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:	Lorcan Avenue
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Unannounced
Date of inspection:	21 February 2023
Centre ID:	OSV-0002373
Fieldwork ID:	MON-0035184

About the designated centre

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

Lorcan Avenue is a designated centre operated by St. Michael's House located in North County Dublin. It provides community residential care and support to six adults with an intellectual disability. The centre is a two-storey house which consists of two sitting rooms, kitchen/dining area, six individual resident bedrooms, a number of shared bathrooms, a staff room and office space. It is located close to community amenities including banks, restaurants and shops. The centre is staffed by the person in charge and social care workers. Nursing support is provided through the organisations on-call system.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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
Tuesday 21 February 2023	09:30hrs to 15:30hrs	Jennifer Deasy	Lead
Tuesday 21 February 2023	09:30hrs to 15:30hrs	Karen McLaughlin	Support

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor ongoing regulatory compliance in the designated centre.

Inspectors met the residents who lived in the centre, staff on duty and the person in charge and observed the care and support interactions between residents and staff throughout the day. In line with public health guidelines, inspectors wore face coverings and maintained physical distance from residents and staff where possible throughout the inspection.

Overall, residents were receiving a good quality service in a homely and suitably decorated house.

Inspectors were shown around the house by the person in charge, who was knowledgeable and familiar with the assessed needs of the residents. The centre was observed to be a clean and tidy, warm and comfortable environment. The house was personalised to reflect the interests of its residents for example, photos of the residents carrying out activities such as bowling and one resident had a purpose built entertainment station in their bedroom.

However, there was some premises work required. An upstairs shower was leaking into the kitchen ceiling underneath. While this had been identified in a recent audit carried out by the provider, there was no recorded time-line as to when both issues would be addressed. The person in charge informed inspectors on the day that because of this the shower was not in use and therefore not available for residents.

Residents were observed receiving a good quality person-centred service that was meeting their needs. They had choice and control in their daily lives and were supported by a familiar staff team who knew them well and understood their communication styles. The inspectors saw that staff and resident communications were familiar and kind. Staff were observed to be responsive to residents' requests and assisted residents in a respectful manner. For example, easy to read activity boards were observed in residents bedrooms and one resident told the inspector that they were going for a walk later in the afternoon and about their preferred foods and drinks.

Residents all contributed to the weekly menu plan and their choices were included as part of the weekly shop. Inspectors saw residents having pancakes for breakfast and a drink which was prepared in line with their modified meal plans. Later in the day, inspectors met some residents who were having a cup of tea in the kitchen. One of the residents told the inspectors that they had been to day service with their friends and that they attend day service three days a week, another resident told the inspectors they enjoyed bowling and attended this activity every week.

In summary, inspectors found that the residents enjoyed living here and had a good

rapport with staff. The residents overall well-being and welfare was provided to a good standard however, the premises required some upgrading in particular the bathrooms.

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 affects the quality and safety of the service being delivered.

Capacity and capability

The provider and person in charge demonstrated the capacity and capability to operate the designated centre in a manner that was promoting good quality care and support for the residents living in the designated centre. However, the provider had not agreed in writing, with a resident and/or their representative, the terms and conditions of their service. The resident had remained without a written and signed contract of care, despite being admitted to the centre over a year ago.

The provider had put arrangements in place to carry out an annual report of the quality of the service which had also sought feedback from residents and families as required by the regulations. Six-monthly provider-led audits were being completed at the time of inspection and local operational management audits were carried out by the person in charge.

There was also a clearly defined reporting structure in place which identified lines of authority and accountability. The provider had appointed a person in charge who was suitably qualified and experienced. The person in charge was present on the day of inspection and informed the inspectors of the arrangements in place to support them in having oversight of the designated centre. They had regular oversight and support meetings with their service manager and were further supported by a team of social care workers.

There was a planned and actual roster maintained for the designated centre. A review of the rosters found that staffing levels on a day-to-day basis were generally in line with the statement of purpose. Rosters were clear and provided the full name of each staff member, their role and their shift allocation Staffing resources had recently been increased due to the changing needs of a resident. The arrangement was agreed in the short-term with a full nursing support review due to be carried out by the provider shortly.

The centre was up-to-date with records in relation to each resident as specified in schedule 3 which were maintained and were made available for inspectors to view, for example resident's assessment of needs and their personal plans.

Regulation 15: Staffing

A planned and actual roster were maintained for the designated centre which described the planned work shift for each staff member, their full name and role.

Inspectors reviewed the rosters and noted the staffing numbers and skill-mix were in line with those as set out in the statement of purpose for the centre..

Staff spoken to were knowledgeable about residents' needs. Staff were observed to engage positively with residents.

The provider had recently enhanced the staffing allocation due to the recently changed needs of one resident. This was a short-term arrangement until a full nursing review could be completed, the review was scheduled to occur shortly after the inspection.

Judgment: Compliant

Regulation 19: Directory of residents

The centre had an up to date directory of residents and it was made available to the inspectors to view.

