



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

Issued by the Chief Inspector

Name of designated centre:	Lar Foley House
Name of provider:	St Michael's House
Address of centre:	Dublin 13
Type of inspection:	Announced
Date of inspection:	12 October 2022
Centre ID:	OSV-0002339
Fieldwork ID:	MON-0028988

About the designated centre

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

Lar Foley House is a community based residential centre for up to seven children and young adults with disabilities operated by St. Michael's House. The designated centre is located in North Dublin in a suburban area. The centre comprises a two-storey building, with five bedrooms on the ground level, and a two bedroom self-contained apartment on the upper level. It provides full-time care to children and young adults. A team of staff nurses and support staff provide care and support to young people with intellectual disabilities, and can support residents with physical disabilities and complex health care needs.

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 12 October 2022	09:00hrs to 17:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector observed, it was evident that the children and young adults living in the centre were receiving good quality care and support. Suitable governance and management systems were in place which ensured that a safe and quality service was being provided for the residents. The inspector observed that the residents' parents and representatives were consulted with about the running of the centre and played an active role in decision making within the centre.

This centre provided residential care for six residents between the age of 12 and 26 years who had been living together for an extended period. The provider had been granted an application to vary its condition of registration in February 2022, to state that 'Only persons aged between 12 and 26 may reside in the designated until such date when all residents are over the age of 18 years. On that date, the Chief Inspector requires the registered provider to apply to vary Condition number 2 pursuant to Section 52 of the Health Act 2007 as amended to accommodate residents 18 years of age or older in the designated centre'. This new condition had been granted so as to allow a number of the residents, who had turned 18 years, to continue living in the centre with their peers as they matured into young adults.

The centre comprised of a seven bed roomed two-storey building which was located in a quiet residential estate but close to a local town. There were five bedrooms on the ground level, and a two bedroom self-contained apartment on the upper level. The centre was registered to accommodate up to seven residents. However, at the time of inspection there were only six residents living in the centre so there was one vacancy. There were no plans for any admissions at the time of inspection.

There was evidence that the residents were content, well cared for and that the care provided was having a positive impact on the children's individual development. The inspector met briefly with each of the residents on the day of inspection. Although the residents were unable to tell the inspector their views of the service, they appeared in good form and content in the company of staff and their peers.

The centre was found to be comfortable and homely. However, there was some worn and chipped paint in a small number of areas which meant that these areas could be more difficult to clean from an infection control perspective. There was a good sized outdoor area to the rear of the centre. This was an inviting area with painted murals on the walls, raised planters, a gazebo with seating, water and sand play area, trampoline and a basket swing. Each of the residents had their own bedroom which had been personalised to their own taste in an age appropriate manner. This promoted the residents' independence and dignity, and recognised their individuality and personal preferences. There were good sized communal areas with a kitchen leading to an open plan sitting room. There was also a play room, relaxation room and a smaller sensory room which the residents were reported to enjoy using.

There was an atmosphere of friendliness in the centre and warm interactions between the residents and staff on the day of inspection was observed. Staff interacted with the residents in a caring and respectful manner responding to their verbal and non-verbal cues. Staff spoken with spoke about residents' rights and how they promoted those rights while still creating an atmosphere of fun in the centre. The inspector observed phrases, from some residents' first language, with the English translation provided were visually displayed in their room. This initiative worked towards enhancing communication supports while also acknowledging residents' cultural identity and language.

There were two staff vacancies at the time of this inspection. These vacancies were being covered by regular relief and agency staff. A number of staff had been working in the centre for an extended period. This meant that there was some consistency of care for the residents and enabled relationships between the residents and staff to be maintained. The inspector noted that the residents' needs and preferences were well known to staff met with and the person in charge.

There was evidence that residents and their representatives were consulted and communicated with, about decisions regarding the resident's care and support, and the running of the centre. Each of the residents had regular one-to-one meetings with their assigned key workers. Residents were supported and assisted to communicate their needs, preferences and choices at these meetings in relation to activities and meal choices. Residents were supported to maintain connections with their families and representatives through visits, and video and voice calls. The inspector did not have an opportunity to meet with the families or representatives of any of the residents but it was reported that they were happy with the level of care and support that the residents were receiving in the centre. The family and representatives of a number of the residents had completed a questionnaire as part of the provider's annual review of the quality and safety of the service. These indicated that they were happy with the care and support being provided.

The residents were supported to engage in meaningful activities. Five of the six residents were engaged in either a school or a day service placement for a defined number of days each week. A day service placement was being considered for the sixth resident but at the time of inspection individualised activities were being coordinated for this resident by staff in the centre. Examples of activities that the residents engaged in, included walks to local scenic areas, using public transport, music therapy, play grounds, family visits, tricycles, hand and foot massage, sensory water play, structured educational activities and board games.

There was a good selection of age appropriate toys and books available in the centre. A weekly activity schedule was in place and there was evidence that the residents were engaged in a good range of activities within the community based on their ability and needs. However, it was noted that goals for some residents were limited, not specific or measurable.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management

affects the quality and safety of the service being delivered.

