

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

Issued by the Chief Inspector

Name of designated centre:	Sabhaile
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Announced
Date of inspection:	20 September 2022
Centre ID:	OSV-0002370
Fieldwork ID:	MON-0028845

## About the designated centre

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

Sabhaile is a residential service operated by St Michael's House. It provides care and support for up to six adults with an intellectual disability. The centre comprises one large single-storey house located in a North Dublin suburb, with five bedrooms, a kitchen and dining room, large living area and second small living room, utility room and staff room. Sabhaile has a modest-sized contained garden and is located in close proximity to a range of local amenities. Residents are supported by a team of nurses and social care workers who are managed by a person in charge. Residents receive support in areas such as personal development, healthcare and independent living support.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	5
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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
Tuesday 20 September 2022	09:40hrs to 16:30hrs	Amy McGrath	Lead

## What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of the designated centre Sabhaile. The inspection was carried out to assess compliance with the regulations following the provider's application to renew registration of this designated centre.

At the time of inspection there were five residents living in the centre, with no vacancies. The inspector met with three of the five residents who use this service. Some residents spoke with the inspector, and others engaged with the inspector with support from staff. The inspector received five completed resident questionnaires, one for each resident, which had been filled out with support from staff. The inspector also observed residents in their home throughout the course of the inspection, which further informed judgements regarding residents' experience in the centre.

On arrival to the centre, four of the five residents had left to attend their day services. One resident remained in Sabhaile and was engaged in their morning routine; this resident did not attend an external day service and had staff support during the day to engage in a programme of activities that was self-directed. One resident spoke briefly to the inspector when they returned from day service in the afternoon and told them that they liked living in the centre.

The premises was comprised of a large bungalow located in a gated complex in a housing estate in a Dublin suburb. There were five bedrooms, with each of them decorated in accordance with residents' own individual preferences. There was a large bright living room as well as a second smaller living area that was generally used by one resident. There was a modest sized kitchen and dining room. There were accessible and well equipped bathrooms and a staff bedroom. The inspector observed that the premises were clean and tidy, and decorated in a homely manner. Some areas required routine repair or upkeep, but in general the premises was seen to be in good condition.

There was a modest sized and well-kept garden to the front of the home, that was accessed through patio doors in the living room. The inspector found that the door frame presented as an obstacle to residents who used wheelchairs to freely access the garden. Residents had to exit the centre and make their way around to the front to use the garden. This was also a concern as the patio was designated as an emergency exit and was not fully accessible.

Residents shared their views on the centre in the questionnaires received. One resident shared that they liked having their family over to visit, and were happy to have a second living area where they could watch a film with a family member when they called to visit. Residents each shared in the questionnaires that they engaged in different activities both in the centre and in the community. For example, residents shared that they enjoyed going to plays in the theatre, going to spas and

having their hair and nails done in local salons, and going to the cinema. Multiple residents mentioned that they liked having space in the garden to sit and to welcome visitors. One resident said that they would prefer if their bedroom was bigger, but that they liked having an additional living space to use when they chose to.

The centre was staffed by a team of social care workers and nurses, who were managed by the person in charge. Residents appeared to be familiar with staff, and records evidenced that there was a consistent team that were well known to residents. Throughout the course of the inspection staff were observed to engage in a warm and friendly manner with residents and residents appeared relaxed and comfortable in the presence of staff.

## Capacity and capability

The inspector found that the governance and management arrangements within the centre were ensuring a safe and good quality service was delivered to residents. While there were some areas that required improvement in order to fully comply with the regulations, for most part these had been identified by the provider and there were action plans in place.

There were effective management arrangements in place that ensured the safety and quality of the service was consistently and closely monitored. The person in charge had systems in place to monitor the quality and safety of the service delivered to residents, such as infection control audits, medication management reviews and monthly data reports which measured performance in key areas and ensured relevant issues were escalated appropriately.

The provider had carried out an annual review of the quality and safety of the centre, and there were arrangements for unannounced visits to be carried out on the provider's behalf every six months.

The annual review was found to be comprehensive in nature and assessed the performance of the service against the relevant National Standards and informed a quality improvement plan which was found to affect positive change in the centre. The review also incorporated residents' views, which were used to inform service planning.

The inspector reviewed the staffing arrangements and found that they ensured residents were supported by staff with the appropriate skills and experience. There was a regular and familiar staff team in place that ensured continuity of care for residents. There was a planned and actual roster maintained that accurately reflected the staffing arrangements in the centre. Nursing care was available to residents as outlined in the statement of purpose. While there was a nursing

vacancy at the time of inspection, this was covered by the nursing staff in the centre while recruitment was underway.

The person in charge ensured that staff had access to necessary training and development opportunities. The provider had identified some areas of training to be mandatory, such as fire safety management and safeguarding. Staff had each received training in these key areas as well as additional training specific to residents' assessed needs. A review of training records found that one staff member had not received refresher training in positive behaviour support, despite this being known for a number of months. This was of concern given the specific needs of residents.

There was a statement of purpose in place that was reviewed and updated on a regular basis. The statement of purpose contained all of the necessary information, and was reflective of the service provided. The provider had ensured that the centre was adequately insured against risks to residents and property.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affected the quality and safety of the service being delivered.

### Regulation 15: Staffing

The staffing arrangements in the centre, including staffing levels, skill mix and qualifications, were effective in meeting residents' assessed needs. There was a planned and actual roster maintained by the person in charge.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training as part of their continuous professional development, and to support them in the delivery of safe and effective care.

Staff completed a suite of training in areas such as medication management, positive behaviour support and infection prevention and control.

The inspector reviewed the staff training records with the person in charge and found that a staff member required refresher training in positive behaviour support. This had been outstanding at the time of the last training audit.

Judgment: Substantially compliant

### Regulation 22: Insurance

The provider had ensured that insurance against injury to residents was in place. The provider had also arranged for insurance against other risks, and residents had been advised of this.

Judgment: Compliant

### Regulation 23: Governance and management

A number of systems of oversight were in place to ensure the quality of care and support was monitored at all times. A range of audits had been completed as commissioned by the provider, including infection prevention and control audits, fire safety, and health and safety audits.

In addition to this, the provider ensured an unannounced visit occurred every six months. The visits contributed to a clearly defined action plan which highlighted areas for improvement or review. Actions were allocated to a responsible party and there was evidence that actions were followed through on.

The inspector found that information regarding the quality and safety of the service was shared with appropriate stakeholders and was used to inform service planning at an organisational level.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider's statement of purpose was current and accurately reflected the operation of the centre on the day of inspection.

Judgment: Compliant

## Quality and safety



The governance and management arrangements ensured that a safe and quality service was delivered to residents. The findings of the inspection indicated that the provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was person centred.

There was a comprehensive assessment of need in place for each resident, which identified their health care, personal and social care needs. These assessments were used to inform detailed plans of care, and there were arrangements in place to carry out reviews of effectiveness. The centre was suitably resourced to meet residents' assessed needs.

Residents were supported to communicate using preferred methods. There were plans in place for a comprehensive review of communication support needs of residents, and at the time of inspection there were detailed plans in place that utilised the most current assessment, and staff and family knowledge.

The inspector found that residents contributed to meal planning and were able to make choices about what they ate on a day-to-day basis. The person in charge ensured that residents had access to a variety of fresh and nutritious food. Residents could help themselves to snacks and small meals independently and staff supported the cooking of larger meals. Residents also enjoyed meals out in local cafés and restaurants on occasion. Residents' feeding support needs and dietary requirements were well known and there were arrangements in place to ensure they received the appropriate support.

There were arrangements in place to protect residents from the risk of abuse. Staff were appropriately trained, and any potential safeguarding risk was investigated and where necessary, a safeguarding plan was developed.

The inspector reviewed the fire safety arrangements in place. The provider had implemented a range of fire safety measures, such as a fire alarm system, emergency lighting, and fire fighting equipment, all of which were serviced at regular intervals. There were emergency evacuation plans in place for all residents, although it was noted that the plans did not acknowledge that one of the emergency exits was not fully accessible to all residents.

