



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

## Issued by the Chief Inspector

Name of designated centre:	Ardmore
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Short Notice Announced
Date of inspection:	05 May 2021
Centre ID:	OSV-0002353
Fieldwork ID:	MON-0031478

## About the designated centre

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

Ardmore is a residential centre which is located in a North County Dublin suburb. The centre is operated by St. Michaels' House and caters for the needs of six male and female adults over the age of 18 years, who have an intellectual disability. The centre comprises one two-storey detached house which offers each resident their own bedroom, shared bathroom facilities, sitting rooms, a kitchen and dining area, utility and garden area. The centre is located close to public transport, shops and amenities. The centre is staffed with a team of social care workers and is managed by a person in charge who in turn reports to a senior manager.

**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
Wednesday 5 May 2021	10:00hrs to 14:50hrs	Louise Renwick	Lead

## What residents told us and what inspectors observed

On the day of inspection, the inspector met with five residents living in the designated centre. One resident was currently staying in a different designated centre, with plans to return once some premises works had been completed, and risks reduced.

In line with infection prevention and control guidelines, the inspector ensured that physical distancing measures and use of personal protective equipment (PPE) was implemented during interactions with all residents and staff and during the course of the inspection.

On arrival to the designated centre, residents were very eager to talk to the inspector, and to tell them about their experiences living there.

Overall, residents spoken with said that they remained very unhappy with their current living situation, and were frustrated that in their opinion, nothing had changed in the past few months to alleviate the issue. They told the inspector that there was an ongoing incompatibility issue amongst the residents living in the centre, which made them feel nervous and affected their choices and how they spent their time both inside and outside of the house.

They told the inspector that they continued to experience fear and anxiety on a regular basis in the home. For example, they described some instances where they observed and witnessed incidents of behaviours that challenge exhibited in the house and this made them frightened for themselves and their peers.

Residents told the inspector that they were annoyed with having to leave their home sometimes or having to go to their bedroom for their safety when incidents of behaviours that challenge occurred in the centre. They also described incidents where their personal belongings had been moved or taken from their bedrooms. Residents had locks on their bedroom doors, however they did not want to have to use these in their home.

Residents were frustrated that this situation had continued, and told the inspector they would not raise any further complaints with the provider, as they didn't feel this would change anything.

The inspector also spoke with one family member of a resident, and reviewed a written complaint from another. Family representatives expressed their concern with regards to the ongoing situation and indicated they wished for all residents in the centre to have their needs met. They also indicated they had raised their concerns formally to the provider, but as yet no resolution had been found. Family members spoke positively of the person in charge and staff team, and the support they gave their family member.

During the course of the inspection, the inspector observed staff engage with all residents in a kind and supportive way. Residents told the inspector that staff were nice and helped them when they needed it.

Staff spoke really positively about all the residents that they support in the designated centre, and voiced their frustrations at not being able to ensure all residents' needs were met in the current environment. Staff members were eager to return to a focus on supporting residents to live a good quality life of their choosing, but the priority had to be on ensuring residents' and staff safety at all times.

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

On this inspection it was not demonstrated the provider had the capacity or capability to provide a good quality service to meet the assessed needs of all residents.

Based on the adverse findings of this inspection, and the continued non-compliance with the regulations the provider was required to attend a warning meeting.

As a result of poor compliance findings on the previous inspection in September 2020, the provider attended a cautionary meeting. Following this meeting in September 2020 the provider submitted a time-bound improvement plan for the service, as requested by the Chief Inspector. The purpose of this inspection was to meet with residents to determine if the actions identified in the time-bound improvement plan had resulted in improvements in the lived experience of residents and management of the safeguarding risks. This inspection focused primarily on three regulations; governance and management, safeguarding and complaints.

While the provider and senior management personnel were working with external agencies to progress plans to address the incompatibility issue among residents, these actions had not resulted in any positive changes for residents living in this centre. Residents continued to live fearfully. The priority focus in the centre was on operating the day to day activities in a manner that kept people safe. This was preventing the staff team with supporting residents to fully exercise their choice and control and to achieve their wider personal and social aspirations and goals.

The provider had submitted written updates, and kept the Chief Inspector informed of progress on their plans. There had been some delays outside of the provider's control, that prevented action being taken sooner. The inspector reviewed

documentation and found that there were ongoing meetings and discussions with external agencies in relation to the issue, which had been identified as a high risk, and noted as an "unsustainable situation". While it was demonstrated that ongoing meetings and discussions had occurred in relation to the issue, the lived experience of most residents in the centre remained poor, and residents and their family members expressed continued dissatisfaction and concern in relation to their current living environment to the inspector.

It was not demonstrated that complaints were being managed in line with the timeline as outlined in the provider's own complaints process. The inspector reviewed a sample of logged complaints made by residents and some from their families. While these complaints had been logged and a record of them maintained in the centre, a satisfactory resolution had not yet been found, and as such, complaints remained open. Residents and their families were unsure if a resolution was planned and when this would occur. This caused upset and frustration as residents had no clarity on when the situation would come to an end.

While it was noted the provider was aware and actively trying to make suitable arrangements to meet the needs of all residents, there had been no change to the lived experience of residents in the centre in the seven months since the previous inspection. Residents were not afforded with a safe and comfortable place to live or provided with a service that was of good quality.

Following this inspection, the provider was requested to attend a meeting in line with the escalation and enforcement process.

### Regulation 23: Governance and management

The provider had not addressed an ongoing incompatibility issue in the centre in such a way that impacted positively on the lived experiences of residents living in the centre.

The provider had not taken timely action, to remove the ongoing risks and keep all residents safe.

The provider had not ensured all residents were in receipt of a service that met their needs, and that all residents had freedom to exercise choice and control in their daily lives.

Judgment: Not compliant

### Regulation 34: Complaints procedure

Where complaints had been logged and recorded, the provider had not ensured a satisfactory resolution within the time frame as outlined in their written policy. For example, complaints remained open without a conclusion that was satisfactory to complainants for a period of months.

Identified measures required for improvement, in response to complaints had not been put in place by the provider, were not put in place.

Judgment: Not compliant

## Quality and safety

On this inspection it was not demonstrated that all residents were in receipt of a quality service that met their assessed needs and ensured they had the best possible lived experience in the centre. The ongoing safeguarding risk, was negatively impacting on all aspects of residents' care and support in the designated centre.

Residents spoken with continued to express their dissatisfaction with the service they were receiving. Residents told the inspector they felt anxious and fearful and explained how this made them feel. For example, by describing pains in their head. For residents who did not communicate verbally, staff had a good understanding of how they demonstrated their feelings, and advocated for residents who could not say they were afraid, but showed it through their demeanor. For example, jumping in fright, or not wanting to be alone in a room.

Residents told the inspector that they couldn't laugh, or talk loudly in their home, in order to keep things quiet for some of their peers who required this type of environment. Residents had to go to their bedrooms, or leave the centre quickly at times, even if they did not wish to, to reduce the risk to them. Residents spoke openly about the negative effect this ongoing situation has had on them, accounting times they saw staff treated badly or harmed while dealing with difficult incidents. Resident advocated for some of their peers who had alternative communication methods, and told the inspector they were nervous for some of their friends in the house.

Similarly, for residents who required a quiet, low arousal environment to support their needs, this was not possible. The designated centre and the number and group of residents was not providing the most optimum environment to reduce demands and risk, in order to ensure all residents' needs were met.

On the day of inspection, one resident was residing short-term in a different designated centre. They had not returned to this centre due to their changing needs, and the additional risk that would occur if they could not leave a room or the



centre quickly, when required.

The inspector found that there had been improvements to the recording, reporting and monitoring of safeguarding incidents since the previous inspection. For example, all incidents were now screened in line with National Policy for the safeguarding of vulnerable adults, and there were systems in place to review all incidents on a monthly basis with the designated officer. That being said, safeguarding plans to protect residents, were not reducing or removing the risk of repeated incidents. Residents did not feel safe living in the designated centre, and spoke of being fearful, anxious and nervous. Residents also felt their belongings were not safe, as personal possessions could go missing or be misplaced. While residents could lock their bedroom doors, they did not always want to do this in their home.

Overall, while the provider was working on plans to address the risks associated with the incompatibility of residents, and had faced barriers outside of their control, it had not yet changed the experience of residents living in the centre, who continued to be in receipt of a service that was not fully meeting their needs, and was resulting in negative outcomes.

### Regulation 27: Protection against infection

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. For example, contingency plans in place for staffing and isolation of residents if required.

The provider and person in charge had ensured that all staff were made aware of public health guidance and any changes in procedure relating to this.

Personal protective equipment was available along with hand-washing facilities and hand soap and alcohol hand gels.

Each staff member and resident had their temperature checked daily as a further precaution. Residents were knowledgeable in how to implement public health guidance while in and outside of their home.

Judgment: Compliant

### Regulation 8: Protection

Residents reported feeling afraid and anxious. Residents did not feel safe living in the designated centre and there was an ongoing and known safeguarding risk, that had not been adequately addressed.

The provider had not taken measures to protect all residents from safeguarding risks

in the designated centre.

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 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Not compliant
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Compliant
Regulation 8: Protection	Not compliant

# Compliance Plan for Ardmore OSV-0002353

Inspection ID: MON-0031478

Date of inspection: 05/05/2021

## 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 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>• An alternative residential place to address the compatibility issues has been approved and confirmed.</li> <li>• Transition Plan has been developed and is being updated as action are completed.</li> <li>• All residents are receiving psychological supports.</li> <li>• All identified required PSF's are completed and submitted to the HSE Safeguarding Team.</li> <li>• Meeting with HSE Safeguarding Team took place on 14th January 2021, 2nd February 2021, 12th April 2021 and the 5th May 2021 to review safeguarding for this DC. The HSE Formal Safeguarding Plans for five residents are continually reviewed and updated.</li> </ul>	
Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> <li>• The Registered Provider is in discussions with an alternative provider and has confirmed a residential place for one resident.</li> <li>• The Service Manager links regularly with the residents, as does the PIC to speak with them about their complaints.</li> </ul> <p>The Principle Psychologist met with all other residents on the 22nd of April 2021 to provide support for the residents.</p>	

Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> <li>• All identified required PSF's are completed and submitted to the HSE Safeguarding Team.</li> <li>• Meeting with HSE Safeguarding Team took place on 14th January 2021, 2nd February 2021, 12th April 2021 and the 5th May 2021 to review safeguarding for this DC.</li> <li>• The HSE Formal Safeguarding Plans for five residents are continually reviewed and updated.</li> <li>• The Registered Provider is in discussions with an alternative provider and has confirmed a residential place for one resident.</li> </ul> <p>A Transition Plan is being developed and updated as actions are completed.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/07/2021
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 34(2)(d)	The registered provider shall ensure that the complainant is informed promptly of the outcome of	Not Compliant	Orange	31/07/2021

	his or her complaint and details of the appeals process.			
Regulation 34(2)(e)	The registered provider shall ensure that any measures required for improvement in response to a complaint are put in place.	Not Compliant	Orange	31/07/2021
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	31/07/2021