



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

Issued by the Chief Inspector

Name of designated centre:	Sallowood
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Announced
Date of inspection:	09 February 2022
Centre ID:	OSV-0002378
Fieldwork ID:	MON-0027344

About the designated centre

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

Sallowood is a designated centre operated by St Michael's House located in North Dublin. It provides a community residential service to six older adults with intellectual disabilities and associated healthcare support needs. The designated centre is a detached building consisting of six bedrooms, a lounge room, a kitchen/dining area, sluice room, a staff office, staff sleepover room and bathrooms. Two independent living apartments are located on the first floor but do not form part of the designated centre and have a separate entry and exit point from the designated centre. Residents living in the designated centre have access to a large garden courtyard space garden area at the rear of the house. The centre is staffed by a person in charge, nursing staff and social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 9 February 2022	09:40hrs to 16:00hrs	Jennifer Deasy	Lead

What residents told us and what inspectors observed

In line with public health guidance, the inspector wore a face mask and maintained physical distancing as much as possible during interactions with residents and staff. The inspector had the opportunity to meet five of the residents on the day of inspection. Two of the residents chose to interact with the inspector and told her about life in the designated centre. Several of the residents and one family member had also completed questionnaires in advance of the inspection. The inspector used observations, discussions with residents and key staff, resident questionnaires and a review of documentation to form judgments on the quality of residents' lives in their home. Overall, the inspector found that the designated centre was providing a good quality, person-centred service and that the residents appeared comfortable and relaxed in their home.

The inspector observed some residents coming and going from their home during the day, while others chose to engage in activities within the house as was their preference. One resident attended day service and, on their return home, showed the inspector their room. The inspector saw that the resident's bedroom was personalised and decorated in line with their personal preferences. Another resident chose to go for a walk accompanied by staff while other residents rested in bed, on a window seat or chose activities such as painting, crosswords or reading. A resident told the inspector that they had recently started a course in a local college which they were enjoying.

The atmosphere in the designated centre was relaxed. Staff were observed to interact with residents in a familiar and friendly manner. Staff communication, when supporting residents with activities of daily living, was positive and encouraging. Staff were observed to knock before entering residents' bedrooms and communicated with residents in a respectful manner. Staff spoken with were aware of residents' assessed needs and personal preferences.

The inspector observed that the designated centre was clean and tidy. Residents had access to a large sitting room, kitchen and courtyard area which was clean and welcoming. A store room was available to store wheelchairs and other equipment when not in use. The centre was decorated with resident photographs and artwork. Resident bedrooms were decorated in line with personal preferences.

Accessible documentation was available throughout the designated centre including procedures for making a complaint, hand hygiene protocols and the fire evacuation plan. An activities plan was located in the kitchen which displayed pictures of activities that residents had chosen for the day. One resident showed the inspector their "all about me" plan which was made accessible and was clearly valued by the resident. Other personal plans and goals were displayed in visual formats in resident bedrooms.

The resident questionnaires showed that, those residents who had completed them,

were happy with their home, the staff, the food and how their rights were upheld. Residents reported that they liked their bed, the radio and having meals with their friends. One resident reported that they liked that they can have their meals in their bedroom and watch television. A questionnaire completed by a family member detailed that they were happy with the service, the staff and the supports in place in the designated centre.

Overall, the inspector found that the residents in this centre were supported to enjoy a good quality of life which was respectful of their choices and wishes. The pace of the designated centre was in line with the age profile of the residents, some of whom had retired and wished to have a more relaxed day. Other residents who preferred to continue to attend college courses or day services were supported to do so. The person in charge and the staff team were striving to ensure that residents lived in a supportive environment.

The next two sectors on this 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 being provided.

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 inspector found that this centre met and exceeded the requirements of the regulations in many areas of service provision.

There were effective management arrangements in place that ensured the safety and the quality of the service was consistently monitored. The provider had systems in place to monitor and review the quality of services provided within the centre such as bi-annual, unannounced visits and an annual review of the quality and safety of care. The annual review clearly set out how the views of residents', family members and staff were captured in order to inform goal setting. A time bound action plan was derived from the annual review.

