



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

## Issued by the Chief Inspector

Name of designated centre:	Cill Caisce
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Announced
Date of inspection:	19 June 2024
Centre ID:	OSV-0002355
Fieldwork ID:	MON-0035309

## About the designated centre

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

Cill Caisce is a designated centre operated by St Michael's House located in North County Dublin. The centre provides a residential service for up to five adults with intellectual disabilities, and can provide support to residents who have additional physical or sensory needs. The centre is a two storey house which comprises of five bedrooms, kitchen/dining room, living room, staff room and two shared bathrooms. The centre is staffed by a person in charge and a team of social care workers.

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

Number of residents on the date of inspection:	5
--	---

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 19 June 2024	10:00hrs 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, Cill Caisce. The inspection was carried out in response to the provider's application to renew the registration of the designated centre.

The inspection was facilitated by the person in charge for the duration of the inspection. 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 that this centre was meeting the requirements of the Regulations in all areas looked at.

The centre comprised of a two-storey house located in a housing estate in North County Dublin. The centre was located close to many services and amenities, which were within walking distance and good access to public transport links. 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 full-time

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. The premises were seen to be well maintained and nicely decorated. There was adequate private and communal accommodation for the residents, including a sitting room and a large kitchen/dining area. The sitting room was bright and well laid out and was in use by all the residents throughout the day. Similarly, the kitchen was accessed regularly by all residents throughout the day for meals and also just to spend time in.

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.

There was also a number of shared bathrooms, a quiet/relaxation room equipped with a TV and radio, a staff office and a nice garden space for residents to use. The communal garden to the rear of the property could be easily accessed by residents and staff. It was well kept with suitable seating available for residents if they so wished to sit outside. The person in charge and staff spoke about further plans they had to upgrade the garden areas.

Visual communication arrangements for residents were observed during the walk around of the centre. For example, the inspector observed picture signs in the bathroom regarding hand hygiene and how to call and wait for assistance if needed. The wall in the hallway had the house floor plans clearly displayed alongside the centre's fire evacuation plan. The hallway also displayed the centre's safeguarding statement, residents' guide, easy-to-read statement of purpose and visitors policy. Residents paintings, artwork and photos were also on display throughout the centre.

The kitchen provided easy access to the residents house meeting book, complaints procedure, weekly menu and activity plans.

In advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre. The feedback in general was very positive, and indicated satisfaction with the service provided to them in the centre, including the premises, meals, and staff, and also noted that residents felt safe and were able to make choices and decisions in their lives. One resident commented that they were very happy living in Cill Caisce and the staff are very good.

All residents were aware of the inspection visit and were supported to meet with and talk to the inspector. The inspector met with two residents who were present on the morning of the inspection, they chatted and showed the inspector their respective bedrooms. The other residents were out attending day services and appointments. In the afternoon, one of the residents made the inspector a cup of tea and chatted about what life is like living here. Another resident returned from an appointment and joined in the conversation. They then went out for lunch together after. Both residents said they were involved in the day to day running of their home and liked making dinners, going to the shops and out for coffee, the cinema and attending shows in Bord Gais. One of the residents had an appointment to get a manicure in the afternoon. The inspector met the remaining residents in the evening when they returned home and one resident showed the inspector her cookery book.

The person in charge and a staff member on duty 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.

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, attending day services and making plans for the evening. 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. Residents were being supported to partake in a variety of different leisure, occupational, and recreation activities in accordance with their interests, wishes and personal preferences. For example, staff were observed offering choice around mealtimes and two of the residents were heading out for lunch locally.

Residents were being supported to develop and maintain their personal relationships, for example, through visiting and keeping in contact with their family and friends by phone. One resident spoke about meeting up with family and the staff member provided support and suggestions on where and when to meet. The same resident was supported to receive a phone call from a family member later in the day. Another resident spoke of how she meets up and visits friends in another

nearby designated centre.