Judgment: Compliant

Regulation 21: Records

Inspectors looked at all records pertaining to schedule 3 and 4 of the regulations. The finding was compliant and all records were up to date.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined governance structure that facilitated the delivery of good quality care and support that was routinely monitored and evaluated.

The designated centre was managed by a suitably qualified and experienced person

in charge. The centre was sufficiently resourced to meet the needs of all residents.

There were a series of audits in place which comprehensively identified issues. Specific and measurable time-bound action plans were derived from these audits. The inspectors noted actions were progressed across the sample of provider-led audits reviewed during the course of the inspection.

The centre was adequately resourced in line with the statement of purpose.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had not yet agreed a contract of care for one resident and therefore not in compliance with regulation 24 (3).

The resident had remained without a written and signed contract of care, the provider was in the process of working on this agreement at the time of inspection.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge had submitted all required notifications of incidents to the Chief Inspector within the timeframe expected.

Inspectors reviewed a sample of incident logs during the course of the inspection, these corresponded to the notifications received by the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had put in place a complaints policy and associated procedures which met the requirement of the regulations.

An accessible easy-read complaints procedure was displayed in the hallway of the designated centre for residents to access and utilise.

While there had not been any recent recorded complaints made there were suitable arrangements in place to seek resident's feedback and make arrangements to

respond to them should they occur.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that the day-to-day practice within this centre ensured that residents were receiving a safe, good quality service. However, improvements were required in relation to some areas of the premises.

The inspectors completed a walk through of the house accompanied by the person in charge. Efforts had been made to make the communal areas homely, for example, nice photos and pictures were displayed, and there was comfortable and well maintained furniture. Each of the residents had their own bedroom which was decorated in line with their individual preferences.

The provider had implemented a range of infection prevention and control measures to protect residents and staff from the risk of acquiring a health care associated infection. The inspectors saw that the designated centre was clean and that staff were wearing appropriate personal protective equipment (PPE). There were sufficient hand washing and sanitising facilities.

However, there was a broken shower in one of the bathrooms upstairs which was causing a leak into the ceiling below. The person in charge told the inspector that the shower was not in use at the time of the inspection and both the shower tray and the leak and staining on kitchen ceiling had been reported to the provider's maintenance team. However, inspectors noted there was no recorded time-line for when repairs would be completed.

There were appropriate fire safety measures in place, including fire and smoke detection systems, an addressable fire alarm and fire fighting equipment. Staff were trained in fire prevention and evacuation drills were completed at suitable intervals. Personal evacuation plans were in place for each resident which detailed the level of support required for residents to evacuate safely.

Residents were observed engaging in activities together such as mealtimes and going on outings in the community. Staff told inspectors that most of the residents preferred to watch television or listen to music in their bedrooms but had full use of the communal areas of the house whenever they wished and there were no issues of incompatibility in the centre. Furthermore, all staff were in receipt of up-to-date training in safeguarding

Lap straps and a sensor mat were used in the centre. However, this inspection found that these arrangements had not been reviewed as potential restrictive practices. In addition, these practices had not been notified on a quarterly basis to the Chief Inspector as required. As a result inspectors could not be assured that

there was adequate oversight of restrictive practices and that the least restrictive practice was in place for the shortest duration possible, this required improvement.

The provider had implemented measures to identify and assess risks throughout the centre. All resident risk assessments were individualised based on their needs and included a falls risk management plan, manual handling assessment, IPC and emergency evacuation plans. There was a risk management policy in place. Overall, risks identified in the centre were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and mitigate against risk.

The inspectors reviewed a sample of the residents' files. It was found that residents had an up-to-date and comprehensive assessment of need on file. Care plans were derived from these assessments of need. Care plans were comprehensive and were written in person-centred language. They were reviewed regularly and following changes to a resident's presentation or need.

There were suitable arrangements in place with regard to the ordering, receipt and storage of medicines. Medication was stored safely in a locked press. Staff were trained in the administering of all medications and regular audits were carried out. Medication administration records were clear and legible and each resident had completed an assessment of their capacity to self-administer medication as appropriate.

Regulation 17: Premises

Overall, the premises was homely and suitable to meet the assessed needs of residents. However, some premise repair works and improvements were required.

A bathroom required upgrading, some mildew was also observed on the ceiling in a bathroom.

There was peeling paint in some areas and the ceiling in the kitchen had water stains from a leak from the shower above it.

The cooker in the kitchen was out-of-order but was not impacting on the prevision of mealtimes as other equipment such as an airfryer and slow cooker were in use instead.

A new cooker had been order and was due to arrive later in the week.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were provided with wholesome and nutritious food which was in line with their assessed needs.

The inspectors saw that mealtime records showed that a range of meals were prepared which offered choice and good nutritional value.

Some residents had assessed needs in the area of feeding, eating, drinking and swallowing (FEDS). Residents had up-to-date FEDS care plans on file. Staff spoken with were knowledgeable regarding these.

Staff had received training in FEDS. The inspectors observed staff preparing drinks which were in line with residents' FEDS care plans.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

There was a transfer of care document for all residents should there need to be admitted to hospital. The plans inspectors saw for one particular resident was personalised and gave a thorough account of the residents needs where comprehensive clinical notes were shared appropriately between the provider and the hospital. Furthermore, the provider had a hospital liaison nurse whom the designated centre utilised for the residents hospital admission.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had an effective risk management policy which met the requirements of the Regulations.

A comprehensive risk register was maintained for the designated centre. The risk register accurately reflected the risks in the designated centre. Control measures to mitigate against these risks were proportionate to the level of risk presented.

Risk assessments were individualised and included a falls risk management plan, manual handling assessment, IPC and emergency evacuation plans.

The centre had a fully stocked emergency bag which was checked regularly in line with the organisations policy.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had effected measures in line with the national standard to protect residents from contracting transmissible infections.

The inspectors saw that equipment required for residents' health care needs was maintained in a clean and sterile manner. Staff were seen to be wearing appropriate PPE and were knowledgeable regarding standard and transmission based precautions.

The house was maintained in a clean and tidy manner throughout.

There were appropriate procedures for disposal of household waste

There was an outbreak management plan which detailed the measures to be followed by staff during an outbreak of infection.

Staff were familiar with the provider's IPC policy and with the arrangements to contact the provider's IPC lead person.

Judgment: Compliant

Regulation 28: Fire precautions

The centre had appropriate and suitable fire management systems in place which included containment measures, fire and smoke detection systems, emergency lighting and fire-fighting equipment.

These were all subject to regular checks and servicing with a fire specialist company and servicing records maintained in the centre.

All residents had individual emergency evacuation plans in place and fire drills were being completed by staff and residents regularly, which simulated both day and night time conditions.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate procedures for the storage, administration and disposal of

medications.

Staff were trained in the administration of medication which was up-to-date.

Regular medication audits were completed which identified actions required.

Each resident had an assessment of their capacity to manage their own medication completed.

Judgment: Compliant

Regulation 6: Health care

The inspectors saw that residents had access to a range of appropriate multi-disciplinary team professionals as determined by their assessment of need and care plans.

Some residents had declined specific therapeutic interventions and their right to do so was respected by the staff in the centre.

Nursing supports for residents had been enhanced in recent times and a review of nursing support needs for the centre was scheduled to take place.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents' files contained up-to-date positive behaviour support plans which detailed proactive and reactive strategies to support residents in managing their behaviour.

Staff in the designated centre had also received appropriate training in managing behaviour that is challenging.

However, some restrictive practices that were in place for example, the use of lap-straps and a sensor mat, had not received a restrictive practice review and in addition had not been notified to the Chief Inspector on a quarterly basis, as required.

Improvement was required to ensure all restrictive practices had been suitably reviewed to ensure they were the least restrictive and used for the shortest duration possible.

Judgment: Substantially compliant

Regulation 8: Protection

There were no safeguarding issues in the centre at the time of the inspection.

Staff in the centre were up-to-date in training in safeguarding vulnerable adults and children first. Staff spoken with demonstrated an understanding of safeguarding risks and the process to report a concern.

Intimate care plans were available on residents' files which were up-to-date and comprehensive. These were written in person-centred language and detailed the supports required to maintain residents' dignity and autonomy.

Safeguarding incidents were notified to the safeguarding team and to the Chief Inspector in line with regulations.

Residents were supported to develop skills for self-protection through discussion about dignity and autonomy at residents' meetings.

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 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Lorcan Avenue OSV-0002373

Inspection ID: MON-0035184

Date of inspection: 21/02/2023

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 24: Admissions and contract for the provision of services	Not Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: • A contract of care was presented to resident on 23/03/2023. Resident has agreed to sign the contract of care. Resident was supported by their family in revieiwng contract of care. Contract of care is available for inspection in residents personal file in the centre.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • Members of the Technical Services department and the Housing Association visted the centre to assess works needed in bathrooms and Kitchen. Planned schedule of works in place with proposed completion date of 31/10/2023. • New oven is now in place in the centre.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:	

The PIC contacted Positive Approaches Monitoring Group to review the use of sensor mat and lap strap as potential restrictive practices. The expert group advised on the 04/04/2023 that the use of a sensor mat or lap strap for the purpose of meeting health care needs are not deemed restrictive even though they may appear similar in design or approach to restraints, they are not restrictive. The above interventions are not considered to be mechanical or physical restraints or restrictive practices provided they are used as therapeutic interventions for the purpose of improving or maintaining a person's health and not used with the intension of restricting the person's movement. The resident using the lap strap is also able to open it if they choose to.
The PIC was advised that these supports are exempt from restrictive practice monitoring, and this is now noted on the resident's support plans which are available for review in the designated center.

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 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	31/10/2023
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and	Substantially Compliant	Yellow	31/03/2023

	inconvenience to residents.			
Regulation 24(3)	The registered provider shall, on 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.	Not Compliant	Orange	23/03/2023
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	04/04/2023