

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

Issued by the Chief Inspector

Name of designated centre:	Fairview
Name of provider:	St Michael's House
Address of centre:	Dublin 3
Type of inspection:	Announced
Date of inspection:	21 February 2024
Centre ID:	OSV-0002350
Fieldwork ID:	MON-0034031

About the designated centre

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

Fairview designated centre is a community based home in Dublin 3 operated by St. Michael's House. The centre provides residential care and support to adults with intellectual disabilities. The centre has capacity for three people to be accommodated in the house and is home to three gentlemen over 18 years of age. The centre is a two story house which consists of three individual bedrooms, music room, staff bedroom, kitchen/dining room, two sitting rooms, three bathrooms and staff office. The house is located close to local amenities such as local post office, bowling, shops and is well serviced by public transport. The house is staffed by social care workers who are available to residents on a 24 hour basis.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 21 February 2024	09:10hrs to 16:10hrs	Kieran McCullagh	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted to monitor on-going compliance with the regulations and to inform the renewal of registration decision and was facilitated by the person in charge.

The residents had been made aware of the upcoming inspection and gave the inspector a warm welcome to their home. The inspector used conversations with residents and staff, a walk-around of the premises and review of documentation to inform judgments on the quality and safety of care in the centre.

The designated centre comprised of one two-storey building, located in an inner coastal suburb of Dublin. There were three residents living in the designated centre, who had shared a home for many years and knew each other well. The inspector had the opportunity to meet all three residents over the course of the inspection. The inspector saw residents coming and going freely from the centre to attend education and participate in community based activities of their choosing.

Two residents, who had lived in the centre for some time, said that they felt well-supported by the staff team and were happy living there. They spent time talking to the inspector about the different activities they liked to do. For example, one resident spoke about their work with advocacy organisations which they enjoyed being a part of. A poster campaign, which they had been part of was hung in the entrance hallway and the resident took pride in talking about how they had been asked to participate. Another resident spoke to the inspector about their educational achievements and that they enjoyed using the local facilities nearby. For example, they enjoyed going to the local pub.

Some residents did not communicate verbally. However, the inspector had the opportunity to observe residents being supported by staff in the afternoon on their return to the designated centre. Warm interactions between the residents and staff members caring for them was observed throughout the duration of the inspection. There was an atmosphere of friendliness in the centre and staff were observed to interact with the residents in a respectful and supportive manner.

The person in charge spoke about the high standard of care all residents receive and had no concerns in relation to the well-being of any of the residents living in the centre. Observations carried out by the inspector, feedback from residents and documentation reviewed provided suitable evidence to support this.

On speaking with different staff throughout the day, the inspector found that they were very knowledgeable of residents' needs and the supports in place to meet those needs. Staff were aware of each resident's likes and dislikes. The inspector observed that residents appeared relaxed and happy in the company of staff and that staff were respectful towards residents through positive and caring interactions.

The inspector carried out a walk around of the centre in the presence of the person in charge. The premises was observed to be clean and tidy and was decorated with residents' personal items such as photographs and artwork. The premises had recently been repainted and residents' bedrooms were laid out in a way that was personal to them and included items that was of interest to them. For example, residents' bedrooms included family photographs, pictures and memorabilia that were in line with the residents' preferences and interests. This promoted the residents' independence and dignity, and recognised their individuality and personal preferences.

Since the previous inspection the provider had renovated the kitchen and new flooring had been laid throughout the ground floor of the premises. This work improved the aesthetics of the kitchen but also resulted in positive outcomes for residents. For example, one resident told the inspector that they enjoyed cooking and now had better facilities in which to do so. In addition, the person in charge showed the inspector a new accessible and safe kettle which made tasks easier for some residents and encouraged and promoted their independence.

There was evidence that the residents and their representatives were consulted and communicated with, about decisions regarding the running of the centre. Residents had completed surveys and reported that they felt safe and had good choice and control in their daily lives.

The inspector did not have an opportunity to meet with relatives of any of the residents during the course of the inspection. A review of the provider's annual review of the quality and safety of care however, evidenced that they were happy with the care and support that the residents received.

From what the inspector was told and observed during the inspection, it was clear that residents had active and rich lives, and received a good quality service. The service was operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

The next two sections of the report present the findings of this inspection in relation to the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service 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. Overall, the findings of this announced inspection were that residents were in receipt of a good quality and safe service, with strong local governance and management supports in place.

The inspector observed that the care and support provided to the residents was person-centred and the provider and person in charge were endeavouring to promote an inclusive environment where each of the residents' needs and wishes were taken into account.

There was a statement of purpose in place that was reviewed and updated on a regular basis as per the regulations.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, supported by a staff team, who was knowledgeable about the support needs of the residents living in the centre. The person in charge worked full-time and were supported by a service manager who in turn reported to a Director of Adult Services.

The registered provider had ensured the skill-mix and staffing levels allocated to the centre was in accordance with the residents' current assessed needs. The staff team comprised of the person in charge and social care workers. The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice.

The training needs of staff were regularly monitored and addressed to ensure the delivery of quality, safe and effective services for the residents. There was a planned and actual roster maintained that reflected the staffing arrangements in the centre. The inspector viewed a sample of the recent rosters, and found that they showed the names of staff working in the centre during the day and night. In addition, the person in charge provided support and formal supervision to staff working in the centre.

The inspector spoke with staff on duty on the day of inspection. They 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.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents and the governance and management systems in place were found to operate to a good standard in this centre. A six-monthly unannounced visit of the centre had taken place in February to review the quality and safety of care and support provided to the residents. Subsequently, there was an action plan put in place to address any concerns regarding the standard of care and support provided. In addition, the provider had completed an annual report of the quality and safety of care and support in the designated centre in January 2024. These quality assurance audits identified areas for improvement and action plans were developed in response.

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

The registered provider had written, adopted and implemented the policies and procedures set out in schedule 5. However, following review a number of policies

and procedures had not been reviewed at intervals not exceeding three years.

There were contracts of care in place for all residents which clearly outlined fees to be paid and were signed by residents or their family or representative.

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.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

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.

There was a planned and actual roster maintained that reflected the staffing arrangements in the centre, including staff on duty during both day and night shifts.

Vacancies were managed by familiar relief staff to ensure continuity of care and support for residents.

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.

All staff had completed mandatory training including fire safety, safeguarding and positive behaviour support.

The inspector found that staff were receiving regular supervision as appropriate to their role. Supervision records reviewed were in line with organisation policy and included a review of the staff members' personal development and provided an

opportunity for them to raise any concerns.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre on the day of the inspection. This document included details set out in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The registered provider had ensured information and documentation on matters set out in Schedule 2 were maintained and were made available for the inspector to view. The inspector reviewed a sample of staff records and found that they contained all the required information in line with Schedule 2.

Judgment: Compliant

Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration 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 the residents.

It was evidenced 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.

A suite of audits were in place including monthly local audits and six-monthly unannounced visits. Audits carried out included fire safety, health and safety, medication management and an annual review of quality and safety. Residents, staff and family members were all consulted in the annual review.

On completion of these, action plans were developed to address any issues identified.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were contracts of care in place for all residents which clearly outlined fees to be paid and were signed by the resident's or their family or representative.

The contract of care also outlined the support, care and welfare of the residents in the designated centre and details of the services to be provided for them.

These supports were in line with the resident's assessed needs and the statement of purpose.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations.

The statement of purpose clearly described the model of care and support delivered to residents in the service. It reflected the day-to-day operation of the designated centre.

In addition a walk around of the property confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

Regulation 31: Notification of incidents

Where incidents occurred, they were reported, reviewed and responded to in a timely manner. The person in charge also ensured that all incidents were notified to the Chief Inspector of Social Services, as and when required by the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider ensured that all policies and procedures outlined in Schedule 5 were prepared in writing and implemented in the centre.

However, the following six policies had not been reviewed at intervals not exceeding three years as per the Care And Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013:

- Provision of personal intimate care
- Communication with residents
- Monitoring and documentation of nutritional intake
- Provision of information to residents
- The creation of, access to, retention of, maintenance of and destruction of records
- Access to education, training and development

Judgment: Substantially compliant

Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre.

The designated centre was found to be clean, tidy, well maintained and nicely decorated. It provided a pleasant, comfortable and homely environment for residents. There was adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their taste and preferences. The premises was meeting the residents' needs, and residents spoken with said they were happy with their home.

Since the last inspection, there had been some home improvements works completed to the centre, which resulted in positive outcomes for residents. For

example, the kitchen had been recently renovated, new flooring had been laid and the premises had recently been repainted.

There were arrangements in place that ensured residents were provided with adequate nutritious and wholesome food that was consistent with their dietary requirements and preferences.

There were systems in place for the prevention and management of risks associated with infection. The inspector observed that the centre was visibly clean on the day of the inspection. Cleaning schedules were in place for all areas, including high touch areas and good practices were in place for infection prevention and control including laundry management and a color-coded mop system.

The inspector saw that the provider had effected measures to detect, contain and extinguish fires. Fire equipment was regularly serviced and maintained in good working order. Regular fire drills were held in line with the provider's policy and all residents were able to evacuate the centre in a timely manner.

On review of a sample of residents' medical records, the inspector 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. However, improvement was required in relation to recorded checking arrangements for certain medications where two staff were required to check the medication.

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.

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.

Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents. Each resident had their own bedroom which was decorated to their individual style and preference.

Since the last inspection, there had been some home improvements works completed to the centre, which resulted in positive outcomes for residents. For example, kitchen upgrade works which provided residents with better and more

accessible facilities.

Residents had access to facilities which were maintained in good working order. There was adequate private and communal space for them as well as suitable storage facilities and the centre was found to be comfortable, homely and overall in good structural and decorative condition.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents with assessed needs in the area of feeding, eating, drinking and swallowing (FEDS) had up-to-date FEDS care plans on file and there was guidance regarding their meal-time requirements including food consistency and residents' likes and dislikes.

Staff spoken with were knowledgeable regarding FEDS care plans and were observed to adhere to the directions from specialist services such as speech and language therapy, including advice on therapeutic and modified consistency dietary requirements.

Residents were encouraged to take part in grocery shopping and suitable foods were provided to cater for each resident's assessed dietary needs and preferences.

Food was stored in hygienic conditions and access to refreshments and snacks was provided for.

Judgment: Compliant

Regulation 27: Protection against infection

All staff in the centre had received and were up-to-date with infection prevention and control (IPC) training. Staff spoken with were knowledgeable regarding their roles and responsibilities pertaining to IPC. Staff were informed of the local operating procedures for the management of centre specific IPC risks.

There were enhanced cleaning schedules in place, which were supporting the ongoing maintenance of a clean and safe environment for the residents. Risk assessments were in place for IPC specific risks.

The inspector observed that the centre was visibly clean on the day of the inspection. In addition, good practices were in place for IPC including laundry management and a color-coded mop system.

Judgment: Compliant

Regulation 28: Fire precautions

The centre had appropriate and suitable fire management systems in place which included containment measures, fire and smoke detection systems, emergency lighting and firefighting equipment. These were all subject to regular checks and servicing with a fire specialist company and servicing records maintained in the centre.

Regular fire drills were completed, and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances.

The fire panel was easily addressable and there was guidance displayed beside it on the different fire zones in the centre. The inspector observed that all fire doors, including bedroom doors closed properly when the fire alarm was activated.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that there were systems in place for the ordering, receipt, prescribing and administration of medicines. Staff spoken with on the day of inspection were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed. A review of medication administration records also indicated that medications were administered as prescribed.

However, improvement was required in relation to recorded checking arrangements for certain medications where two staff were required to check the medication. For example, there were fourteen times that the checks were not recorded for the month of February. This required review and improvement by the provider.

The provider had appropriate lockable storage in place for medicinal products. Some residents self-administered their own medicines. The provider had ensured that these practices were assessed to ensure that they were appropriate, and they had been agreed to by the residents concerned. Residents had received education and guidance on their medicines to support their understanding and independence in this area.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

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

The provider had ensured that where residents required behavioural support, suitable arrangements were in place to provide them with this. The inspector reviewed a sample of resident's positive behaviour support plans and found that they clearly documented both proactive and reactive strategies. In addition, plans detailed precursor behaviours, triggers and setting events, to aid staff in how to best support residents.

There was a restrictive practice committee in place within the organisation which authorised and regularly reviewed any restrictive practices in the centre. There were a number of restrictive practices in the centre, which had been assessed, logged and notified to the Chief Inspector as per the regulations.

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. Staff spoken with were knowledgeable about their safeguarding remit.

Formal and interim safeguarding plans were implemented and were supported by risk assessments. The control measures to protect residents from abuse were seen to be proportionate, person-centred and mindful of the residents' rights and wishes.

Residents' files contained person-centred and up-to-date intimate care plans. These plans detailed the supports required to protect residents' autonomy and dignity in delivering personal care.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	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
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Fairview OSV-0002350

Inspection ID: MON-0034031

Date of inspection: 21/02/2024

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 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The Organisation is in the process of reviewing the named policies above and the PIC will ensure that they are available to staff once this process is complete for each policy.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>A referral has been made to the medication management team in relation to recorded checking arrangements for certain medications.</p> <p>A local policy has been devised to ensure a robust system is in place to effectively provide oversight in the administration of high alert medications in line with St Michaels House Medication management policy.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	31/03/2024
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals	Substantially Compliant	Yellow	30/09/2024

	not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
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