Capacity and capability

Appropriate management systems and processes were in place to promote the service provided to be safe, consistent and appropriate to the residents' needs.

The centre was managed by a suitably qualified and experienced person. The person in charge had a good knowledge of the assessed needs and support requirements for each of the residents. He had been working in the position for the past four years and was in a full-time position. He was not responsible for any other centre. He had a background as a registered nurse in intellectual disabilities and held a degree in nursing and a certificate in management. He had more than 20 years of management experience while working with the provider and had a good knowledge of the requirements of the regulations. Staff members spoken with, told the inspector that the person in charge supported them in their role and was a good leader. The person in charge reported that he felt supported in his role and had regular formal and informal contact with their manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge was supported by clinical nurse manager, grade 1 (CNM1). The person in charge reported to the service manager who in turn reported to the director of services. There was evidence that the service manager visited the centre at regular intervals. The person in charge and service manager held formal meetings on a regular basis.

Suitable management systems and processes were in place to oversee the care and support being delivered to the residents. The provider had completed six-monthly unannounced visits and an annual review of the quality and safety of care as per the requirements of the regulations. The person in charge completed monthly data reports which were submitted to the service manager. These covered areas such as personal support plans, quality and safety checks, safeguarding, restrictive practices, fire, environmental risk assessments and staff training. Examples of other audits completed in the centre included infection control, finances, health and safety and medication management. There was evidence that actions were taken to address issues identified in these audits.

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. However, there were two staff vacancies at the time of inspection. These vacancies were being covered by regular relief and agency staff. This provided some consistency of care. It was reported that recruitment was underway for the positions. The actual and planned duty rosters were found to be maintained to a satisfactory level and reflected adequate staff levels to meet the needs of the residents.

Training had been provided to staff to support them in their role and to improve outcomes for the residents. However, refresher training was overdue for a number of staff in the area of positive behaviour support which was considered a mandatory training requirement. There was a staff training and development policy. A training programme was in place which was coordinated by the providers training department. There were no volunteers working in the centre at the time of inspection. Suitable staff supervision arrangements were in place.

A record of all incidents occurring in the centre was maintained and where required, notified to the Chief Inspector, within the time-lines required in the regulations.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. However, there were two staff vacancies at the time of inspection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Training had been provided for staff to improve outcomes for the residents. However, refresher training was overdue for a number of staff in the area of positive behaviour support which was considered a mandatory training requirement. Suitable staff supervision arrangements were in place.

Judgment: Substantially compliant

Regulation 23: Governance and management

The governance and management systems in place promoted the delivery of a quality and safe service. The provider had completed six-monthly unannounced visits and annual reviews of the quality and safety of care, as per the requirements of the regulations. There was a clearly defined management structure in place that identified lines of accountability and responsibility.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Contracts of care were in place for each of the residents which met the requirements of the regulations.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place which had recently been reviewed and it was found to contain all of the information required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the office of the chief inspector in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

The residents living in the centre received care and support which was of a good quality, person-centred and promoted their rights. However, some improvements were required regarding the process for the review of the effectiveness of residents' personal plans and for the upkeep of the premises which impacted upon infection prevention and control arrangements.

The residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support. Comprehensive assessment of need and personal support plans reflected the assessed needs of the individual resident and outlined the support required to maximise their personal development in accordance with their individual health, personal and social needs and choices. Detailed communication passports were in place to guide staff in supporting the residents to effectively communicate. Personal plans in place had been reviewed. However, there was not always evidence that the effectiveness of the plan was reviewed in line with the requirements of the regulations. Some goals had been identified for residents. Goal update and tracker sheets were being used to monitor progress in achieving identified goals. However, it was noted that goals for some residents were limited, not specific or measurable.

The health and safety of the residents, visitors and staff were promoted and protected. Environmental and individual risk assessments for the residents were in place. These outlined appropriate measures in place to control and manage the risks identified. A risk register was in place and maintained as a contemporaneous document. Risk assessments for COVID-19 had been completed. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. Post incident reviews were completed were required and identified learning was discussed at individual care team members supervision and staff meetings. This promoted opportunities for learning to improve services and prevent incidences.

There were procedures in place for the prevention and control of infection. However, there was some chipped and worn paint on walls and woodwork in some areas. This meant that these areas were more difficult to effectively clean from an infection control perspective. A COVID-19 contingency plan was in place which was in line with the national guidance. The inspector observed that areas appeared clean. A cleaning schedule was in place which was overseen by the person in charge and deputy manager. Colour coded cleaning equipment was in place. Sufficient facilities for hand hygiene were observed and hand hygiene posters were on display. There were adequate arrangements in place for the disposal of waste. Specific training in relation to COVID-19, proper use of personal protective equipment and effective hand hygiene had been provided for staff.

There were measures in place to protect residents from being harmed or suffering from abuse. There had been no safeguarding concerns in the preceding period. Safety plans and positive behaviour support plans were in place for residents identified to require same. The provider had a safeguarding policy in place. Staff members spoken with, were knowledgeable about the signs of abuse and what they would do in the event of an allegation, suspicion or disclosure of abuse. All staff had attended appropriate safeguarding training. Intimate care plans were on file for each of the residents and provided sufficient detail to guide staff in meeting the intimate care needs of the individual resident.

The residents were provided with appropriate emotional and behavioural support. A small number of residents could present with some behaviours but they had limited

impact on any of the other residents. Behaviour support plans were in place for residents identified to require same. A register was maintained of all restrictive practices used in the centre. There was evidence that restrictions in place were subject to regular review. A number of staff were overdue to attend training in positive behaviour support.

Regulation 17: Premises

Overall, the centre was suitably decorated, comfortable and homely. However, as referred to under Regulation 27, there was some worn and chipped paint in some areas which impacted on infection control arrangements. There was an inviting outdoor area to the rear of the centre. The centre had good sized communal areas which were suitable for residents needs. Each of the residents had their own bedroom which had been personalised to their own taste in an age appropriate manner.

Judgment: Compliant

Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected. Environmental and individual risk assessments were on file which had been recently reviewed. Risk management and treatment plans were in place for all assessed risks. There were arrangements in place for investigating and learning from incidents and adverse events involving the children. Post incident reviews were completed which aimed to identify learning to prevent re-occurrences.

Judgment: Compliant

Regulation 27: Protection against infection

Suitable arrangements were in place for the prevention and control of healthcare-associated infections which were in line with national guidance. However, there was some worn and chipped paint in areas which meant that these areas could be more difficult to effectively clean from an infection control perspective.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Suitable precautions had been put in place against the risk of fire. Fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company. There were adequate means of escape and a procedure for the safe evacuation of residents was prominently displayed. Fire drills involving residents had been completed at regular intervals and the centre was evacuated in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each residents' wellbeing and welfare was maintained by a good standard of care and support. However, there was not always evidence that the effectiveness of the plan was reviewed in line with the requirements of the regulations. Some goals had been identified for residents. Goal update and tracker sheets were being used to monitor progress in achieving identified goals. However, it was noted that goals for some residents were limited, not specific or measurable.

Judgment: Substantially compliant

Regulation 6: Health care

The residents' healthcare needs were being met by the care provided in the centre. This was a nurse led service with a registered staff nurse rostered on shift at all times to meet the residents' medical needs. Each of the residents had an identified general practitioner (GP).

Judgment: Compliant

Regulation 7: Positive behavioural support

The residents were provided with appropriate emotional and behavioural support. Overall residents presented with minimal behaviours that challenge. Behaviour support plans were in place for residents identified to require same. A register was maintained of restrictive practices in use and these were subject to regular review.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect residents from being harmed or suffering from abuse. There were appropriate arrangements in place to investigate and manage all allegations and suspicions of abuse. Intimate care plans were in file with sufficient detail to guide staff in meeting each resident's intimate care needs.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were upheld by the care provided in the centre. Staff spoken with presented with a good knowledge of the residents' rights and their duty to uphold those rights. The residents were observed to be treated with dignity and respect by the staff on duty. The ethnicity of one of the residents was being supported in the centre. The inspector noted that phrases in the residents first language were on display in their room with the english translation which supported staff to speak some of the residents native language with them.

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 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Lar Foley House OSV-0002339

Inspection ID: MON-0028988

Date of inspection: 12/10/2022

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: St. Michael's house have ongoing recruitment drives scheduled. Lar Foley have recently filled 2 vacancies.. S/N and SCW. These new staff are currently going through the HR process and will be on the January roster</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>All staff are committed to ensuring their mandatory required training is in date. The PIC requests regular audits from the Training Dept and monitors this individually with all staff at supervision meetings. In SMH, PBS training is rolled out every 3 months and the duration of the course is 12 weeks. Lar Foley have scheduled this training for 2 staff at a time over the 6 months.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection</p>	

against infection:

Health and Safety checks are completed every month by the PIC. Any areas of concern that are identified are then escalated to the appropriate service.

A request has been sent to SMH Technical Services Dept to request the painting of the sensory room and other chipped surfaces identified through out house. The fitting of clear paneling will be sought for the sensory room as this room is prone to much wear and tear. All other minor painting needed will be completed at this time.

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

All staff are committed to ensuring that service users AONs are reviewed at a minimum annually and more frequently if required.

All support plans that are identified following assessment of need are reviewed quarterly and more regularly if needs change.

Each service user is assigned 2 key workers. In particular , they will ensure all goals are identified and prioritized in accordance with need and in conjunction with family and other clinicians.

All goals will be clear measurable and achievable. Each key worker will ensure there is a goal tracking system in place that monitors and evaluates chosen goals at regular intervals and a minimum of every month.

Then PI C will monitor these goals and progress at quarterly supervision meetings with Staff.

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	02/01/2023
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	30/05/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a	Substantially Compliant	Yellow	31/03/2023

	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 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/01/2023