Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Royal Oak
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Unannounced
Date of inspection:	02 December 2022
Centre ID:	OSV-0002361
Fieldwork ID:	MON-0037912

About the designated centre

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

Royal Oak is a designated centre based in a North Dublin suburban area and is operated by St Michael's House. It provides community residential services to three male residents with intellectual disabilities over the age of 18. The designated centre is comprised of two attached houses with an internal door for access. The designated centre consists of five bedrooms, two kitchen come dining rooms, two sitting rooms, an office, two bathrooms and two toilets. There was a garden to the rear of the centre which contained two small buildings which were used for laundry and storage. The centre is located close to amenities such as shops, cafes and public transport. The centre is staffed by a person in charge and social care workers. Staff have access to nursing support through a nurse on call service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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 (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
Friday 2 December 2022	10:30hrs to 14:20hrs	Jennifer Deasy	Lead

What residents told us and what inspectors observed

The designated centre was unoccupied when the inspector arrived. The inspector made contact with a service manager who quickly attended the centre and made themselves available to support the inspection. The inspector was informed that all of the residents were at day service or in employment on the day of inspection. For this reason, the inspector did not have the opportunity to speak to any of the residents regarding their experiences of living in the designated centre. The inspector completed a walk around of the centre, reviewed documentation and spoke with the service manager and one staff who came on duty in the afternoon. This information was used to inform decision making.

The inspector saw that the house was clean and well maintained. As had been seen on the most recent inspection in July 2022, the provider had completed works to enhance the premises. Both houses were equipped with new kitchens, kitchen furniture and living room furniture. Further works been completed subsequent to the last inspection including the installation of new side gates. The house was seen to be decorated in a homely manner. Communal areas were decorated with residents' photographs, pictures and preferred personal items such as fish tanks or games consoles.

On the most recent two inspections, the inspector had seen significant infection prevention and control (IPC) risks. It was evident on this inspection that the provider had responded to these risks and addressed them in an appropriate manner. The inspector saw that there was adequate supply of hand washing and sanitising facilities, bathrooms and kitchens were clean and tidy and there was ready availability of required personal protective equipment (PPE) throughout the house.

The inspector saw that the documentation maintained within the centre had been reviewed and updated. Information required to support the inspection was readily available. The inspector saw that residents' support plans had been updated and that comprehensive care plans which were written in a person centred manner were on file. This will be discussed further in the quality and safety section of the report.

Later in the afternoon, the inspector had the opportunity to speak to one staff who came on duty. The staff was getting ready to collect residents from day services and activities. They told the inspector that they were happy with the enhanced oversight arrangements in the designated centre. A new person in charge was available. The staff said that the person in charge was easy to contact and was responsive. They had supported staff to update documentation and had clarified staffs' roles and responsibilities. The staff had been in receipt of supervision and were satisfied with the support that they received from the person in charge.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these

arrangements impacted on the quality and safety of care.

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. This was an unannounced risk inspection. The purpose of the inspection was to monitor the provider's attempts to come into regulatory compliance. Two previous inspections in January and July 2022 had found high levels of non-compliance. Subsequent to these inspections, a cautionary and then a warning meeting had been held with the provider. The provider had committed through a compliance plan to take action to come into compliance.

The inspector saw that the provider had taken action to enhance the oversight and the management structures of the designated centre. A new person in charge had been appointed in August 2022. A formal fitness assessment had been held with the person in charge prior to the inspection. They were found to be fit and competent to hold the role of person in charge. They were aware of their regulatory responsibilities and of the actions required to bring the centre into compliance.

The person in charge had oversight of two additional centres. The inspector saw that there were structures in place to support the person in charge in ensuring oversight of all three designated centres. For example, a nominated shift lead was identified on the roster. The shift lead had specific roles and responsibilities. A planned and actual roster was maintained which showed which centre the person in charge was working each day. Staff spoken with, were clear on how to contact the person in charge, when they were not immediately available in the centre.

The person in charge had enhanced the staffing contingency arrangements. A written protocol for the management of roster changes at short notice was in place. This detailed the local operating procedure for staff to follow in the event of the centre becoming short staffed.

The staffing contingency plan also included the use of relief staff from the other two designated centres that the person in charge had oversight. The purpose of using these staff was to build familiarity between these staff and the residents in Royal Oak. It had been noted that some residents in Royal Oak became anxious when supported by unfamiliar staff. This resulted in an increase in behaviours that challenge and safeguarding incidents. The staffing contingency plan supported the development of a panel of regular relief staff for the centre which supported continuity of care for residents.

The inspector saw that generally a high level of training was maintained in the

designated centre. All staff were up-to-date in fire safety, managing behaviour that is challenging, safeguarding vulnerable adults and COVID-19. Staff reported that they were in receipt of quality supervision however, supervision records were not available for review on the day.

