



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

## Issued by the Chief Inspector

Name of designated centre:	La Verna
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Short Notice Announced
Date of inspection:	24 June 2021
Centre ID:	OSV-0002363
Fieldwork ID:	MON-0033118

## About the designated centre

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

La Verna provides full-time residential care to adults with an intellectual disability. Support provided at La Verna is based on the social care model with a focus on supporting and assisting residents to participate and be involved in their local community, develop daily living skills and sustain relationships with family and friends. La Verna is located in a residential area of a city and is close to local shops and other amenities. The centre is in addition close to public transport links, which enable residents to access leisure amenities and work placements in the surrounding area. The centre is a two-storey house and comprises of six bedrooms of which five are used by residents. The other bedroom is used by the provider as an office and overnight accommodation for staff. Residents have access to a communal sitting room, kitchen and dining room. In addition, a smaller communal sitting room is provided for residents to meet their family and friends in private. Residents have access to laundry facilities which are located in a purpose-built shed located in the centre's rear garden. The centre has two upstairs bathrooms which are both equipped with shower facilities, one of which is a walk-in design to ensure accessibility to residents. A further additional toilet is located on the ground floor of the house. The centre has a rear garden which is accessible to residents and also contains additional premises which are part of a day service operated by the provider, but is not part of the designated centre. Residents are supported by a team of social care workers, with two staff members being available during the day and at evening times to meet residents' assessed needs. At night-time, residents are supported by one staff member who undertakes a sleepover duty and is available to provide additional support during the night when needed. In addition, the provider has arrangements in place outside of office hours and at weekends to provide management and nursing support if required by residents.

**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 - 2015 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 24 June 2021	10:15hrs to 16:15hrs	Louise Renwick	Lead

## What residents told us and what inspectors observed

The inspector ensured physical distancing measures and use of personal protective equipment (PPE) was implemented throughout the course of the inspection and during interactions with residents and staff. The inspector met all five residents who lived in the designated centre throughout the day, and spoke with them about their experience in the designated centre.

On arrival to the designated centre, the inspector was greeted by residents, who were getting organised to plan out their day.

Throughout the day, the inspector saw and heard residents engaging in different activities both within their home, and going out throughout the day. For example, colouring at the table with mindfulness colouring books, making greeting cards, peeling and preparing vegetables for dinner, preparing a meal for lunch.

Residents were eager to speak with the inspector and tell them about recent things that had happened in their lives and how their daily lives had changed during the past year. For example, the activities that they had taken part in during national restrictions as a way to keep a positive mindset such as Tai Chi, online activity classes and art and crafts.

Residents told the inspector that they liked their home and where it was located. For some residents, the designated centre was close to the areas where they grew up or had family members. Some residents told the inspector they liked going to the local shops to get things they needed in the centre, and at times they ran into people they knew. Some residents were involved in local church groups, for example doing collections for their parish, and others took part in group activities in a nursing home close by.

Residents' independence and abilities were promoted and encouraged. For example, travelling independently, seeking employment opportunities, being involved in third level education programmes and learning new skills.

Some residents showed the inspector their bedroom, and the belongings and items that were important to them. For example, photographs of family and friends and important events in their life, and objects that were really precious to them. Residents' bedrooms had ample space for their belongings and furniture. Some residents had recently re-decorated their room and had picked the colours and design themselves.

Residents felt they knew the staff members well and could easily talk to them about anything. Residents had lived together for a long time, and for the most part got on well with each other and enjoyed each other's company. Residents had their own bedrooms and space to take time to themselves when they wished to, or interact

with others.

Some residents spoke to the inspector about how staff encourage and support them to stay healthy. For example, by giving them help when they need to attend hospital appointments, to have their health checked routinely and to try to eat healthy and have exercise in their day.

As part of the review of documentation, the inspector reviewed the complaints and compliments log. Four family representatives had given recent feedback to the person in charge, which praised the services and care and support that residents were receiving in the designated centre. Feedback from family members was highly positive in their views of the support residents had received during the COVID-19 pandemic and the ways in which staff had ensured good connections and communication and encouraged meaningful activities at home throughout national restrictions.

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.

## Capacity and capability

The provider and person in charge demonstrated that they had the capacity and capability to operate the designated centre in a manner that ensured residents were safe, and receiving a good quality service that met their individual and collective needs.

The provider had ensured there was effective leadership and oversight arrangements in place in the designated centre. There was a full-time person in charge, who reported to a services manager, who in turn reported to a Director of Services. Along with a clear management structure for lines of reporting and responsibility, there were effective oversight systems in place. For example, the person in charge reported monthly to the services manager on areas such as adverse events, compliments or complaints or risk areas for residents.

There were established lines of escalation and information to ensure the provider was aware of how the centre was operated and if it was delivering a good quality service. There had been unannounced visits completed, on behalf of the provider on a six-month basis, along with an annual review on the quality and safety of care. The provider had altered the manner in which they conducted their unannounced visits, to respect national restrictions and visitor guidance. Feedback from these monitoring tools demonstrated a good level of compliance with the regulations and standards, and offered positive feedback from residents and their family members and representatives.

The provider and person in charge used information gathered through residents' meetings, information from family representatives, adverse events and incidents to continuously improve the care and support that residents received.

Residents told the inspector that they knew the staff team very well, and they felt they were really helpful and supportive. The person in charge arranged regular staff meetings, to discuss key areas of care and support and the operation of the centre. In addition to this, there was good communication systems in place to ensure staff had a handover before their shift began through the use of daily handover sheets and communication diaries. Residents took part in regular house meetings where they made plans about the centre, practiced skills and talked about things they wished to raise or discuss with others.

There was a stable and consistent staff team identified to work in the designated centre and rosters were maintained to demonstrate the planned and actual hours worked. Any leave or absenteeism was managed by the person in charge, who ensured staff working in the centre were familiar to residents. For example, permanent staff working extra shifts.

Staff were qualified in social care, and were provided with routine and refresher training to ensure they had the skills required to meet the needs of residents. There was oversight of the training needs of staff, and training needs were identified in advance and planned for by the person in charge. For example, training in the safe administration of medicine, training in emergency first aid and safeguarding vulnerable adults.

Overall, the provider and person in charge had effective governance and management systems in place, with appropriate feedback systems in place to gain the views of residents and their representatives, which ensured the service provided was safe and residents were receiving good quality care and support in line with their needs.

## Regulation 15: Staffing

The staffing resources in the designated centre were well managed to suit the needs and number of residents. Residents were afforded with staff support from familiar staff who knew them well.

Planned leave or absenteeism was mainly covered from within the permanent staff, to ensure continuity of care and support for residents.

The person in charge maintained a planned and actual staff roster for the designated centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training as part of continuous professional development. There was good oversight of the training needs of staff, and arrangements were made to plan for training, as required.

Staff were appropriately supervised, both formally and informally by the person in charge in the designated centre.

Information on the Health Act (2007) as amended, regulations and standards, along with guidance documents on best practice were available in the designated centre.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had put in place a management structure in the designated centre, with clear lines of reporting and responsibility.

There was effective oversight arrangements and monitoring systems in place, and pathways for information and escalation from the person in charge to the provider. For example, through monthly information reviews with the services manager.

The provider had completed unannounced visits to the centre on a six-monthly basis, and had completed an annual review of the quality of care and support, which was inclusive of the views of residents and their families.

The provider had addressed the areas of non-compliance that were identified on the previous inspection in February 2020.

Judgment: Compliant

### Regulation 31: Notification of incidents

Overall, there were low amount of adverse events or incidents in the designated centre. On review of documentation, it was evident that any incident that required notifying to HIQA had been done in line with the time frame as outlined in the regulations.



Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had a complaints procedure and pathway in place in the designated centre, which was understood by residents and was on display in the designated centre.

Residents felt they could raise a complaint with any staff member, and that they would be listened to.

The person in charge maintained a record of any complaints, and there was a review mechanism as part of the written complaints procedure.

Judgment: Compliant

### Quality and safety

This inspection found that the provider and person in charge were operating the centre in a manner that ensured residents were in receipt of a service that was person-centred, was safe and an enjoyable place to live.

Residents were provided with a homely place to live which was maintained to a high standard, with bright and spacious communal spaces, individual bedrooms for residents, an adequate number and type of toilet and washing facilities and a back garden and courtyard area. The designated centre was located close to local amenities and community facilities. Residents were seen to come and go throughout the day, as they wished, and enjoyed walking to the local shops or services. The centre was close to local bus routes and transports routes and a local park. Some residents showed the inspector their bedroom and bathroom facilities, which were of a suitable size and layout for any equipment or aids that they required. Since the previous inspection, the provider had carried out remedial work to the interior of the building, and on the day of inspection the centre was clean, well maintained and accessible and homely for residents.

Despite national restrictions during the year, the staff team in the designated centre were ensuring residents could engage in meaningful activities and had choice and control over their daily lives. For example, residents told the inspector the different activities and hobbies they had done from home over the past year, including art and craft projects, online activity classes, redecorating their rooms and going out locally for walks. Residents were very much involved in the day-to-day operating of their home, and throughout the day were preparing meals and doing different chores or tasks to keep the place nice. Residents showed the inspector their notice

board which divided out different household chores between everyone equally, and told the inspector that they came together regularly to talk about the centre in a residents' meeting.

Residents appeared content and happy in their home, and the designated centre was operated in a way that promoted residents' safety. There were policies, procedures and pathways in place to identify and respond to any safeguarding concerns or risks, and staff had received training in safeguarding vulnerable adults. If required, safeguarding plans were put in place, to promote residents' safety. Residents told the inspector that they liked their home and who they lived with, and felt safe living there.

Since the previous inspection, the person in charge and staff team had supported residents to learn more about national health screenings, appropriate to their age. Residents had made informed choices about their decisions to avail of national health screenings and the risks associated with this. Some residents told the inspector about deciding to take part in screening programmes and the assurance it gave them that they were in good health.

The centre was managed in a way that identified and promoted residents' good health, personal development and wellbeing. Residents' needs were noted and assessed in a comprehensive manner using an assessment tool implemented by the provider. Based on these assessments, personal plans or care plans were written up to outline how each individual need would be met and supported. Residents had information available to them in an accessible format. For example, documents called "all about me" with photographs of residents day-to-day life, and the things that were important to them. Residents were encouraged to set goals to aspire to, with support available from the staff team in achieving these, or in ensuring residents had increased their skills in order to achieve their goals. For example, redecorating their bedroom and jewellery making.

Residents were protected against the risk of fire in the designated centre, through fire safety systems, fire fighting equipment and local procedures. Residents took part in regular fire walks, and fire drills and told the inspector that they knew what to do in the event of an emergency. Since the previous inspection the provider had improved the fire containment measures in the designated centre, as they said they would in their previous compliance plan response.

The provider had also ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19 through formal risk assessments. Personal protective equipment (PPE) was available along with hand-washing facilities, hand sanitiser and staff were observed to use these throughout the day. Each staff member and resident had their temperature checked daily as a further precaution. The provider had plans and facilities in place, should a resident require self-isolation.

Overall, this inspection found that there had been improvements since the previous inspection in February 2020, and these improvements had further enhanced the

quality of life for residents, and ensured they were receiving a service that was safe, and met their needs.

### Regulation 13: General welfare and development

Residents were provided with appropriate care and support in line with their individual needs and wishes.

Residents were supported to remain active and occupied during national restrictions, with staff ensuring residents had meaningful activities to take part in, access to outdoor community amenities and services that were accessible.

Judgment: Compliant

### Regulation 17: Premises

The designated centre was designed and laid out to meet the aims and objectives of the service. The premises were kept to a good standard of decoration and repair, externally and internally.

The provider had made arrangements for the matters in Schedule 6 to be in place. For example, adequate private and communal accommodation, suitable storage, and facilities for residents to launder their own clothes.

Judgment: Compliant

### Regulation 26: Risk management procedures

Residents' safety was promoted through effective risk management systems in the designated centre. For example, there was a policy in place outlining how risks were identified, assessed, managed and reviewed and the person in charge maintained a risk register of known personal and environmental risks.

The provider had written plans in place to follow in the event of an emergency. For example, if there was a flood, or loss of power.

Judgment: Compliant

## Regulation 27: Protection against infection

The registered provider had put in place procedures for the management of the risk of infections in the designated centre, which were guided by public health guidance and national standards. The risk of COVID-19 was assessed and reviewed regularly, and the provider had plans in place to support residents to isolate if they were required to.

Judgment: Compliant

## Regulation 28: Fire precautions

There were fire safety systems in place in the designated centre. For example, a fire detection and alarm system, emergency lighting system, fire containment measures and fire fighting equipment. There was a written plan to follow in the event of a fire or emergency during the day or night, and fire drills along with practice exercises had taken place in the designated centre. Residents' needs in relation to a safe evacuation had been assessed and planned out.

The provider had addressed the issues identified at the last inspection by improving the fire containment measures in the designated centre.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

There was a system in place to comprehensively assess residents' needs and these documents were reviewed regularly and included input from allied health professionals, where appropriate. Where a need or risk had been identified, there was a written personal plan in place outlining how each resident would be supported. Residents' aspirations and wishes in relation to their personal and social goals were assessed and outlined in accessible plans.

Judgment: Compliant

## Regulation 6: Health care

Residents were provided with appropriate healthcare as outlined in their personal

plans.

Residents had access to their own general practitioner (GP) along with access to allied health professionals through referral to the primary care team, or to allied health professionals made available by the provider.

Residents had been supported to avail of National Screening Programmes, in line with their own wishes and choices.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Staff had the knowledge and skills to respond to behaviour of concern, through guiding individual behaviour support plans and risk assessment control measures. Staff were offered training in de-escalation and intervention techniques.

Where required, residents had clear plans in place to guide staff on how to proactively support them in relation to any behaviour of concern. There had been input from allied health professionals in the creation of these plans.

The person in charge was promoting a restraint-free environment, and there was only one restrictive practice in use which was environmental. There was effective oversight and ongoing review of any restrictive interventions being used. These were seen to be used for the shortest duration necessary, and the restriction did not impact on other residents' access in their environment.

Judgment: Compliant

### Regulation 8: Protection

The provider had ensured there were policies and procedures in place to identify, report and respond to safeguarding concerns in the designated centre. The person in charge was aware of their responsibilities in this regard and staff had received training in the protection of vulnerable adults.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant