



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

Issued by the Chief Inspector

Name of designated centre:	Seanna Cill
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Announced
Date of inspection:	18 April 2024
Centre ID:	OSV-0002356
Fieldwork ID:	MON-0034280

About the designated centre

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

Seanna Cill is a designated centre operated by St. Michael's House. The centre is located in Dublin and provides accommodation to a maximum of five male and female adult residents with intellectual and physical disabilities. The service caters for a broad range of needs, including, low to high support needs, behaviour support, medical needs and emotional and environmental needs. The centre comprises of a two storey, six bedroom semi-detached house. It is located close to local amenities such as shops, cafes and recreational facilities in a suburb of Dublin. Each resident has their own bedroom and share communal spaces such as sitting rooms, kitchen and dining areas and bath and shower rooms. Social care staff are on duty both day and night to support residents who live in this centre.

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
Thursday 18 April 2024	09:10hrs to 15:30hrs	Kieran McCullagh	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing 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 high levels of compliance with the regulations and standards.

The inspector found that the centre was reflective of the aims and objectives set out in the centre's statement of purpose. The residential service aims to "provide a homely environment where individuals are supported to live as independently as possible and make choices about their lives". The inspector found that this was a centre that ensured that residents received the care and support they required but also had a meaningful person-centred service delivered to them.

The designated centre comprised of one two-storey building, located in a northside suburb of Dublin. The house comprised of six bedrooms, including a staff sleepover room, a staff office, a kitchen / dining room, a sitting room, a quiet room, a utility room, and two large bathrooms. The centre is registered to accommodate five people and the inspector had the opportunity to meet three residents over the course of the inspection. One resident was visiting family at the time of the inspection and another resident had already left to attend their day service.

Residents the inspector spoke with said that they were happy with the service. They told the inspector they liked their bedrooms and the layout and décor of their home. They also spoke about the activities they like to do including listening to music, watching television, going out for coffee and shopping. Throughout the inspection, residents were seen to be at ease and comfortable in the company of staff, and were observed to be relaxed and happy in their home. It was clear during the inspection that there was a good rapport between residents and staff.

One resident chose to spend their day in the quiet room of the designated centre for the duration of the inspection. The inspector did not have the opportunity to speak with the resident. However, they observed the resident to be relaxed and happy throughout the duration of the inspection. The inspector heard staff interact and communicate with the resident regularly and it was apparent that the resident felt at ease and comfortable in the presence of staff and in their home.

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. Staff spoke to

the inspector regarding the residents' assessed needs and described training that they had received to be able to support such needs, including safeguarding residents from abuse, medication management, and managing behaviour that is challenging. The inspector found that the staff members on duty 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.

Staff had completed training in human rights and the inspector observed this in practice on the day of the inspection. For example, the inspector observed that residents were placed at the heart of service development and provision and that a person-centred approach was in place. Residents were supported to make decisions about how they spent their day and staff were seen to actively support the decision-making process. For example, some residents chose to attend day services while others chose to receive an individualised service from the centre in line with their will and preference.

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. Residents' bedrooms were laid out in a way that was personal to them and included items that was of interest to them. Since the last inspection, a number of home improvements works had been completed to the centre, which resulted in positive outcomes for residents. For example, new flooring had been laid in the sitting room, resident bedrooms and both bathrooms. In addition, the kitchen and utility room had been renovated, which provided residents with better and more accessible facilities.

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 the relatives of any of the residents, however a review of the provider's annual review of the quality and safety of care evidenced that they were happy with the care and support that the residents received.

From speaking with residents and observing their interactions with staff, it was evident that they felt very much at home in the centre, and were able to live their lives and pursue their interests as they chose. 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 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

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 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.

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 were knowledgeable about the support needs of the residents living in the centre. The person in charge worked full-time and was supported by a service manager who in turn reported to a Director of Adult Services.

The provider ensured that there were suitably qualified, competent and experienced staff on duty to meet residents' current assessed needs. The inspector observed that the number and skill-mix of staff contributed to positive outcomes for residents using the service. For example, the inspector saw residents being supported to participate in a variety of home and community based activities of their own choosing. Warm, kind and caring interactions were observed between residents and staff. Staff were observed to be available to residents should they require any support and to make choices.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. A supervision schedule and supervision records of all staff were maintained in the designated centre. The inspector saw that staff were in receipt of regular, quality supervision, which covered topics relevant to service provision and professional development.

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 November 2023 to review the quality and safety of care and support provided. 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 for 2023, which included consultation with residents and their families and representatives.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose clearly described what the service does, who the service is for and information about how and where the service is delivered.

The provider had ensured that there was an effective complaints procedure for residents to utilise. The procedure had been prepared in an easy-to-read format to aid residents' understanding.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

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

On the day of the inspection the provider had ensured there was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times in line with the statement of purpose and size and layout of the building.

The person in charge maintained a planned and actual staff roster. The inspector reviewed planned and actual rosters for the months of February, March and April 2024 and found they all accurately reflected the staffing arrangements in the centre, including staff on duty during both day and night shifts.

There were a number of whole time equivalent staff vacancies at the time of inspection and recruitment was underway to back fill these vacancies. However, the provider had ensured that suitable contingency arrangements were in place to ensure continuity of care and support to residents. For example, vacancies were well managed by a small panel of familiar relief and agency staff.

Judgment: Compliant

Regulation 16: Training and staff development

Systems to record and regularly monitor staff training were in place and were effective. The inspector reviewed the staff training matrix and found that staff in the centre had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included

training in mandatory areas such as fire safety, managing behaviour that is challenging and safeguarding of vulnerable adults.

In addition, training was provided in areas such as human rights, feeding, eating, drinking and swallowing (FEDS), emergency first aid and safe administration of medication.

All staff were in receipt of supervision and support relevant to their roles from the person in charge. The person in charge had developed a schedule of supervision for 2024 for all staff members. The inspector reviewed three staff members supervision records, all of which 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

The provider maintained a directory of residents in the centre, which met the requirements of the regulations.

The inspector reviewed this and found that it included accurate up-to-date information in respect of each resident.

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 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 four 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.

The inspector reviewed the insurance and found that it ensured that the building and all contents, including residents' property, were appropriately insured. In addition, the insurance in place also covered against risks in the centre, including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The provider had arrangements in place to assure that a safe, high-quality service was being provided to residents and that national standards and guidance were being implemented.

There was a clear management structure in place with clear lines of accountability. 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 person in charge was suitably qualified and experienced. They had a comprehensive understanding of the service needs and had structures in place to support them in meeting their regulatory responsibilities.

An annual review of the quality and safety of care had been completed for 2023. Residents, staff and family members were all consulted in the annual review. Positive feedback from residents included "I can go out by myself or with staff, the bus stops are near." and feedback from residents' family members included "The staff in Seanna Cill are amazing. They treat people with respect and affection. They listen to them and follow their lead".

In addition, a suite of audits were in place including monthly local audits and six-monthly unannounced visits, as per the regulatory requirement. Audits carried out included fire safety, health and safety and medication management. On completion of these, action plans were developed to address any issues identified.

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 inspector reviewed the statement of purpose and found that it described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre. The statement of purpose was available to residents and their representatives in a format appropriate to their communication needs and preferences.

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 34: Complaints procedure

The provider had established and implemented effective complaint handling processes. For example, there was a complaints and compliments policy in place. In addition, staff were provided with the appropriate skills and resources to deal with a complaint and had a full understanding of the complaints policy.

The inspector observed that the complaints procedure in place was accessible and in a format that the residents could understand. Residents were supported through the complaints process, which included having access to an advocate when making a complaint or raising a concern.

The inspector reviewed the complaints log and found that complaints were being responded to and managed locally. The person in charge was aware of all complaints and they were followed up and resolved in a timely manner, as per the provider's policy.

Judgment: 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 provider had measures in place to ensure that a safe and quality service was

delivered to residents. The findings of this inspection indicated that the provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was person-centred.

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 inspector completed a walk around of the centre with the person in charge. The design and layout of the premises ensured that each resident could enjoy living in an accessible, comfortable and homely environment. The provider ensured that the premises, both internally and externally, was of sound construction and kept in good repair. There was adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their taste and preferences.

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. There were suitable arrangements in place to detect, contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents' personal evacuation plans were reviewed regularly to ensure their specific support needs were met.

The person in charge ensured that there were appropriate and suitable practices relating to medicine management within the designated centre. This included the safe storage and administration of medicines, medication audits, medicine sign out sheets and ongoing oversight by the person in charge. All staff had attended safe administration of medication training.

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments reflected the relevant multidisciplinary team input, and informed the development of care plans which outlined the associated supports and interventions residents required.

Where required, positive behaviour support plans were developed for residents, and staff were required to complete training to support them in helping residents to manage their behaviours of concerns. There were some restrictive practices in the centre. The rationale for the restrictions was clear, and they had been implemented with the approval of the provider's oversight group.

Good practices were in place in relation to safeguarding. Any incidents or allegations of a safeguarding nature were investigated in line with national policy and best practice. The inspector found that appropriate procedures were in place, which included safeguarding training for all staff, the development of personal and intimate care plans to guide staff and the support of a designated safeguarding officer within the organisation.

The inspector observed that there was a staff culture in place which promoted and protected the rights and dignity of residents through person-centred care and support. Residents had sufficient opportunities and supports to partake in activities in line with their wishes, capacities, and interests.

Regulation 17: Premises

The inspector carried out a walk around of the centre in the presence of the person in charge, which confirmed that the premises was 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. 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 last inspection, a number of home improvements works had been completed to the centre, which resulted in positive outcomes for residents. For example, new flooring had been laid in the sitting room, resident bedrooms and both bathrooms. In addition, the kitchen and utility room had been renovated, 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 28: Fire precautions

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. For example, the inspector observed fire and smoke detection systems, emergency lighting and firefighting equipment. 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 observed that the fire panel was addressable and easily accessed in the entrance hallway and all fire doors, including bedroom doors closed properly when the fire alarm was activated.