Monthly staff meetings were held. The inspector reviewed the minutes of these meetings and saw that issues pertaining to the day to day running of the centre were discussed as well as provider level issues such as policy updates. Subsequent to the last inspection in July 2022, the provider's IPC specialist and designated officer had attended the centre's staff meeting. These stakeholders updated staff regarding the provider's policies, procedures and staff responsibilities.

The person in charge was supported in their role by a service manager. They met monthly in Royal Oak for supervision meetings. This supported the service manager in having oversight of the centre. The inspector saw that there was system of audits in place. These audits comprehensively reflected risks in the centre. Audits were discussed at supervision meetings with the service manager. The inspector saw that actions identified in audits were progressed in a timely manner.

The complaints log was reviewed on the day of inspection. The inspector saw that there were two open complaints. These had been responded to in line with the provider's complaints policy and procedure. Complaints were in the process of being closed. There was evidence that the provider had offered additional supports, including advocacy services, in order to resolve one of these complaints however these supports had been refused by the resident.

Overall, the inspector found that the provider had enhanced their oversight of the service and that this was supporting the delivery of a quality and safe service.

Regulation 14: Persons in charge

A person in charge had been appointed to the designated centre. A formal fitness interview was held with the person in charge in advance of the inspection. They were found to be fit and to be suitably qualified and experienced to hold the role of person in charge.

The person in charge was responsible for the oversight of two additional designated centres. The inspector was assured that there were systems in place to support the person in charge in maintaining oversight of all of the designated centres.

Judgment: Compliant

Regulation 15: Staffing

The provider had filled vacant positions and the staffing levels on inspection were in line with the statement of purpose.

A planned and actual roster was maintained. The inspector saw that staffing levels were maintained at an appropriate number and with suitable qualifications to meet the needs of the residents.

The person in charge had implemented a staff contingency plan for short notice rostering needs. A panel of regular relief staff from other designated centres had been established. This was supporting the needs of the residents in the designated centre and ensured continuity of care.

Judgment: Compliant

Regulation 16: Training and staff development

The training matrix for the centre was reviewed. The inspector saw, on review of the matrix, that there was a high standard of compliance with mandatory and refresher training in the centre. All staff were up-to-date in trainings in key areas such as Safeguarding Vulnerable Adults, Managing Behaviour that is Challenging and Fire Safety.

Supervision records were not available for review on the day of inspection. However, the inspector was informed by staff that they were in receipt of supervision and felt supported in their role.

Staff meetings were held monthly. The inspector saw that these meetings covered topics pertaining to the day-to-day running of the centre as well as important provider level updates.

Judgment: Compliant

Regulation 23: Governance and management

The provider had enhanced their oversight of the designated centre. There were clear lines of authority and accountability. A shift lead was designated on the roster. This person reported to the person in charge, who in turn reported to a service manager. The service manager was further supported in their role by a director of service.

Staff spoken with were aware of their specific roles and responsibilities and of how to escalate concerns or risks to senior management.

The provider had responded to risks identified in the areas of safeguarding and infection prevention control on the last two inspections. Competent individuals had been nominated to attend staff meetings and to support staff to understand their personal and professional responsibilities in these areas.

The provider also had implemented additional audits including monthly IPC audits and monthly data reports. These were completed by the person in charge and reviewed at their meetings with the service manager. The inspector saw that action was taken to address risks identified through these audits in a timely manner.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had effected a complaints policy and procedure. The procedure was displayed in an accessible format in a prominent part of the designated centre. The inspector saw that complaints were documented and responded to in a timely manner and that complainants were informed of the outcome of their complaint. Additional supports include access to multidisplinary support and advocacy services were offered to complainants.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre. Overall, the inspector found that the provider had enhanced the systems in place in the centre which had improved the day-to-day practice and supported the delivery of a safe and good quality service.

The inspector completed a walk-through of the premises and saw that it was clean and comfortable. The centre had recently been refurbished and painted. Kitchens, bathrooms and communal areas were seen to be clean and decorated in a homely manner. Residents each had access to their own bedrooms. The inspector did not look at residents' bedrooms as residents were not at home on the day of inspection. Bedrooms had been reviewed on the last inspection and were seen to be decorated in line with residents' individual preferences.

The centre was seen to be clean and tidy and it was evident that the provider had

responded effectively to previously identified IPC risks.

The inspector saw on a walk around of the centre that there was ready availability of good quality fresh food in the centre. However, there was no comprehensive record of meals cooked and offered. For this reason, it was not possible to verify that residents were in receipt of adequate quantities of wholesome and nutritious foods. Improvements were required to the record keeping in this area.

A risk register was in place for the centre which comprehensively reflected the risks for the centre. Risk assessments were drawn up for specific risks. Control measures were in place which were found to be appropriate to mitigate for the risk.

The inspector reviewed several residents' files. They were found to contain comprehensive assessments of need and care plans. Assessments of need and care plans had been recently reviewed and updated. Relevant multidisciplinary professionals along with families and representatives had supported the review of assessments of need.

In light of safeguarding incidents, the provider had undertaken a compatibility assessment for the residents in Royal Oak. While the full report from this assessment was not completed and available for review, the inspector was informed that the compatibility assessment had not identified compatibility issues. Instead, the safeguarding incidents were felt to have occurred at times when there were unfamiliar staff working in Royal Oak. The revised staff contingency arrangements appeared to be mitigating against this risk and there had been a noted decrease in peer to peer safeguarding incidents since the introduction of the new staff contingency plan.

Finally, in relation to residents' rights, the inspector saw that residents' goals were captured and that trackers were in place to ensure that action was taken to progress residents' goals. The inspector saw that additional supports were offered to residents in order to progress goals if required. In some instances, residents had declined supports and their right to do so was respected. Rights care plans were also available on files for those residents who required support to maintain their rights.

Regulation 18: Food and nutrition

The inspector saw that there was ready availability of food in the designated centre that was wholesome and nutritious. For example, fruit, fresh vegetables and dairy products were found in the fridge and the fruit bowl.

However there was no comprehensive record of meals that were cooked or offered in the centre. Temperature checks were taken of cooked dinners however there were gaps in the record keeping of these temperature checks. For example, there

was no record of food being prepared between the 10th and 13th of November 2022. This meant that it was not possible to verify that residents were consistently in receipt of adequate quantities of food which were safely prepared and cooked.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had effected a risk management policy which was available in the designated centre. The inspector saw that staff had signed off on as having read this policy.

The risk register for the centre had been recently updated and comprehensively reflected the centre specific risks. Control measures to mitigate against these risks were found to be proportionate.

Individual risk assessments to mitigate against risks specific to residents were available on residents' files. These had been recently updated. Control measures to mitigate against risks were found to be comprehensive, person-centred and proportionate.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had taken measures to address areas of non-compliance identified in relation to IPC on the previous two inspections in 2022.

The centre was found to be clean, tidy and well-maintained.

There was adequate availability of hand washing and sanitising facilities.

Staff had been in receipt of centre specific IPC training from a competent person and had been informed of their specific roles and responsibilities in this regard.

There were appropriate procedures for the management of waste.

The person in charge had identified a risk in relation to the water quality of the designated centre. Water testing had been completed which identified no concerns. A risk assessment had been drawn up to control for the risk in the future.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed two of the residents' files. It was evident that residents' assessments of need had been reviewed and updated in recent months. The inspector saw that assessments of need comprehensively reflected residents' needs as well as their individual preferences. Assessments of need were informed by relevant multidisciplinary professionals as required.

Comprehensive care plans were derived from the assessment of need. These clearly detailed, in a person-centred manner, how staff should support residents in order to maximise their personal development in line with their wishes.

An "all about me" support meeting had also recently taken place for the residents. These meetings were attended by the residents' family or nominated representative as well as multidisciplinary team members. The all about me meeting was used to identify goals and to inform the residents' assessment of need and care plan.

Judgment: Compliant

Regulation 8: Protection

There had been a documented history of peer to peer incidents in this designated centre. The provider had recently completed a peer compatibility assessment to determine if the residents were compatible with living with each other. The inspector was informed that this audit had identified that there were no concerns in relation to the compatibility of the residents. The assessment highlighted that peer to peer incidents occurred when new or unfamiliar staff were working in the designated centre. The provider had responded to this risk by enhancing the contingency plan for the staffing of the centre. The number of safeguarding incidents in the centre had reduced in recent months which indicated that the revised contingency arrangements were supporting a safer environment for all residents.

Safeguarding incidents, when they did occur, were reported to the Chief Inspector and to the local safeguarding team. Safeguarding plans were implemented in order to protect residents from abuse.

All staff were up-to-date in training in safeguarding vulnerable adults and children first. Staff had also received a briefing from the provider's designated officer in relation to their role and responsibilities in safeguarding.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector saw that the provider had made progress in supporting one resident with their goal of living independently. Additional supports and services were made available to this resident. The resident was informed regarding these and the inspector saw that they had chosen, for the time being, not to avail of these supports.

It was evident that the provider was operating a person centred service in Royal Oak. Individual planning meetings were completed with the residents and residents were supported to avail of activities and employment opportunities of their choosing. Action plans and trackers were in place to ensure that residents were supported to progress their goals.

Residents' rights was discussed at staff meeting an rights care plans were available on residents' files for those residents who required support with maintaining their rights.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Royal Oak OSV-0002361

Inspection ID: MON-0037912

Date of inspection: 02/12/2022

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: • As of the 12/12/2022 there is a weekly meal planner/tracker sheet in place and it is filled out following meal time to monitor and record meals chosen by residents. This Planner /tracker will provide details of foods cooked for residents. All residents are involved in meal planning within the centre .	

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 18(2)(a)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	12/12/2022
Regulation 18(2)(b)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are wholesome and nutritious.	Substantially Compliant	Yellow	12/12/2022