The inspector did not have an opportunity to meet with the relatives of any of the residents, however a family member phoned on the day of the inspection and said they were very happy with the care their sister receives.

Overall, the inspector found that residents in this centre were supported to enjoy a good quality of 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. It was clear that residents' views and wishes were listened to and that their autonomy was respected.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

## 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.

Overall, the findings of this announced inspection were that residents were in receipt of a good quality and safe service, with good local governance and management supports in place.

The registered provider had implemented governance and management systems to ensure that the service provided to residents was safe, consistent, and appropriate to their needs and therefore, demonstrated that they had the capacity and capability to provide a good quality service. The centre had a clearly defined management structure, which identified lines of authority and accountability.

There was a person in charge employed in a full-time capacity, who had the necessary experience and qualifications to effectively manage the service.

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. The inspector found that the provider had ensured that the number, qualifications and skill-mix of staff was suitable to meet the assessed needs of the residents.

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

person in charge provided support and formal supervision to staff working in the centre.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents including annual reviews and six-monthly reports, plus a suite of audits had been carried out in the centre.

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 including an accurate and current directory of residents, residents guide and complaints log all of which were 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, 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.

#### 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 14: Persons in charge

The centre was run by a person in charge who was suitably experienced and qualified.

They were employed in a full-time capacity and had responsibility for two designated centres. The inspector saw that there were systems in place to support the person in charge in fulfilling their regulatory responsibilities.

The person in charge demonstrated a comprehensive understanding of the service needs and of the residents' needs and preferences.



Judgment: Compliant

### Regulation 15: Staffing

The designated centre was staffed by suitably qualified and experienced staff to meet the assessed needs of the residents. The staffing resources in the designated centre were well managed to suit the needs and number of residents. Staffing levels were in line with the centre's statement of purpose and the needs of its residents.

Planned and actual rosters were maintained in the centre which demonstrated that staffing levels were consistent with the statement of purpose. The inspector reviewed both the planned and actual rosters from January and February 2024 and found that these reflected the staffing arrangements in the centre, including staff on duty during both day and night shifts.

The registered provider had ensured that they had obtained, in respect of all staff, the information and documents specified on Schedule 2 of the Health Act 2007. A sample of which had been requested by the inspector who reviewed two of the staff teams records on the day of the inspection and found them to be accurate and in order.

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 very high level of compliance with mandatory and refresher training.

All staff had completed mandatory training including fire safety, safeguarding, manual handling, food safety, positive behavioural supports and infection prevention control (IPC). Refresher training was available as required to ensure that adequate training levels were maintained.

Staff had also completed human rights training to further promote the delivery of a human rights-based service in the centre. As a result staff were able to support and advocate on residents behalf, most recently in relation to transport provision.

Staff spoken with were knowledgeable regarding their roles and responsibilities in ensuring the safety of care.

Staff were in receipt of regular support and supervision through monthly staff meetings and quarterly supervisions with the person in charge. Records of these

meetings were maintained.

Judgment: Compliant

### Regulation 19: Directory of residents

A current and up-to-date directory of residents was available in the designated centre and included all the required information specified in Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 21: Records

The provider had effective systems and processes in place, including relevant policies and procedures, for the creation, maintenance, storage and destruction of records, which were in line with all relevant legislation.

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 22: Insurance

The provider submitted a copy of their insurance along with their application to renew the centre's certificate of registration.

The inspector saw that the provider had in place a contract of insurance against injury to residents and damage to the premises of the designated centre.

Judgment: Compliant

## Regulation 23: Governance and management

There were clearly defined management structures in place in the centre which were effective in ensuring a good standard of care.

There was suitable local oversight and the centre was sufficiently resourced to meet the needs of all residents. The centre was staffed by a stable and consistent staff team. The staff team reported to the person in charge who in turn reported to a service manager.

There was sufficient staff available to meet the needs of residents, adequate premises, facilities and supplies and residents had access to a vehicle for transport.

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. Staff meeting minutes for April, May and June 2024 showed good attendance and topics on the agenda included roster management, safeguarding, health and safety, medication management and infection prevention and control. Furthermore, a staff member provided an information sharing session on supporting weight management for the residents and healthy decision making.

Audits carried out included a six monthly unannounced audit, fire safety, infection prevention and control (IPC), medication management and an annual review of quality and safety.

The annual review of the quality and safety of care was completed in consultation with residents and their families. The inspector saw that there was very positive feedback from residents and families about the standard of care in the centre.

Overall, the inspector found that there were robust management arrangements which were effective in driving service improvements and ensuring that residents were in receipt of a quality service.

Judgment: Compliant

## Regulation 3: Statement of purpose

The statement of purpose was reviewed on inspection and was found to meet the requirements of the Regulations and Schedule 1 and clearly set out the services provided in the centre and the governance and staffing arrangements.

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 inspector 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 three incidents logged in the designated centres incident 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 who lived in the designated centre. The inspector found that 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.

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.

The designated centre was located in a residential area with easy access to public transport, shops and community facilities.

The inspector found the atmosphere in the centre to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received.

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.

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 inspector saw that residents had access to health care in line with their assessed needs. One resident returned from a healthcare appointment in the afternoon and was supported by staff to attend.

Residents were free to receive friends, family and visitors in the centre in line with their wishes. There was ample space for residents to meet with visitors should they wish to do so.

A residents' guide was available in the designated centre. The residents' guide was reviewed on the day of inspection and was found to contain all of the information as required by Regulation 20.

There were fire safety systems and procedures in place throughout the centre. There were fire doors to support the containment of smoke or fire. There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting provided.

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 were free to receive visitors in line with their preferences.

There was sufficient private space for residents to meet with visitors in the centre if they wished to do so. Residents spoke about regularly having friends and family visit them and going to visit friends and family.

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.

Judgment: Compliant

### Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. The centre was maintained in a good state of repair and was clean and suitably decorated.

Additional minor premises issues pertaining to wear and tear had been identified by the person in charge and reported to maintenance.

Equipment used by the residents was easily accessible and stored safely. Records showed that this equipment was serviced regularly.

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

Judgment: Compliant

### Regulation 20: Information for residents

The provider had prepared a residents' guide which had been made accessible and contained information relating to the service. This information included the facilities available in the centre, the terms and conditions of residency, information on the running of the centre and the complaints procedure. It was evident that there was regular residents' meetings occurring weekly within the centre.

The inspector reviewed two of the residents meetings minutes which demonstrated that residents were given the opportunity to express their views and preferences and were provided with information relating to the running of their centre, their rights, facilities available and how to access additional supports should they be dissatisfied with any aspect of their care and support.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems including fire detection, containment and fighting equipment.

There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting arrangements. The exit doors were easily opened to aid a prompt evacuation, and the fire doors closed properly when the fire alarm activated.

Following a review of servicing records maintained in the centre, the inspector found that these were all subject to regular checks and servicing with a fire specialist company.

The inspector reviewed fire safety records, including fire drill details and the provider had demonstrated that they could safely evacuate residents under day and

night time circumstances.

There was a written plan to follow in the event of a fire or emergency during the day or night. All residents had individual emergency evacuation plans in place and fire drills were being completed by staff and residents regularly.

All staff had completed mandatory fire training.

One resident spoke to the inspector about how they would respond in the fire alarm was activated, and were knowledgeable of the evacuation plan and what to do in the event of an emergency. They also showed the inspector where the emergency information and reflective vests were kept, and explained that in the event of a fire they had a role in collecting these as they exited the building.

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. Individual health plans, health promotion and dietary assessments and plans were in place.

Residents in this centre had access to a variety of health-care professionals in order to meet their assessed needs. Residents accessed clinical appointments both through the provider's multi-disciplinary team and in the community, in accordance with their assessed needs.

The inspector was told that residents were supported to access public health screenings when they were invited to attend these.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	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 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 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant