

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

Issued by the Chief Inspector

Name of designated centre:	Shanowen/Shanvarna
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Announced
Date of inspection:	14 March 2024
Centre ID:	OSV-0002374
Fieldwork ID:	MON-0034343

About the designated centre

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

Shanowen is a designated centre operated by St. Michael's House. This centre comprises of two houses and provides a full-time residential service for a maximum of six adults over the age of 18 years with intellectual disabilities. Each residential house is within a short walking distance from each other and located in a community setting in North Dublin One house is a single storey residence comprising of five bedrooms, a wheelchair accessible bathroom, a shower room, a kitchen/dining room, living room and a quiet room for five residents. The second house is a single occupancy living arrangement consisting of a bedroom, staff office, staff sleep over room, spacious kitchen dining area and living room. The centre is staffed by social care workers and managed by a full-time person in charge.

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
Thursday 14 March 2024	10:30hrs to 17:30hrs	Karen McLaughlin	Lead

What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of the designated centre, Shanowen/Shanvarna. The inspection was scheduled to inform decision making in respect of the provider's application to renew the centre's certificate of registration.

The centre consisted of two residential properties, within walking distance from each other, situated in North Dublin. The centre had the capacity for a maximum of six residents. At the time of the inspection there were five residents living in the centre.

The inspector used observations and discussions with residents, in addition to a review of documentation and conversations with key staff, to form judgments on the residents' quality of life. Overall, the inspector found high levels of compliance with the Regulations and Standards.

The person in charge was on leave at the time of the inspection but a senior staff member was present to facilitate the inspection.

On the morning of the inspection, the inspector visited the house which was home to four of the residents.

Overall, the premises was homely and suitable to meet the assessed needs of residents. There was adequate private and communal accommodation for the residents, including two sitting rooms and a kitchen/dining area. The sitting room was bright and well laid out and was in use by all the residents throughout the day.

A second sitting room was available for all residents to use and for visitors when they called. Similarly, the kitchen was accessed regularly by all residents. For example on the morning of the inspection, a resident had her breakfast while chatting with staff. Later in the afternoon, another resident returned from her day service and stopped in the kitchen to have a coffee and a snack and tell staff about her day.

Residents' bedrooms were nicely decorated in line with their preferences and wishes, and the inspector observed the rooms to include family photographs, and memorabilia that was important to each resident.

The house floor plans were clearly displayed alongside the centre's fire evacuation plan in the hallway. The hallway also had the centre's certificate of registration, residents' guide, visitors policy and complaints procedure on display.

The registered provider had completed maintenance work since the last inspection, however there was some work that remained outstanding. This will be discussed further under Regulation 17: Premises.

In the afternoon, the inspector visited the house which was home to one resident. The resident returned from day services and met briefly with the inspector. They were supported by a staff member on duty to communicate and told the inspector that they liked living there and were looking forward to going out later. The inspector carried out a walk around of the premises and found it to be suitable to meet the assessed needs of the resident.

The inspector spoke with members of staff on duty in both houses on the day of inspection. They all spoke about the residents warmly and respectfully, and demonstrated a rich understanding of the residents' assessed needs and personalities and demonstrated a commitment to ensuring a safe service for them.

The provider's most recent annual review of the centre had consulted with residents and their representatives. It reported that families were happy with the support that residents received, with one family member commenting that they 'could not ask for a better home' for their loved one. Another said they were happy with the care provided and were always made to feel welcome.

All residents were aware of the inspection visit and were supported to meet with and talk to the inspector. In advance of the inspection, residents had been sent Health Information Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre. All residents completed the questionnaires.

The feedback in general was very positive, and indicated satisfaction with the service provided to them in the centre, including the premises, meals, and staff support, and also noted that residents felt safe and were able to make choices and decisions in their lives. One resident said she liked living in Shanowen and was happy here but her bed was too small and she would like a bigger bed. Another resident commented that they felt safe in Shanowen.

The inspector found that residents in this centre were supported to enjoy a good quality of life which was respectful of their choices and wishes. Residents were observed receiving a good quality, person-centred service that was meeting their needs. Staff were observed to interact warmly with residents. The inspector saw that staff were responsive to residents' requests and assisted residents in a respectful manner.

This inspection found that the provider and person in charge were operating the centre in a manner that ensured residents were in receipt of a service that was person-centred, connected with their local community and offered a comfortable and homely place to live. For example, one resident was going shopping for new clothes, another two returned from day services in the afternoon and there was plans for a take-away in one of the houses in the evening.

It was clear that residents' views and wishes were listened to and that their autonomy was respected. One resident was planning a trip in to Dublin city centre and was supported to plan her day in accordance with her assessed mobility needs and her own will and preference around where she wanted to go and what she

wanted to buy.

In summary, the inspector found that the residents enjoyed living in the centre and had a good rapport with staff. The residents' overall well being and welfare was provided to a reasonably good standard. However, the premises, namely accessibility of one bathroom to meet the changing needs of one resident and access to the garden area, still required improvement. This will be discussed in more detail later on the report.

The next two sections of this report will 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 care in the centre.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and, to contribute to the decision-making process for the renewal of the centre's registration.

The registered provider had implemented governance and management structures to ensure that the service provided to residents was safe, consistent, and appropriate to their needs and therefore, demonstrated that they had the capacity and capability to provide a good quality service. The centre had a clearly defined management structure, which identified lines of authority and accountability.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents including annual reviews and six-monthly reports, plus a suite of audits had been carried out in the centre.

A review of the roster demonstrated that staffing levels and skill mix were appropriate to meet the assessed needs of the residents. There was a planned and actual roster maintained for the designated centre. Rotas were clear and showed the full name of each staff member, their role and their shift allocation.

The inspector spoke with staff members on duty throughout the course of the inspection. The staff members were knowledgeable on the needs of each resident, and supported their communication styles in a respectful manner.

Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents. There were arrangements in place to monitor staff training needs and to ensure that adequate training levels were maintained. Staff received training in key areas such as safeguarding vulnerable adults, fire safety, manual handling and infection control. Refresher training was available as required.

Records set out in the schedules of the Regulations were made available to the inspector on the day of inspection, these were found to be accurate and up to date.

A directory of residents was made available to the inspector on the day of inspection, and was found to be accurate and up to date.

The registered provider had also prepared a written statement of purpose for the centre. The statement of purpose contained the information required by Schedule 1.

The provider had suitable arrangements in place for the management of complaints and an accessible complaints procedure was available for residents in a prominent place in the centre.

Overall, the inspector found that the centre was well governed and that there were systems in place to ensure that risks pertaining to the designated centre were identified and progressed in a timely manner.

Regulation 15: Staffing

The designated centre was staffed by suitably qualified and experienced staff to meet the assessed needs of the residents.

Staffing levels were in line with the centre's statement of purpose and were well managed to suit the needs and number of residents.

A planned and actual staff rota was maintained, which was clearly documented and contained all the required information

Judgment: Compliant

Regulation 16: Training and staff development

Staff working in the centre had access to training as part of their continuous professional development and to support them in the delivery of effective care and support to residents living in the centre.

There was a training matrix in place that supported the person in charge to monitor, review and address the training needs of staff.

All staff had completed or were scheduled to complete mandatory training.

Supervision records reviewed by the inspector were in line with organisation policy and the inspector found that staff were receiving regular supervision as appropriate

to their role.

Judgment: Compliant

Regulation 19: Directory of residents

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

Judgment: Compliant

Regulation 21: Records

The inspector reviewed a selection of records across Schedules 3 and 4. The registered provider had ensured the records of information and documents pertaining to Schedule 3 and 4 were correct and in order and were made available to the inspector upon request including the designated centre's statement of purpose, residents' guide and a record of all complaints made by residents or their representatives or staff concerning the operation of the centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined governance structure which identified the lines of authority and accountability within the centre and ensured the delivery of good quality care and support that was routinely monitored and evaluated.

Audits carried out included a six-monthly unannounced audit, restrictive practice audit, medication audits, fire safety checklist and an annual review of quality and safety. Residents, staff and family members were all consulted in the annual review.

The designated centre was managed by a suitably qualified and experienced person in charge. They reported to a service manager and were supported by their staff team.

Furthermore, there were suitable arrangements for the oversight and operational management of the designated centre at times when the person in charge is off-

duty or absent.

A review of staff meetings showed regular discussions on safeguarding, training, general housekeeping, infection prevention control (IPC), medication, maintenance and health and safety issues, including fire safety.

Judgment: Compliant

Regulation 3: Statement of purpose

An up-to-date statement of purpose was in place which met the requirements of the Regulations and Schedule 1 and clearly set out the services provided in the centre and the governance and staffing arrangements.

There was an easy-read statement of purpose available to all residents and their representatives located in a folder at the front door.

The inspector reviewed the statement of purpose on the day of inspection and noted that minor revisions were required. These amendments were made before the end of the day.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints policy in place. There was an up-to-date complaints log and procedure available in the centre. This was in easy-to-read format and accessible to all.

The inspector reviewed a sample of these logs and found that complaints were being responded to and managed locally.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents living in the designated centre. The inspector found that the governance and management systems had ensured that care and support was delivered to residents

in a safe manner and that the service was consistently and effectively monitored.

The designated centre was located in a residential area with easy access to public transport, shops and community facilities.

The inspector found the atmosphere in the centre to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received. There was adequate private and communal spaces and residents had their own bedrooms, which were being decorated in line with their tastes.

The registered provider had ensured that residents were free to receive visitors to their home in accordance with each resident's wishes.

It was found that all residents had an up-to-date and comprehensive assessment of need on file. Care plans were derived from these assessments of needs. Care plans were comprehensive and were written in person-centred language. Residents' needs were assessed on an ongoing basis and there were measures in place to ensure that their needs were identified and adequately met. Residents' daily plans were individualised to support their choice in what activities they wished to engage with and to provide opportunity to experience life in their local community.

Positive behaviour support plans were developed for residents where required. The plans were up to date and readily available for staff to follow. Staff had also completed training in positive behaviour support to support them in responding to behaviours of concern.

The registered provider had safeguarding policies and procedures in place including guidance to ensure all residents were protected and safeguarded from all forms of abuse. Staff spoken with were familiar with the procedure for reporting any concerns, and safeguarding plans had been prepared with measures to safeguard residents.

There were fire safety systems and procedures in place throughout the centre. There were fire doors to support the containment of smoke or fire. There were adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting provided.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were receiving a safe and quality service.

Regulation 11: Visits

The inspector saw that there were supports in place to assist residents to develop and maintain links with their friends and family.

There was a visitors policy displayed on the wall in the hall and visiting arrangements were outlined in the designated centre's statement of purpose and function, which was readily available to residents and their representatives.

There were no visiting restrictions in the centre. Residents were free to receive visitors in line with their wishes.

Additionally, there was adequate private space in the centre for residents to receive visitors.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of two houses. Each house was well maintained providing a good space for the residents to live with adequate private and communal facilities. Both houses were decorated and furnished in a homely manner.

Previous inspections identified that the provider needed to carry out work on one of the premises in the designated centre to ensure that it was in a good state of repair internally and externally and designed in a way that was suitable to meet the residents' needs.

While the rest of the house had undergone refurbishment, one bathroom and access to the garden were still in need of improvement.

One of the two bathrooms was small and not of a suitable size or layout to meet residents' needs. An assessment has been completed to determine the appropriate facilities required and an application for a housing adaptation grant had been submitted to the relevant authority. The resident had access to another shared bathroom until works were completed.

There were plans in place, since the previous inspection, to develop the outdoor garden area so that residents could enjoy the space safely. However, the inspector saw that access to the garden through the newly installed patio style doors was not accessible to the residents due to their assessed needs and posed a risk to their safety. The provider had identified this through their own audits and had applied for funding for a ramp to enhance access to the garden.

Judgment: Substantially 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 5: Individual assessment and personal plan

The registered provider had ensured that there were arrangements in place to meet the needs of each resident.

The inspector found that there was a system in place for assessing residents' needs and for ensuring that plans were in place to meet those assessed needs. On a review of residents' files, the inspector saw that care plans were up to date and were written in a person-centred manner. Staff spoken with were knowledgeable regarding residents' assessed needs and were observed providing support that was in line with residents' care plans.

There were systems in place to routinely assess and plan for residents' health, social and personal needs. Residents had an annual assessment of their health needs, and in general residents had a yearly meeting with allied healthcare professionals to review their care and support requirements.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured, where residents required positive behaviour support, appropriate and comprehensive arrangements were in place. Clearly documented de-escalation strategies were incorporated as part of residents' behaviour support planning.

All staff had completed positive behaviour support training.

Restrictive practices were regularly reviewed with clinical guidance and risk assessed to use the least restrictive option possible.

Judgment: Compliant

Regulation 8: Protection

A review of safeguarding arrangements noted, for the most part, residents were protected from the risk of abuse by the provider's implementation of National safeguarding policies and procedures in the centre.

Staff spoken to on the day of inspection reported they had no current safeguarding concerns and training in safeguarding vulnerable adults had been completed by all staff. Furthermore, safeguarding was discussed regularly at staff meetings and guidance given about what actions to take in the event of a case of suspected abuse.

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

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 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Shanowen/Shanvarna OSV-0002374

Inspection ID: MON-0034343

Date of inspection: 14/03/2024

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The registered provider has secured approval and funding from Dublin City Council for the necessary improvements to Shanowen, namely the expansion of the smaller bathroom to the rear of the property to allow space for staff to assist residents in personal care (and for residents to use their rollators in the space). The provider has also secured approval and funding to join all three rear exits by a level platform leading to a new wheelchair ramp. These works are approved by Dublin City Council and all works are tentatively scheduled for the end of May, 2024. This will comply with our Occupational Therapist’s recommendations, as well as address our Fire Safety Officer’s assessment of the challenges to egress at present.</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 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant	Yellow	31/10/2024