



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

Issued by the Chief Inspector

Name of designated centre:	Donabate Residential
Name of provider:	St Michael's House
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	07 October 2022
Centre ID:	OSV-0003597
Fieldwork ID:	MON-0038058

About the designated centre

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

Donabate Residential is a community residential service, comprising a seven bedroom bungalow, located in North Dublin. The provider organisation is St. Michael's House. The service can accommodate up to six adults with intellectual disabilities and can also support residents with health care support needs. The centre is managed by a Clinical Nurse Manager and is staffed by a team of staff nurses, social care workers, and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 7 October 2022	09:20hrs to 12:50hrs	Jennifer Deasy	Lead

What residents told us and what inspectors observed

The purpose of this inspection was to follow up on the actions the provider had committed to undertake as part of their written representation to a notice of proposal to cancel registration of this designated centre. The provider's written representation detailed the actions they had taken and proposed to continue to take in order to come into regulatory compliance.

The notice had been issued to the provider in response to high levels of not compliant findings identified during an inspection the centre previously carried out 03 August 2022.

This inspection was focused on regulations which had been identified as not compliant during the August 2022 inspection. Discussions with key staff, a review of the documentation and an observational walk around the premises provided evidence for this inspection's regulatory judgments of compliance.

The inspector met the new person in charge on arrival to the designated centre. The person in charge showed the inspector around the designated centre and showed the inspector the actions had been taken subsequent to the last inspection. The inspector was informed that the service manager was also scheduled to attend the centre that day. The inspector saw that there was increased supervision and support available to the person in charge and to the staff in the Donabate Residential.

Several residents were in the designated centre at the time of inspection. Two residents greeted the inspector but chose not to engage in any further conversation. The inspector saw that there were sufficient staff available on the day of inspection and that care was provided to these residents in a kind and respectful manner.

The inspector saw that the residents appeared comfortable in their home. One resident was being supported with their morning routine as the inspector arrived. They then chose to go back to bed as was their preference. Another resident was getting ready to go on a day trip to Bray with staff. A third resident communicated to staff that they wanted tea. They were supported with this and were seen to interact with staff throughout the course of the day.

The inspector saw that measures had been implemented to address infection prevention and control (IPC) risks previously identified. All staff were seen to be carrying individual hand sanitisers. Hand soap and disposable paper towels were available in bathrooms. The centre was generally clean and tidy. There were some remaining premises issues which were impacting on infection control. These included the kitchen being in a poor state of repair. The provider had plans in place to address this by June 2023.

The inspector spoke to several staff who were on duty on the day of inspection. The inspector found that staff were well-informed regarding their roles and

responsibilities and the individual needs of residents. This will be discussed further in the capacity and capability section of the report.

Overall the inspector was assured that the provider had responded to the identified areas of regulatory non-compliance in an efficient and effective manner. They had effectively addressed the majority of the risks and had plans in place to address the remaining areas of non-compliance.

Capacity and capability

The inspection was an unannounced inspection, the purpose of which was to verify the actions as submitted in the provider's representation received subsequent to a notice of proposed decision to cancel the registration of the designated centre. This section of the report sets out the findings of the inspection in relation to leadership and management of the service and how effective it was in ensuring that a good quality and safe service was being provided.

The inspector found that the provider had implemented the measures, as set out in their representation, to enhance their oversight of the designated centre. A person in charge had been appointed. A fitness interview was held with the person in charge prior to the inspection. They were found to be suitably qualified and experienced. They were aware of their regulatory roles and responsibilities and had mechanisms in place to support them in their oversight of the designated centre.

The person in charge reported to a senior manager who was in attendance in the designated centre on the day of the inspection. The person in charge and senior manager met regularly in order to review audits and ensure that actions were being progressed in order to come into regulatory compliance. There was documented evidence of these meetings maintained in the centre.

It was evident that the provider had responded quickly and effectively to the non-compliances identified on the last inspection. They had enhanced their oversight of the designated centre through appointing a new person in charge and completing additional audits of the quality and safety of care. These audits included a medication audit, IPC audit and unannounced six-monthly review of the quality and safety of care.

The inspector saw that the audits were used to inform comprehensive action plans which were time-bound and allocated to responsible individuals. Several actions had been completed by the time of the inspection. There remained actions to address issues with medication and with the premises. The provider had plans to address these by end of June 2023. This will be discussed further in the quality and safety section of the report.

The provider had enhanced the staffing levels of the designated centre. The inspector reviewed the roster and saw that there was reduced reliance on agency

and relief staff to fill gaps in the roster. The inspector was informed that there were systems in place to ensure that relief staff were made familiar with pertinent information relating to residents on their first shift. The inspector spoke to relief staff on the day of inspection and found that they were well-informed regarding residents' needs. Relief staff stated that they were allocated time to review important information and were supported with this by a permanent member of staff.

All staff had received a supervision session subsequent to the last inspection. There was a supervision schedule in place to ensure that staff had an additional supervision meeting in the final quarter of the year.

Staff meetings had been held monthly subsequent to the past inspection. Minutes of these meetings were maintained. The inspector saw that important topics such as residents' needs as well as provider policy updates were discussed. Staff had also been allocated additional time on the roster to complete online training. Staff spoken with reported that they felt that they could raise concerns regarding the quality and safety of care and were confident that any concerns they may have would be addressed by the provider.

Regulation 14: Persons in charge

The provider had appointed a person in charge of the designated centre. This person was employed in a full-time capacity and had oversight solely of the designated centre.

A formal fitness interview was completed with the person in charge on 27 September 2022. They were found to be suitably qualified and experienced and met the requirements of regulation 14.

The person in charge communicated in an open and honest manner with the regulator. They had structures in place to support them in having oversight of the designated centre and were aware of their regulatory roles and responsibilities.

Judgment: Compliant

Regulation 23: Governance and management

The provider had enhanced the staffing levels of the designated centre and had taken action to ensure that it was adequately resourced to ensure the effective delivery of care.

There was a clearly defined management structure in place which identified lines of

authority and accountability.

The provider had enhanced their oversight of the designated centre through increased audits. These audits included medication audits, an IPC audit and a six-monthly unannounced audit of the quality and safety of care. These audits comprehensively reflected the risks in the centre and set out a time-bound plan to address these.

Staff had access to support and supervision through individual supervision and staff meetings. Staff reported that they felt supported to raise concerns and were confident that any concerns they may have would be addressed by the provider.

Judgment: Compliant

Quality and safety

This section of the report details the quality of the service and how safe it was for the residents who lived in the designated centre. The provider had submitted a comprehensive compliance plan along with representation subsequent to the last inspection of the designated centre. These compliance plans detailed the measures that the provider would take in order to come into compliance. There was clear evidence on the day of inspection that the provider was implementing the measures as outlined in their representation.

The provider had addressed previously identified risks in the areas of restrictive practices, residents' rights and infection prevention and control (IPC). There remained measures to be taken to bring the premises and medication management into full compliance however actions to address these areas were in progress.

The provider had completed an IPC audit which comprehensively reflected the IPC risks in the designated centre. An action plan had been developed to address these risks. Several actions had been completed by the time of inspection. The inspector saw that staff had completed COVID-19 training, access to hand hygiene facilities had been enhanced, alginate bags had been sourced for the management of soiled linen and bathrooms had been deep cleaned. Staff had been informed regarding the provider's revised IPC policy at staff meetings. Staff spoken with were aware of their roles and responsibilities in relation to IPC and could competently describe standard precautions to be taken in the provision of care.

Residents' positive behaviour support plans had been reviewed by an appropriate multi-disciplinary team professional. Staff had been provided with training and support to understand and implement these behaviour support plans. Staff had also been asked to sign off on residents' behaviour support plans when they had read them. The inspector saw that this was in progress, with several staff having signed off on the plans. Staff spoken with could describe how they supported residents

according to their behaviour support plans.

The provider had also completed a review of restrictive practices within the designated centre. This review had identified that some restrictive practices could be discontinued and the person in charge had applied to the provider's rights committee in this regard.

On the last inspection, it was identified that all residents did not have access to the necessary toiletries for their personal care. The provider had reviewed the practices in place in the designated centre and had taken measures to ensure that residents had access to the necessary hygiene products. Toilet paper, hand soap and hand towels were seen to be available in all bathrooms in unlocked presses. Several sheets of toilet paper were also available beside the toilet. The provider had risk assessed this and had ensured that residents each had a comprehensive support plan detailing their intimate care needs. The inspector saw, on reviewing these care plans, that the majority of residents required one to one staff support in the bathroom. Therefore, it was unlikely that storing toilet paper, soap and hand towels in unlocked presses were impacting on their right to access products required for personal care.

The provider had commenced addressing premises issues. The inspector saw that new flooring had been laid in several areas of the designated centre. There remained several areas of the premises which required addressing. For example, new flooring was required in other parts of the designated centre. The kitchen also remained in a poor state of repair and painting was required throughout. In particular, one of the residents' bedrooms required repainting as the walls were badly damaged. The provider had a plan in place to complete actions to address these issues by the end of June 2023.

The provider had completed a review of the medication practices in the designated centre and had addressed many of the areas of non-compliance identified on the last inspection. The inspector saw that medications were now stored in a secure medication cabinet. Drink thickeners were stored in a cupboard in the kitchen as per the associated risk assessment. All medications were labelled appropriately for the person for whom they were prescribed and out-of-date medications had been disposed of.