There were clearly defined management structures in place which identified lines of accountability and authority within the designated centre. The centre was managed by a suitably qualified and experienced person in charge. The person in charge had sole responsibility for the designated centre and had set management hours which were detailed on the roster. The person in charge was supported on site by a social care worker who assisted in the management of the service. The social care worker also had access to allocated management hours and had specified responsibilities for the running of the centre.

There were good local governance and management arrangements in place

including the identification of the shift lead on the roster, as well as the clear delegation of roles and responsibilities to staff within the centre. Staff fulfilled roles such as infection prevention and control lead, fire officer or health and safety officer for the unit. Staff spoken with were aware of their roles and responsibilities.

The person in charge was supported in their role by a service manager. Monthly meetings took place between the person in charge and service manager. A detailed action plan was generated from these meetings and there was evidence that actions were addressed in a timely manner. The management meetings outlined that there had been issues with staffing levels over recent months due to staff vacancies and COVID-19 related leave. A staffing risk assessment was completed and measures were implemented such as block booking relief and agency staff to support continuity of care for residents. Additionally, the risk assessment had been escalated to senior management and there was evidence that recruitment was being prioritised for this centre. This demonstrated that there were effective arrangements for identifying and responding to risks in the designated centre.

A planned and actual roster were maintained for the designated centre. A review of the roster demonstrated that staffing levels and skill mix were appropriate to meet the assessed needs of the residents. Additional staffing had recently been allocated to the centre as a result of a change to a resident's assessed health care needs. The statement of purpose had been updated to reflect this. The centre was operating with 3.5 whole time equivalent vacancies at the time of inspection. However, the inspector was informed that suitable candidates had been identified for two whole time equivalent posts and that these staff were due to commence employment in the coming weeks.

The vacancies meant that the centre continued to have a high reliance on relief and agency staff. While the provider had risk assessed this and implemented measures to support continuity of care for residents, such as booking relief staff at night so that familiar staff were available during the day, it was identified through the provider's audits and risk assessment that staff vacancies were impacting on residents' well-being. One resident commented that there were a lot of staff changes on the day of inspection.

The schedule 2 records were reviewed for two members of staff. This review demonstrated that all of the relevant documents and information were maintained as required by the regulations.

A review of the staff training matrix identified that staff had access to a high level of mandatory and refresher training. There were some identified gaps where face to face training had been delayed due to COVID-19. The inspector was informed that dates for most of these had been secured for the coming weeks. A review of the supervision schedule for 2021 identified that not all staff had received supervision as frequently as set out in the provider's policy. This was attributed to COVID-19 leave and staff vacancies. A supervision schedule was in place for 2022 and all staff had received at least one supervision session in the past three months.

The centre's statement of purpose was reviewed. It was found to have been

recently updated and contained all of the information as set out in schedule one of the regulations.

Regulation 14: Persons in charge

The centre was run by a suitably qualified and experienced person in charge. The person in charge was employed on a full-time basis and had responsibility for the oversight of solely this designated centre.

Judgment: Compliant

Regulation 15: Staffing

At the time of inspection the centre was operating with several vacancies. The inspector was informed that two vacancies would be filled in the coming weeks and that there was a recruitment campaign underway to fill other vacancies. A review of the roster showed that the number and skill level of staff was as per the assessed needs of residents and in line with the statement of purpose. The provider was endeavouring to support continuity of care for residents, however due to vacancies and COVID-19 leave, there was reliance on a significant number of relief and agency staff to complete the roster. The provider had risk assessed this and documented that it was having a minor impact on residents.

A sample of staff files were reviewed and were found to contain the information as set out in Schedule 2 of the regulations.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was generally a high level of mandatory and refresher training maintained in the designated centre. Education and training had been provided to staff which enabled them to provide care that reflected up-to-date, evidence based best practice. There were some gaps in trainings, dates for which has been secured for the coming weeks. For example:

- Managing behaviour that is challenging: four staff required this. Dates had been secured for three of these staff to attend training.
- First Aid: six staff required this and dates had been secured for all staff to attend.

There was a staff supervision schedule in place. All staff had received supervision in 2021, however the frequency of this was not in line with the provider's policy. A supervision schedule was in place for 2022 and all staff had received at least one quality supervision in the last three months.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider had effected a contract of insurance against injury to residents.

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. An annual review had been completed in consultation with residents, families and staff. Goals were identified from this review which were specific, measurable and time-bound. There was evidence that actions identified as a result of audits and management meetings were progressed in a timely manner and that they were being used to drive continuous service improvement.

The centre was managed by a suitably qualified person in charge who knew the residents well. There were clearly defined local reporting arrangements. Staff were aware of their roles and responsibilities and of the reporting structure in the designated centre. Staff spoke positively about the governance and management arrangements and were aware of how to raise concerns if necessary.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was in place for the designated centre. The statement of purpose was found to contain all of the information as required by Schedule 1 of the regulations. The statement of purpose had been recently reviewed and updated.

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 day-to-day practice within this centre ensured that residents were safe and were receiving a good quality and person-centred service. However, improvements were required to the fire evacuation procedures to ensure that all residents could be safely evacuated in light of changing health needs.

A review of resident files demonstrated that the person in charge had ensured a comprehensive assessment of need was completed for all residents which was updated annually, or more frequently in line with changes to residents' circumstances. Care plans were informed by this assessment of need and outlined the supports required to maximise residents' personal development. Personal plans were created through a person centred approach and goals were identified in consultation with residents and their representatives. A goal update and tracker sheet monitored progress towards achievement of goals.

The designated centre was suitable for meeting the assessed needs of the residents. Residents had access to assistive equipment and nursing support as per their assessed needs. It was evident that residents had access to a variety of health care professionals as required including clinical nurse specialists, speech and language therapy, occupational therapy and general practitioners.

There were systems in place to ensure that residents were protected from harm. All staff had completed training in safeguarding vulnerable adults and Children First. There were no active safeguarding concerns or safeguarding plans in the centre. Staff spoken with were aware of who the local designated liaison officer for safeguarding was and how to report a concern. Intimate care plans were in place and were written in person-centred language. Intimate care plans detailed how staff should support residents' dignity and autonomy. Care plans were also in place to ensure residents' had control and choice regarding their day to day lives in the environment of the designated centre. Staff were observed supporting residents in a caring and respectful manner and knocked on bedroom doors before entering.

The provider had prepared a residents' guide which had been made accessible and contained information relating to the service which included the facilities in the centre, the terms and conditions of residency, information on the running of the centre and the complaints procedure. An easy to read contract of care was also maintained in residents' files which detailed their tenancy agreements.

A comprehensive risk register was in place for the designated centre which reflected all known risks. Individual risk assessments were on file and were up-to-date. Where a specific risk had been identified, the associated risk assessment detailed clear control measures to mitigate against the risk. A risk management policy was in place which included all of the information as required by the regulations. The residents had access to a dedicated bus however the bus was not available on the day of

inspection as it was being serviced. It was therefore was not included in the inspection of risk of the designated centre.

The provider had taken measures to mitigate against the risk of residents contracting a healthcare associated infection. The house was observed to be very clean. Staff were wearing PPE which was in line with current guidance and maintained physical distancing where possible. An infection prevention and control (IPC) audit had recently been completed by the provider. This audit demonstrated that there was generally a high standard of environmental cleanliness and hand hygiene maintained. Where areas for improvement were identified on the IPC audit, these were actioned. For example, the IPC audit identified that dusting should be added to the daily cleaning rota. A review of the cleaning rota found that dusting was regularly completed. There were separate day and night cleaning schedules as well as a cleaning schedule which was to be implemented in the event of a suspected or confirmed case of COVID-19. This cleaning schedule detailed additional disinfectant measures to be taken to prevent the spread of COVID-19.

Temperature checks were maintained of all visitors to the centre and there was a high availability of hand sanitisation stations throughout the building. The kitchen was observed to be in need of refurbishment. Two kitchen presses were observed to be badly damaged and the countertop was also worn and peeling in places. The provider had identified this as a risk on their IPC audit and had set a goal of replacing the kitchen by the end of June 2022.

The provider had in place precautions against the risk of fire and had made arrangements for detecting, containing and extinguishing fires. All staff had completed fire safety training and regular fire safety checks were carried out. An emergency file was maintained which included up-to-date personal evacuation plans for each resident. Regular fire drills were completed which simulated both day and night time evacuations. Staff spoken with were knowledgeable regarding fire assembly points and residents' personal evacuation plans.

However, following a recent change to a resident's mobility, it was found that evacuation procedures in the centre were not adequate to ensure the safety of all residents. Following a change in a resident's ability to mobilise, there was a need for a ski sheet / physical aid to ensure they could be safely evacuated. While this was in the centre on the day of the inspection, all staff had not been trained to use it. Drills had not been carried out to ensure that this resident could be safely evacuated, nor had this been risk assessed.

Regulation 20: Information for residents

A residents' guide was available in the designated centre which included all of the information as required by the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had implemented a risk management policy. A risk register was in place that accurately reflected the known risks in the designated centre. Individual risk assessments were available and were up-to-date.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had adopted and implemented policies and procedures to mitigate against the risk of a healthcare associated infection. The centre was observed to be clean and tidy. Staff were wearing appropriate PPE and physically distancing where possible. Staff were aware of their roles and responsibilities in reducing the risk of a healthcare associated infection.

The kitchen required repair to ensure that it could be adequately cleaned and sanitised. The provider had identified this as an IPC risk in their audits and had set a time-bound goal of replacing the kitchen by the end of June 2022.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had systems in place to detect, give warning of, and contain fires. All staff had completed fire safety training and were aware of residents' personal evacuation plans. Regular day and night time simulated drills had been completed.

However, due to a recent change to resident's mobility, the provider could not demonstrate that they had effective systems in place to ensure that all residents could be evacuated if necessary and brought to a safe location. Staff required training in the use of a physical aid to evacuate one resident. Drills had not been carried out to ensure that this resident could be safely evacuated, nor had this been risk assessed.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector found that there was a system in place for assessing residents' needs and for ensuring plans were in place to meet these assessed needs. On a review of residents' files, the inspector identified that support plans were in place for each assessed need and that these support plans were updated at least annually, or more frequently in line with changes to circumstances.

Staff spoken with were knowledgeable regarding residents' assessed needs and were observed providing support that was in line with residents' care plans.

Judgment: Compliant

Regulation 6: Health care

The provider had ensured that residents had access to appropriate health care. Residents' health care plans detailed access to a variety of health care professionals as required. These included general practitioners, multi-disciplinary teams and specialist clinicians and consultants as required.

Judgment: Compliant

Regulation 8: Protection

The person in charge and their team had a good understanding of their responsibilities to safeguard residents from all forms of abuse. Staff had completed training in safeguarding. Intimate care plans were up-to-date and were written in person-centred language which set out how staff should ensure residents' dignity and autonomy was respected. Staff were observed interacting with residents in a respectful and supportive manner.

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	Substantially 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
Quality and safety	
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Sallowood OSV-0002378

Inspection ID: MON-0027344

Date of inspection: 09/02/2022

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: CNM1 recruited and commenced employment on 01/03/22</p> <p>The recruitment approvals for the 2.5 nursing vacancies have been sent to HR-interviews ongoing. Two staff are due back from maternity leave in April and May.</p> <p>Regular agency and relief staff who are very familiar with their residents and their need are used to back fill the vacancies, to ensure consistency of care.</p>	
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:</p> <p>Dates have been secured and some training has already taken place. All required training now has a date for completion.</p> <p>Details of these dates are in the unit training folder and training is clearly identified on the roster.</p> <p>Training plan has been updated to reflect dates of training that has already been completed.</p> <p>All training should have commenced and or be completed by end April 2022.</p>	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>A new kitchen, presses, counter tops, tiling and flooring are being fitted on 07/03/22 Residents had input into choosing colors of tiling and flooring.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Ski pad in place, staff received on site training and resource materials were made available following the inspection.</p> <p>Training is scheduled for the staff team in March 2022 in the correct use of the ski evacuation pad by Phoenix Fire Safety.</p> <p>Risk assessment in place which details the current control measures to evacuate the resident safely from the unit in the event of a fire.</p> <p>Fire drill is scheduled following the training for all staff members.</p> <p>Further evaluation of the effectiveness of the evacuation procedure following training will be undertaken. Linking with the providers fire safety officer.</p> <p>All required 2022 fire drills are in the unit diary.</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 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/09/2022
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	31/05/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are	Substantially Compliant	Yellow	31/03/2022

	protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
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	30/04/2022