li>• Mould present in unused shower room – to be addressed by 14/6/202</li> <li>• Comprehensive Accessibility Audit for one resident completed re: access to Parker Bath</li> </ul>	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• Fire upgrade works completed on 31/05/2021 –</li> <li>• Follow up Fire drill completed on 19/04/2021</li> <li>• Follow up fire walk with both residents who have relocated bedroom to reflect new Evac plan completed on the 2/6/2021</li> <li>• All residents PEP's have been updated to reflect new fire evacuation plans</li> </ul>	
Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> <li>• Outstanding Behavioral Support completed on the 28/5/2021</li> <li>• Environmental Restrictions regarding entering and exiting of part of the centre have been referred to Positive Approaches Management Group (PAMG) - to be approved by 10/6/2021</li> </ul>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> <li>• Risk Assessments and Support Plans regarding safe access to the community during Covid 19 for residents in place since September 2020 and updated April 2021</li> <li>• Further discussion and agreement with resident regarding following public health advice, community access and activity during Covid 19 in place since 16/04/2021</li> </ul>	

## 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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	31/05/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/06/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Not Compliant	Orange	14/06/2021



	are of sound construction and kept in a good state of repair externally and internally.			
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Not Compliant	Orange	30/06/2021
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	30/06/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/07/2021
Regulation 24(3)	The registered provider shall, on	Substantially Compliant	Yellow	17/04/2021

	admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	31/07/2021
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	31/05/2021
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	02/06/2021
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's	Not Compliant	Orange	10/06/2021

	behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.			
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Not Compliant	Orange	16/04/2021