However, the medication storage cabinet required refurbishment to ensure that there was sufficient storage for each individuals' medications. Additionally, the provider had identified that the residents' medication administration sheets (MAS) required review. The inspector saw that some of these sheets had medications written on the back of the form and that these were insufficiently detailed to guide staff in administering medication exactly as it was prescribed. For example, there was no space to record the time that medications should be administered. The inspector was informed that this was in the process of being addressed.

Overall, the inspector was assured that the provider was progressing actions in line with their representation in order to address areas of non-compliance and to enhance the quality and safety of care for the residents. The provider set out that

they would have completed all actions by the end of June 2023 and at the time of inspection, they appeared to be on track to achieve this.

Regulation 17: Premises

The provider had commenced works to address identified premises issues in the designated centre.

The inspector saw that new flooring had been laid in several areas of the designated centre.

There remained areas of the centre which were in a poor state of repair. These included:

- the kitchen was damaged and required replacing
- new flooring was required in some residents' bedrooms
- painting was required throughout the designated centre

The provider had an action plan in place and planned to address the above areas by the end of June 2023.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had significantly enhanced their oversight of infection prevention and control (IPC) risks in the designated centre. An IPC audit had been completed by a competent individual. This audit was used to inform a comprehensive action plan.

The inspector saw that the majority of IPC actions had been completed by the time of inspection. The inspector saw that:

- hand hygiene facilities had been enhanced
- alginate bags were available in the designated centre
- staff had completed training in COVID-19
- IPC and the provider's IPC policy was discussed at staff meetings
- cleaning schedules were in place and were completed
- deep cleaning of residents' bathrooms had been completed
- staff spoken with were aware of their individual roles and responsibilities in relation to IPC

Overall, the provider had enhanced IPC practices in the designated centre and had ensured that procedures were adopted which were consistent with the standards for the prevention and control of healthcare associated infection published by the

Authority.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector saw that the provider had reviewed the practices in place for the storage, disposal and administration of medications in the designated centre.

Medication was now stored securely in the medication press or in a cupboard in the kitchen as per the risk assessment.

Medications were labelled to ensure that they were administered to the person for whom they were prescribed.

Out-of-date medications were disposed of in a suitable manner.

However, there remained some areas for improvement, as identified in the provider's own audits. These included;

- medication administration sheets required review to ensure they were sufficiently detailed to guide staff in the administration of medications
- the medication press required refurbishment to allow all residents' medications to be stored in their own designated areas.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents' behaviour support plans had been reviewed and updated by an appropriate multidisciplinary professional. Staff had received guidance in understanding and implementing residents' positive behaviour support plans. Staff spoken with were found to be knowledgeable in relation to these plans.

Restrictive practices had been reviewed by the provider. The person in charge had applied to the provider's rights committee discontinue the use of some restrictive practices as a result of this review.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had reviewed the practices in place in relation to residents' access to toilet paper, hand towels and hand soap. The provider had determined that the storage of hand soap and hand towels in an unlocked press did not constitute a restrictive practice. The provider had completed risk assessments and had updated residents' support plans in this regard. On review of the risk assessments and support plans the inspector saw that most residents required one to one staff support with personal hygiene. For this reason, the residents were always supported to access the required hygiene products by staff.

For those residents who could access bathrooms independently, the provider had ensured that there was sufficient toilet paper available and had implemented a checklist for staff to complete in this regard. Hand towels and hand soap were stored in an unlocked press due to a skin integrity issue for one resident as well as a documented risk of toilets becoming blocked. There were appropriate risk assessments and support plans in place in this regard.

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 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Donabate Residential OSV-0003597

Inspection ID: MON-0038058

Date of inspection: 07/10/2022

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	<ul style="list-style-type: none">• The Registered Provider has a work plan for the upgrades of kitchens. The Designated Centre is scheduled to have the kitchen upgraded in Q 2 2023.• Replacement of flooring in remaining areas is on the organizations work plan to be completed by quarter 2 2023• Painting of the centre to be completed when the kitchen upgrade is complete.
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:	<ul style="list-style-type: none">• Several of the residents Medication administration sheets have since been updated. The remaining are currently being reviewed .The provider will continue to follow up on any necessary changes required.• The medication press was refurbished on 13/10/22 to allow for more space and medications to be stored for each resident on one shelf. An additional cabinet for overflow was fitted in sleepover room (for bulky boxes etc)

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	30/06/2023
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the	Substantially Compliant	Yellow	30/11/2022

	designated centre is stored securely.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	31/03/2023