The design and layout of the premises, with the exception of the patio door that was not accessible to all residents, was suitable in meeting the needs of residents. The provider had reduced the numbers of residents in the centre in recent years and added an additional living space for residents to use. The premises was generally in a good state of repair and had undergone painting prior to the inspection. Some areas still required painting and were awaiting repair before this was complete. The flooring of one bathroom required replacement, as did the taps, due to heavy staining. The kitchen was functional but quite dated and worn in some places, with damage to the surfaces of cabinets. The provider had identified this, and there were plans in place to replace it.

There were arrangements in place to prevent or minimise the occurrence of a healthcare associated infection. There were control measures in place in response to identified risks and there were clear governance arrangements in place to monitor

the implementation and effectiveness of these measures. The centre was found to be clean and hygienic and there were a range of hygiene checklists and audits in place to ensure that this was maintained. There were hand washing and sanitising facilities available for use.

Prescribed medicines were dispensed by a local pharmacy, and found to be appropriately stored. There were guidance documents in place to ensure that medicines were administered as prescribed. Medicines were found to be ordered, received and stored appropriately. Residents' medicines were prescribed by appropriate medical professionals, and dispensed by a pharmacist.

### Regulation 10: Communication

There were communication support plans in place for each resident. It was noted that staff were familiar with residents' communication methods and provided support in accordance with their individual support plans.

Judgment: Compliant

### Regulation 17: Premises

The designated centre was found to be comfortable, warm, bright, and generally well maintained. The residents' bedrooms were nicely decorated and personalised, and the main living areas were homely. The centre had been recently painted and there were some areas that still requires repair and painting, such as where fixtures had been removed from the wall. A bathroom required new flooring as a leak had caused staining and the taps in the same bathroom were heavily stained with limescale. The kitchen in the premises was quite worn in parts, this had been acknowledged by the provider and there were plans in place to update it.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

There were arrangements in place that ensured residents were provided with adequate nutritious and wholesome food that was consistent with their dietary requirements and preferences. Residents were supported to buy, prepare and cook their own meals in accordance with their abilities.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider ensured that residents were protected from the risk of healthcare associated infections and that the designated centre complied with current infection prevention guidelines.

Judgment: Compliant

### Regulation 28: Fire precautions

There were fire safety management systems in place in the centre, which were kept under ongoing review. There were suitable fire containment measures in place.

Fire drills were completed regularly and learning from fire drills was reflected in residents' evacuation plans.

It was found that one fire exit was not fully accessible to all residents, and this had not been identified in the provider's emergency evacuation plan.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The inspector found that there were suitable arrangements in place with regard to the ordering, receipt and storage of medicines. There were a range of audits in place to monitor medicine management. A review of records found that where medication errors occurred, these were investigated and addressed as outlined in the provider's policy, and corrective action was implemented where necessary.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

There was a comprehensive assessment of need in place for each resident, which identified their healthcare, personal and social care needs. These assessments were used to inform detailed plans of care, and there were arrangements in place to carry

out reviews of effectiveness.

Judgment: Compliant

### Regulation 8: Protection

The inspector reviewed the safeguarding arrangements in place and found that residents were protected from the risk of abuse. Staff had received training in safeguarding adults. There were clear lines of reporting and any potential safeguarding risk was escalated and investigated in accordance with the provider's safeguarding policy. Potential safeguarding risks were reported to the relevant statutory agency. There were no active safeguarding risks at the time of inspection.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Sabhaile OSV-0002370

Inspection ID: MON-0028845

Date of inspection: 20/09/2022

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: The PIC has scheduled the staff member for the next PBS training.</p> <p>Date of completion 30/06/23</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The PIC has re identified the required work to be done to update the premises and meet standards through the Housing Department. The Housing Department has now listed the premises for priority by calendar year 2023.</p> <p>Date of completion 30/10/2023</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The PIC have contacted SMH fire officer and identified the patio door can be use as the nearest available exit in the event of fire. The PIC will update the fire evacuation plan. A</p>	

portable easy-edge-threshold ramp have been ordered and will be in place outside the patio door for easy accessibility for Residents on wheelchairs and rollators.

Completion date: 30/03/23



## 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 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	30/06/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/10/2023
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He.	Substantially Compliant	Yellow	30/03/2023

	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.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/11/2022
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.	Substantially Compliant	Yellow	30/03/2023