The provider had put in place appropriate arrangements to support each resident's awareness of the fire safety procedures. For example, the inspector reviewed all five resident's personal evacuation plans. Each plan detailed the supports residents required when evacuating in the event of an emergency. Staff spoken with were knowledgeable of evacuation routes and the individual supports required by residents to assist with their timely evacuation.

Since the last inspection the provider had completed a fire safety report and all actions arising from the report had been complete. For example, all fire exits were now thumb lock operated, which ensured prompt evacuation in the event of a fire.

The inspector reviewed fire safety records, including fire drill details and found that regular fire drills were completed, and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe practices in relation to the ordering, receipt and storage of medicines. The provider had appropriate lockable storage in place for medicinal products and a review of medication administration records indicated that medications were administered as prescribed.

Medication administration records reviewed by the inspector clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and signature and method of administration.

All medication errors and incidents were recorded, reported and analysed. The inspector reviewed medication error forms and found that learning was fed back to improve each resident's safety and to prevent reoccurrence.

Residents had been assessed to manage their own medication, but no residents were self-administering on the day of inspection.

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

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed three residents' files and saw that files contained up-to-date and comprehensive assessments of need. These assessments of need were informed by the residents, their representative and the multidisciplinary team as appropriate.

The assessments of need informed comprehensive care plans which were written in a person-centred manner and detailed residents' preferences and needs with regard to their care and support. For example, the inspector observed plans on file relating

to the following:

- Communication
- Community access and participation
- Mental health
- General health care
- Money management
- Safeguarding
- Rights

The inspector reviewed three residents' personal plans, which were in an accessible format and detailed goals and aspirations for 2024. Examples of goals set for 2024 included; getting a job, attending a musical and attending the gym. In addition, there was evidence of goals achieved by residents in 2023, which included; attending a wrestling match and learning independent living skills.

The provider had in place systems to track goal progress, which included; actions taken, status of the goal, any barriers identified and how the resident celebrated after achieving their goal. Photographs of residents participating in their chosen goals and how they celebrated were included in their personal plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that there were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. For example, three positive behaviour support plans reviewed by the inspector were detailed, comprehensive and developed by an appropriately qualified person. In addition, each plan included proactive and preventive strategies in order to reduce the risk of behaviours of concern from occurring.

The provider ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice. Staff spoken with were knowledgeable of support plans in place and the inspector observed positive communications and interactions throughout the inspection between residents and staff.

Since the last inspection the provider had completed an independent review of all restrictive practices in the designated centre. The inspector observed that the provider was promoting a restraint-free environment. For example, a number of restrictive practices in place on the previous inspection had been discontinued.

In addition, restrictive practices in use at the time of inspection were deemed to be the least restrictive possible for the least duration possible. The inspector reviewed the restrictive practice log and found that these had been assessed, logged and

notified to the Chief Inspector of Social Services as per the regulations.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. For example, there was a clear policy in place with supporting procedures, which clearly directed staff on what to do in the event of a safeguarding concern. In addition, all staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were knowledgeable about their safeguarding remit.

There were no current safeguarding concerns. Previous concerns had been responded to and appropriately managed. For example, safeguarding plans had been prepared with appropriate actions in place to mitigate safeguarding risks.

Following a review of three residents' care plans the inspector observed that safeguarding measures were in place to ensure that staff provided personal intimate care to residents who required such assistance in line with resident's personal plans and in a dignified manner.

The inspector reviewed two preliminary screening forms and found that any incident, allegation or suspicion of abuse was appropriately investigated in line with national policy and best practice.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that all staff received training on a human rights-based approach and staff spoken with on the day of the inspection were aware of the Assisted Decision-Making (Capacity) Act 2015. The inspector observed residents having the freedom to exercise choice. For example, some residents chose to attend day services while other residents preferred to engage in an individualised service.

Residents were encouraged and supported about how they chose to live on a day-to-day basis and on their preferred activities and goals. For example, one resident had chosen to spend their day in the quiet room of the designated centre listening to music while another resident was supported to go shopping.

Residents had access to independent advocacy services and information relating to these services was available in an easy-to-read format. In addition, the inspector observed that each resident had a rights support plan on file. From a review of

weekly resident meeting minutes it was evident that residents were consulted about and made decisions regarding the ongoing services and supports they received. For example, agenda items included; my home, my choices, rights awareness, meal time choices, personal possessions and safeguarding.

The provider, person in charge and staff were fully aware that the centre was the residents' home and their views were actively and regularly sought. For example, feedback was sought through key working meetings, six-monthly unannounced visits and the annual review of the quality and care of the service.

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 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant