



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

## Issued by the Chief Inspector

Name of designated centre:	Grattan Lodge
Name of provider:	St Michael's House
Address of centre:	Dublin 13
Type of inspection:	Short Notice Announced
Date of inspection:	29 April 2021
Centre ID:	OSV-0003599
Fieldwork ID:	MON-0032364

## About the designated centre

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

Grattan Lodge is a designated centre operated by St. Michael's House. It is a community based home with the capacity to provide full-time residential care and support to six adults both male and female. It is currently home for six residents with varying degrees of intellectual and physical disabilities. Residents in the centre are supported with positive behaviour support needs, augmentative communication needs, emotional support needs, specialised diet and nutritional needs, and physical and intimate care support needs. The house is situated on a quiet cul de sac with a large green area opposite the house. It is located in a suburban area of Co. Dublin with access to a variety of local amenities such as a local shopping centre, cinema, bowling alley, dart station, bus routes, and churches. The centre has a vehicle to enable residents to access day services, local amenities and leisure facilities in the surrounding areas. The centre consists of a large two-storey house with seven bedrooms and an accessible front and back garden. Residents in the centre are supported 24 hours a day, seven days a week by a staff team comprising of a person in charge, social care workers, and a care assistant.

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

Number of residents on the date of inspection:	6
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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 - 2015 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 29 April 2021	10:20hrs to 15:40hrs	Amy McGrath	Lead

## What residents told us and what inspectors observed

The inspector met with all of the residents who lived in the centre at the time of inspection. In line with public health guidance, the inspector did not spend extended periods of time with residents. The inspector also had the opportunity to observe residents in their home throughout the course of the inspection, and used these observations, conversations with residents and staff, and a review of documentation to form judgments on the residents' quality of life. Overall the inspector found that residents enjoyed a good quality of life, and were in receipt of high quality and person centred care.

The inspector met some of the residents on arrival to the centre; residents told the inspector that they were preparing to go to the zoo and were really looking forward to this, having had limited opportunities to avail of leisure opportunities in the community due to government restrictions. One resident was preparing to go to work and it was observed that staff were supporting them to get ready for their day. Another resident was seen to be preparing their breakfast and appeared very comfortable in their home.

Two residents showed the inspector their bedrooms, which were spacious and well equipped, and decorated with soft furnishing and photographs. Both residents shared that they liked their bedrooms and were complimentary of their home.

A review of records found that residents had participated in a range of activities over the past year and were supported to maintain their personal relationships during a period where visits to the centre were limited. Residents had access to a range of devices to communicate with their friends and families. It was seen that residents engaged in leisure activities using video conference technology, for example a number of residents were playing bingo when the inspector was leaving.

Residents had also participated in learning and development opportunities such as training courses and college courses. Residents' personal goals had been updated in line with their expressed wishes and some residents were working on goals such as improving their cooking skills or developing their money management skills.

The inspector found that the premises was clean and tidy, in a good state of repair and decorated to a high standard. The premises was equipped with facilities appropriate to residents' assessed needs, such as assistive equipment. The inspector noted that residents had a number of pets including a guinea pig and numerous fish in a large tank.

At the time of inspection there were a number of staff vacancies, although there were sufficient staff available to meet residents' assessed needs. There were contingency plans in place to address the recent staff vacancies, however due to the number of vacancies the scheduling of staff could not consistently ensure continuity of care. The staffing deficits were a recent development and the person in charge

was working on a recruitment campaign for these to be filled on a more permanent basis. The inspector observed all staff interactions with residents to be respectful and kind, and residents appeared very comfortable with the staff team in the centre, communicating in a friendly and open way throughout the day.

Overall, the inspector found that the residents in this centre were supported to enjoy a good quality life which was respectful of their choices and wishes. The person in charge and staff were striving to ensure that residents lived in a supportive environment where they were empowered to live as independently as they were capable of. There were a variety of systems in place to ensure that residents, and where appropriate their families, were consulted in the running of the centre and played an active role in the decision making within the centre.

## Capacity and capability

Overall, the governance and management arrangements had ensured that a safe and quality service was delivered to residents. The provider had ensured that the delivery of care was person centred, with residents directing the care and support they received. While there was some improvement required in relation to staffing, the provider was aware of staffing deficits and had a plan in place to address this issue.

There were effective management arrangements in place that ensured the safety and quality of the service was consistent and closely monitored. The provider had carried out an annual review of the quality and safety of the centre, and there were arrangements for unannounced visits to be carried out on the provider's behalf on a six-monthly basis. The centre was managed by a person in charge, who managed a team of social care workers. The person in charge had worked in the centre for a number of years and was well known to residents. The person in charge demonstrated sound knowledge of their regulatory responsibilities.

At the time of inspection the centre had a number of staff vacancies, which was a recent change in the staffing arrangements. While the person in charge was ensuring that staff vacancies were filled by relief, the volume of shifts to be covered impacted the continuity of care for residents. For the month of May 2021, there were 3.5 full time equivalent posts to be covered by relief staff (in excess of 600 hours) with just 2.5 full time equivalent permanent staff available. The provider was aware of this issue and had commenced a plan to address the staffing deficits.

Staff in the centre were found to have the necessary skills and experience to meet residents' assessed needs and the person in charge had ensured that any relief staff employed had the appropriate training and experience prior to commencing work in the centre. There was a comprehensive induction programme in place for all new staff, including transient staff, which ensured they had the necessary skills to fulfill their roles.

There was a system in place to monitor staff training and development needs. The person in charge oversaw a programme of performance development that was seen to facilitate staff professional development and learning. The provider had ensured that staff had access to training opportunities relevant to their roles, such as safeguarding, fire safety management, and hand hygiene. There was a supervision policy in place, and it was found that staff were appropriately supervised.

There was a statement of purpose available that was updated at regular intervals and contained all necessary information, in line with Schedule 1 of the regulations.

### Regulation 15: Staffing

At the time of inspection there were insufficient staff employed to ensure continuity of care for residents. There was a significant deficit with regard to staffing, with less than half of the required whole time equivalent staff employed in the centre. The person in charge ensured that vacancies were filled with relief staff. The provider was aware of this deficit and had a plan in place to address it on a more permanent basis.

Judgment: Not compliant

### Regulation 16: Training and staff development

Staff training and development needs were monitored to ensure that adequate training levels were maintained. Staff received training in areas determined by the provider to be mandatory, such as safeguarding and fire safety. Refresher training was available as required and staff had received training in additional areas specific to residents' assessed needs.

The supervision arrangements were found to facilitate staff development and opportunities for staff to raise concerns if necessary.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place, which denoted roles and responsibilities for all stakeholders. The provider had carried out an annual review of the quality and safety of the service, and had conducted unannounced audits on a six monthly basis. These audits informed a quality enhancement plan overseen by the person in charge, and were found to effect positive change in the

centre. There were a range of local audits in the centre which were found to be effective in identifying any areas for improvement or emerging quality and safety risks.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose in place that was reviewed and updated on a regular basis. The statement of purpose contained the information required under Schedule 1 of the regulations, for example, information about the facilities available to residents and the complaints process.

Judgment: Compliant

### Quality and safety

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. Residents' support needs were assessed on an ongoing basis and there were measures in place to ensure that residents' needs were identified and adequately met.

The inspector found that residents were central to the planning of the care and the operation of the centre. Personal plans reviewed had been informed by residents and their representatives and supported residents' personal development and well-being.

Residents' health care needs were assessed on at least an annual basis, and these assessments, for the most part, informed detailed health care plans. In the case of one specific health care need, improvement was required to ensure that the health care plans included sufficient guidance. The inspector found that residents had access to a range of health care professionals appropriate to their assessed needs.

The inspector reviewed matters in relation to infection control management in the centre. The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19 with contingency plans in place for staffing and isolation of residents if required. The premises were seen to be clean and tidy, with hygiene checklists in place. In one bathroom the surface of a window sill had considerable damage and was not in suitable condition to be cleaned and sanitised. There were hand washing facilities throughout the premises, although in



one bathroom there was no hand towel.

There were arrangements in place to protect residents from the risk of abuse. Staff had received training in safeguarding and residents were supported to develop skills to protect and promote their safety. There were clear reporting procedures in place for potential safeguarding risks. A review of records found that the person in charge had responded to any allegations of potential abuse in accordance with the provider's policy, and any allegations had been fully investigated and reported to the relevant statutory agencies. There were safeguarding plans in place where required, and these were found to be effectively mitigating any risks to residents' safety.

There were fire safety management systems in place in the centre, which were kept under ongoing review. Fire drills were completed regularly and learning from fire drills was reflected in residents' evacuation plans. There was fire safety equipment available that was serviced on a regular basis.

### Regulation 27: Protection against infection

There were measures in place to control the risk of infection in the centre, including risks associated with COVID-19. The centre was found to be clean and hygienic and there were a range of hygiene checklists and audits in place to ensure that this was maintained. The surface of a window sill in one shared bathroom was found to be badly damaged, and not in an appropriate condition to ensure adequate cleaning and sanitising.

There were hand washing and sanitising facilities available for use, including hand-sanitiser points. There was no hand towel available in one shared bathroom.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

There were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and fire-fighting equipment, each of which was regularly serviced. There were suitable fire containment measures in place. Staff had received training in fire safety and there were detailed fire evacuation plans in place for residents.

Judgment: Compliant

### Regulation 6: Health care

There was an assessment of need carried out for all residents on at least an annual basis, and this assessment identified the ongoing and emerging health care needs of residents. Residents had access to a general practitioner and a wide range of allied health care services, and health care interventions were informed by an appropriately qualified health care professional.

The inspector reviewed residents' health care support plans and found that while generally these provided clear guidance, improvement was required with regard to the health care planning for one person.

The inspector found that for one resident, the monitoring of a health care need was not adequately informing the delivery of appropriate health care. In this case, staff members were taking and recording a health care measurement on a regular basis, however there was insufficient information as to the acceptable measurement range, and when it was necessary to seek medical attention.

Judgment: Substantially compliant

## Regulation 8: Protection

The inspector reviewed the safeguarding arrangements in place and found that residents were protected from the risk of abuse. Staff had received training in safeguarding adults. There were clear lines of reporting and any potential safeguarding risk was escalated and investigated in accordance with the provider's safeguarding policy. Potential safeguarding risks were reported to the relevant statutory agency.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Grattan Lodge OSV-0003599

Inspection ID: MON-0032364

Date of inspection: 29/04/2021

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> <li>• The Organization has in place a procedure to ensure that the recruitment of staff is appropriate to the number and assessed needs of the residents in the designated centre.</li> <li>• The PIC ensures that the monthly staff roster is in place, and reflects the needs of the residents.</li> </ul> <p>In response to the area of non-compliance found under regulation 15;</p> <ul style="list-style-type: none"> <li>• At present there is an ongoing recruitment campaign in the Organization. The Service provider continues to whenever practicable; employ familiar relief staff to provide as much continuity for residents as possible.</li> <li>• One member of staff (0.5) has come back to work on the 2nd of June and another new member of staff is beginning work on the 8th off June</li> </ul>	
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>In response to the area of non-compliance found under regulation 27;</p> <ul style="list-style-type: none"> <li>• Window board in upstairs bathroom to be sanded and repainted.</li> <li>• Staff will ensure there are towels and hand towels in bathroom at all times. Visual aids to support with this, in place.</li> </ul>	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: In response to the area of non-compliance found under regulation 6,</p> <ul style="list-style-type: none"><li>• Support plan to be developed with the multi disciplinary team, for one service user in regards to their health needs.</li></ul>	

## 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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/07/2021
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.	Not Compliant	Orange	31/07/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a	Substantially Compliant	Yellow	31/05/2021

	healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	31/05/2021