



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

## Issued by the Chief Inspector

Name of designated centre:	The Laurels
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Announced
Date of inspection:	17 April 2024
Centre ID:	OSV-0003602
Fieldwork ID:	MON-0034650

## About the designated centre

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

The Laurels is a designated centre operated by St Michael's House. It is located in a busy Dublin suburb. The centre provides a residential service to five adults. The service can accommodate both males and females who have a moderate to profound intellectual disability and who may also have complex health needs, mental health needs, autism, behaviours of concern, and mobility needs. Residents are supported by a team of nurses, social care workers and direct support workers. The centre is managed by a person in charge with support from a nurse manager and senior manager. The centre aims to provide residential care in a homely environment where people feel happy, safe, valued and cared for.

**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
Wednesday 17 April 2024	09:45hrs to 17:00hrs	Karen McLaughlin	Lead

## What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of the designated centre, The Laurels. The inspection was carried out in response to the provider's application to renew registration of the designated 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 centre comprised a large single-storey house in a busy Dublin suburb. It was very close to many amenities and services including shops, cafés, and public parks.

The centre had the capacity for a maximum of five residents. At the time of the inspection there were five residents living in the centre.

On arrival to the designated centre, the inspector was greeted by the person in charge and a staff member on duty.

The person in charge accompanied the inspector on an observational walk around of the premises; they were knowledgeable and familiar with the assessed needs of residents. The centre was observed to be a clean and tidy, warm and comfortable environment. It was well maintained and nicely decorated. There was adequate communal space. Doors were observed to remain open throughout the course of the inspection making all communal areas accessible to all residents.

In the hallway, house floor plans were displayed alongside the centre's fire evacuation plan. The hall also displayed the centre's certificate of registration, visitors policy, suggestion box and complaints policy alongside an accessible easy-to-read activity board with photo's of each resident and their chosen activities.

As well as a sitting room with suitable furniture and a television, another room was used as an extra sitting room come sensory/games room and contained a movable mounted television, a pool table, a projector, soft lighting and a bubble tube. Each resident had their own bedroom which was 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.

Residents had access to a large back garden with garden furniture, a wooden gazebo and a basketball hoop. The person in charge told the inspector about plans to further enhance the garden over the next year.

The designated centre also had a well proportioned utility and kitchen which were clean, homely and well-maintained.

Residents were observed receiving a good quality person-centred service that was meeting their needs. The inspector observed residents coming and going from their home during the day. Staff were observed to interact warmly with residents. The inspector saw that staff and residents' communications were familiar and kind. Staff were observed to be responsive to residents' requests and assisted residents in a respectful manner.

All residents were aware of the inspection visit and were supported to meet with and talk to the inspector. One resident told the inspector how he likes to go to the local café for brownies and coffee. Another resident had tea with the inspector in the kitchen before getting ready to go out for the day. She told the inspector she likes living in the centre and is happy here, she also talked about going on holidays and attending 'Ladies Day' at the Dublin Horse Show as an annual event in their calendar.

The inspector spoke with the staff on duty 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. Staff spoken with said residents appeared to be happy living in the home.

The inspector did not have an opportunity to meet with the relatives of any of the residents, however a review of the provider's annual review of the quality and safety of care evidenced that they were happy with the care and support that the residents received. The inspector also noted many compliments in the centre's complaints and compliments log with one person commenting on the 'welcoming atmosphere' and another said they can see that their sibling is happy here.

The next two sections of the report will describe the oversight arrangements and how effective these were in ensuring that a safe and good quality service was being delivered.

## 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. This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

The findings of the inspection demonstrated the provider had the capacity and capability to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was person centred.

The provider had in place a clearly defined management structure which identified lines of authority and accountability. The staff team reported to the person in charge

who in turn reported to a service manager. Staff spoken with were informed of the management arrangements and of how to escalate issues or concerns to the provider level.

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.

Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents.

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.

Furthermore, an accurate and current directory of residents was made available to the inspector on the day of inspection.

An up-to-date statement of purpose was in place which met the requirements of the regulations and accurately described the services provided in the designated centre at this time.

The person in charge had submitted all required notifications of incidents to the Chief Inspector of Social Services within the expected time frame.

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 registered provider had ensured the skill-mix and staffing levels allocated to the centre were in accordance with the resident's current assessed needs. Staffing levels were in line with the centre's statement of purpose and the needs of its residents.

The inspector reviewed both the planned and actual rosters from January, February, March 2024 and found that these reflected the staffing arrangements in the centre, including staff on duty during both day and night shifts.

Furthermore, the inspector observed staff engaging with residents in a respectful and warm manner, and it was clear that they had a good rapport and understanding of the residents' needs.

Judgment: Compliant

## Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained.

There was a high level of compliance with mandatory and refresher training. All staff were up-to-date in training in required areas such as safeguarding vulnerable adults, infection prevention and control, manual handling and fire safety. Staff spoken with were knowledgeable regarding their roles and responsibilities in ensuring the safety of care.

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

A directory of residents was maintained in the designated centre. The inspector saw that this contained all of the information as required by the Regulations.

Judgment: Compliant

## Regulation 21: Records

The inspector reviewed a selection of records across Schedules 2, 3 and 4. The registered provider had ensured the records of information and documents pertaining to staff members as specified in Schedule 2 was correct and in order. Similarly the sample of records viewed 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.

There was suitable local oversight and the centre was sufficiently resourced to meet the needs of all residents.

It was evident that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre.

The staff team was led by an appropriately qualified and experienced person in charge. They were employed in a full-time capacity and had responsibility for two designated centres, conveniently located side by side of each other. The person in charge demonstrated a comprehensive understanding of the service needs and of the residents' needs and preferences. The inspector saw that there were systems in place to support the person in charge in fulfilling their regulatory responsibilities. The person in charge reported to a service manager. They also held monthly meetings which reviewed the quality of care in the centre.

Audits carried out included a six monthly unannounced audit, fire safety, restrictive practice log audit, infection prevention and control (IPC), medication management audits and an annual review of quality and safety. Residents, staff and family members were all consulted in the annual review.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1 of the regulations.

The statement of purpose outlined sufficiently the services and facilities provided in the designated centre, its staffing complement and the organisational structure of the centre and clearly outlined information pertaining to the residents' well-being and safety.

A copy of the statement of purpose was readily available to the inspectors on the day of inspection. It was also available to residents and their representatives.

Judgment: Compliant

### Regulation 31: Notification of incidents

Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time frame.

The inspector reviewed eight incidents logged in the designated centres log on the day of the inspection, and found that they corresponded to the notifications received by the Chief Inspector.

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.

This inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe, person-centred and of good quality. Residents were receiving appropriate care and support that was individualised and focused on their needs. The provider and person in charge were endeavouring to ensure that residents living in the centre were safe at all times.

The premises was designed and laid out in a manner which met residents' needs. Residents were provided with suitable and homely private and communal spaces. Each resident had their own private bedroom which was decorated and furnished in line with individual preferences.

The registered provider had ensured that residents could receive visitors to their home in accordance with each resident's wishes and personal plan.

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments informed the development of care plans and outlined the associated supports and interventions residents required. Furthermore, residents' daily plans were individualised to support their choice in what activities they wished to engage with and to provide opportunity to experience live in their local community. Residents enjoyed activities in the community such as going for walks in the locality, cinema, day trips to the beach, visiting family, going on holiday and eating out.

Residents that required support with their behaviour had positive behaviour support plans in place. There were some restrictive practices used in this centre. A restrictive practice committee was in place and restrictions were reviewed regularly.

On review of a sample of residents' medical records, inspectors found that medications were administered as prescribed. Residents' medication was reviewed at regular specified intervals as documented in their personal plans and the practice relating to the ordering; receipt; prescribing; storing; disposal; and administration of

medicines was appropriate.

There were good arrangements, underpinned by robust policies and procedures, for the safeguarding of residents from abuse. Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns. Staff spoken with were familiar with the procedure for reporting any concerns, and safeguarding plans had been prepared with measures to safeguard residents.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were in receipt of person-centred care delivered by a stable team of suitably qualified staff.

### Regulation 11: Visits

There were no visiting restrictions in the designated centre. Residents could receive visitors in line with their choices.

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.

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

Judgment: Compliant

### Regulation 17: Premises

The premises was found to be designed and laid out in a manner which met residents' needs. There was adequate private and communal spaces and residents had their own bedrooms, which were being decorated in line with their tastes.

Servicing records for equipment used by residents, such as overhead hoists and electric beds, indicated that they were up-to-date with their servicing requirements.

The registered provider had made provision for the matters as set out in Schedule 6 of the regulations.

Upgrades to the premises included a new kitchen and additional storage.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The inspector observed safe practices in relation to the ordering, receipt and storage of medicines. The medication administration records reviewed on the day of the inspection clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and signature and method of administration.

The provider had appropriate lockable storage in place for medicinal products and a review of medication administration records indicated that medications were administered as prescribed. Residents had also been assessed to manage their own medication but no residents were self administering on the day of inspection.

Staff spoken with on the day of inspection were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

There were suitable care and support arrangements in place to meet residents' assessed needs.

Comprehensive assessments of need and personal plans were available on each resident's file. They were personalised to reflect the needs of the resident including the activities they enjoyed and their likes and dislikes. Two residents' files were reviewed and it was found that comprehensive assessments of needs and support plans were in place for these residents.

The individual assessment informed person-centred care plans which guided staff in the delivery of care in line with residents' needs. Care plans detailed steps to support residents' autonomy and choice while maintaining their dignity and privacy. The inspector saw that care plans were available in areas including communication, positive behaviour support, health care, nutrition, transport, skin integrity, mobility and safeguarding, as per residents' assessed needs.

Staff spoken with were informed regarding these care plans and residents' assessed needs.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The provider had ensured that where residents required behavioural support, suitable arrangements were in place to provide them with this. The inspector reviewed one residents' positive behaviour support plan and found that they clearly documented both proactive and reactive strategies.

Clearly documented de-escalation strategies were incorporated as part of each residents' behaviour support planning with accompanying well-being and mental health support plans.

Staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

Judgment: Compliant

## Regulation 8: Protection

The registered provider had implemented systems, underpinned by written policies and procedures, to safeguard residents from abuse. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

All staff were up-to-date in mandatory training in Safeguarding Vulnerable Adults. Staff spoken with were informed of the safeguarding procedure and of their safeguarding duties.

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
<b>Capacity and capability</b>	
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 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant