Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Fox's Lane Residential
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Short Notice Announced
Date of inspection:	09 July 2021
Centre ID:	OSV-0002366
Fieldwork ID:	MON-0025700

About the designated centre

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

Fox's Lane Residential is designated centre operated by St. Michael's House. This designated centre is a community based home which provides full-time residential care and support for up to five adults both male and female with varying degrees of intellectual and physical disabilities. The centre consists of a six-bedroom bungalow with two sitting rooms, a kitchen/dining area, shower room and two bathrooms. It is situated in a mature residential cúl-de-sac with coastal views and a variety of local amenities such as shops, churches, restaurants, pubs, beauticians, a medical centre, pharmacies, hairdressers, barbers, banks and local beaches. There is a vehicle to enable residents to access local amenities and leisure facilities in the surrounding areas. Residents in the centre are supported by a staff team comprising of a person in charge and social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

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
Friday 9 July 2021	11:00hrs to 17:15hrs	Ann-Marie O'Neill	Lead

What residents told us and what inspectors observed

The inspector met and greeted all residents in the centre on the day of inspection. Conversations and interactions between the inspector, residents and staff took place from a two-metre distance, wearing the appropriate personal protective equipment (PPE) and was time-limited in line with National guidance.

The centre comprised of one bungalow style house located in North County Dublin. Each resident's bedroom was individually decorated with due regard of their hobbies, interests and preferences. For example, one resident's bedroom was decorated with photographs and clippings of their favourite singer and shelves that contained their favourite books. Another resident's bedrooms contained aromatherapy diffusers and salt lamps to create a relaxing ambiance.

Most residents the inspector met with, were unable to provide verbal feedback on the service they received but did engage in verbal interactions with the inspection in some instances. One resident showed the inspector a copy of their personal goal plan. They showed the inspector each goal that they had set for the year which was represented by a picture. The resident pointed to the picture and stated the goal they had set. These included going for an overnight hotel break, learning how to help more with preparing meals and cooking, keeping healthy and fit goals and also plans to receive their COVID-19 vaccination which they had achieved and gave a little cheer when they pointed to that goal.

During the course of the inspection, the inspector also observed other residents going out with staff on errands or for social activities. Some residents had a focused interest on collecting newspapers and cutting out newspaper clippings about things that interested them. They showed the inspector some of the newspapers and gestured their interest in GAA sports. The inspector also noted staff were respectful of the resident's belongings and desire to lay out their newspapers in a particular manner.

The inspector carried out a visual inspection of the premises and noted the provider had improved a number of aspects of the premises since the previous inspection. A new, modern kitchen had been installed in the centre which also included new tiling and flooring. This was a positive initiative by the provider and enhanced the homely aesthetic of the premises. In addition, they had installed new flooring in the hallway also.

It was noted there had been an impact on residents' daily lives due to COVID-19 and restrictions had reduced their opportunities to attend their day service provision and engagement in community based activities. However, staff had continued to support residents to make social goals and devise plans to support residents in achieving these.

In summary, the inspector found that resident’s well-being and welfare was

maintained to a good standard, albeit impacted upon by the ongoing pandemic restrictions.

However, improvements were required in some areas, these related to fire containment measures in the centre and some additional improvements in relation to timely access to mental health supports.

The inspector observed the provider had ensured adequate fire and smoke containment measures through the provision of fire doors fitted with smoke seals. In addition, fire doors leading to and from high risk areas had been fitted with automatic door closers. While these were good containment measures further enhancements were required. Not all doors had been fitted with automatic door closers, for example residents' bedrooms. In addition, it was noted there was no smoke or fire detection system located in a shed to the rear of the property, that contained the centre's washer and dryer. Additional small improvements were required in relation to the provision of emergency lighting in the centre.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affected the quality and safety of the service being delivered.

Capacity and capability

The provider had ensured the governance and management arrangements in this centre were promoting and providing a safe service. Residents were provided with good quality social care support.

The person in charge was employed in a full-time capacity and had the necessary experience to effectively manage the service. The provider had ensured the person in charge appointed met the requirements of Regulation 14 in relation to management experience and the required qualifications necessary for the role. The person in charge was a social care worker and had previously worked as a deputy manager over some years previous prior to taking up the role. They demonstrated a good knowledge and understanding of the needs of the residents.

The provider had carried out an annual review of the quality and safety of the service for 2020, and there were quality improvement plans in place, where necessary. There were also arrangements for unannounced visits to be carried out on the provider's behalf on a six-monthly basis as required by the regulations. The inspector reviewed the most recent six-monthly provider visit and noted they were comprehensive in scope and provided a quality improvement action plan for the person in charge to address.

In addition, further governance and management quality assurance measures were in place. The person in charge and senior manager met on a monthly basis and recorded and reviewed key governance and quality areas pertinent to the service

being provided. These reviews were recorded and a record maintained in the centre. The inspector reviewed a sample of these records and noted they were comprehensive in scope and reviewed key quality indicators of safety and quality. An action plan was devised following each meeting for the person in charge and/or senior manager to address.

Overall, there were sufficient staff working each day to meet the assessed needs of residents. A planned and maintained roster, that reflected the staffing arrangements in the centre, was in place. Observations made throughout the inspection noted kind and helpful interactions between residents and staff. At the time of inspection, there was a one whole-time equivalent vacancy however, the provider had addressed this and a a social care worker was due to commence working in the centre the week following the inspection. Therefore, this regulation was met with compliance.

There were arrangements in place to ensure staff had access to training and refresher training. All staff had received up-to-date training in mandatory areas such as safeguarding vulnerable adults, fire safety, manual handling and breakaway and de-escalation techniques.

Refresher training was also provided and there was evidence to demonstrate staff were supported to avail of this refresher training on an ongoing basis. The inspector however, noted staff training in dysphagia and provision of modified diets was not included as part of the training needs for staff working in the centre despite most residents requiring supports in this regard. This required improvement to ensure staff were suitably skilled and knowledgeable in how to support residents with these assessed needs.

Arrangements were in place to supervise staff, the inspector noted staff had received a supervision meeting with the person in charge and within the time-frame as set out in the provider's supervision policy.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a complete application to renew registration.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was found to be knowledgeable of the needs of residents and had the required management experience and qualifications to meet the requirements of Regulation 14.

The person in charge worked in a full-time capacity and was responsible for this

centre only.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual roster and it was noted that appropriate staffing support arrangements were in place to meet the assessed needs of residents each day and night.

While there was a whole-time equivalent deficit at the time of inspection there were arrangements in place to address this with a staff member identified to fill the post within a short time-frame following the inspection.

The inspector did not review Schedule 2 files on this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Arrangements were in place to supervise staff, the inspector noted staff had received a supervision meeting with the person in charge within the time-frame as set out in the provider's supervision policy.

Staff were supported to attend training in mandatory areas such as safeguarding vulnerable adults, fire safety precautions, manual handling and breakaway and de-escalation techniques. Refresher training was also made available to staff and it was demonstrated staff had attended their refresher training as required.

The inspector noted staff training in dysphagia and management of modified diets did not form part of the training needs analysis for staff working in this centre. This required improvement to ensure staff were provided with knowledge and guidance on how to support residents with this assessed need.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had ensured appropriate management and governance in the centre by appointing a full-time person in charge that met the requirements of Regulation

14.

The provider had carried out an annual review of the quality and safety of the service for 2020.

There were arrangements for unannounced visits to be carried out on the provider's behalf on a six-monthly basis as required by the regulations.

The senior manager and person in charge completed monthly governance and management audit reviews of the service. These documented audits reviewed key quality indicators and areas of risk in the centre and provided an action plan for the person in charge to address following each review.

The person in charge engaged in operational management audits within the centre in areas such as infection control, medication management, cleaning and infection control measures.

Judgment: Compliant

Quality and safety

Overall, it was demonstrated the provider had the capacity and capability to provide a good quality, safe service to residents. Some improvements were required in relation to fire safety precautions, intimate care planning and timely access for residents to mental health supports.

The provider and person in charge had ensured fire safety precautions in the centre. Fire and smoke containment measures were in place, fire doors were located throughout the premises, with those leading to high risk areas fitted with automatic door closers. Improvement was required however, to ensure the most optimum fire containment measures were in place. Not all doors in the centre had been fitted with automatic door closers, for example residents' bedrooms.

Servicing records for the fire alarm, fire extinguishers and emergency lighting were up to date. Each resident had a personal evacuation procedure in place. Fire evacuation drills had been completed and documented to review the effectiveness of the evacuation plans for residents.

The inspector reviewed some further aspects related to fire safety precautions and noted improvements were required. The centre's washing machine and dryer were located in a shed to the rear of the property. However, there was no smoke or fire detector located in the shed to provide adequate warning to staff in the event of smoke and/or fire.

Furthermore, following a power cut in the centre in November 2020, the deputy manager of the centre had identified some areas of the centre were not adequately

illuminated by emergency lighting and had brought this to the attention of the provider, however, at the time of inspection, these matters had not been adequately reviewed or assessed. This required improvement.

A review of safeguarding arrangements noted residents were protected from the risk of abuse by the provider's implementation of National safeguarding policies and procedures in the centre. The provider had ensured staff were trained in adult safeguarding policies and procedures.

Intimate care planning arrangements were also in place and set out supportive arrangements to protect residents' privacy and dignity, while promoting and maintaining their independence. Some improvement was required to ensure some intimate care plans contained adequate information with regards to residents' involvement in decision making around their intimate care and more detail to guide staff in how to ensure the resident was supported in this regard.

Each resident had an up-to-date personal plan in place. An assessment of need had been completed for each resident which also included an allied professional framework and recommendations which informed the development of support planning for residents. Daily recording notes were maintained and personal plans were updated following review by allied professionals.

In addition, the inspector noted social goals had been developed for residents which were updated and reviewed between the resident and their keyworker on a regular basis.

The provider had ensured residents were provided with a comfortable and accessible home. Each resident had a personalised, nicely decorated bedroom. The kitchen of the centre had been recently completely renovated and now residents were provided with a modern, spacious kitchen/dining area to meet their needs. The person in charge also informed the inspector the provider had additional plans to improve the heating and insulation of the centre and proposed to change the boiler, windows and doors of the property later in the year.

Positive behaviour support arrangements were required to meet the assessed needs of some residents. Where such plans were in place they were detailed, comprehensive, developed by an appropriately qualified person and up-to-date. It was also demonstrated, the person in charge and staff had worked consistently to develop supportive and comprehensive support plans for some residents that presented with behaviours that challenge associated with some mental health concerns.

While it was demonstrated these plans were effective for the most part, there had been a delay in some residents receiving mental health clinician reviews and recommendations. This required some improvement to ensure residents' behaviour support needs were supported in the most comprehensive manner possible.

Overall, there were a low number of restrictive practices utilised in the centre. Where such practices were in use, they were to manage a specific risk and had been referred to the provider's positive approaches monitoring group for approval and

ongoing review.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. Staff were observed wearing personal protective equipment (PPE) correctly during the course of the inspection. Centre-specific and organisational COVID-19 risk assessments were in place. The provider and person in charge had ensured that all staff were made aware of public health guidance and any changes in relation to this. There was a folder with information on COVID-19 infection control guidance and protocols for staff to implement while working in the centre, with the most recent versions of public health guidance maintained in this folder.

PPE was in good supply and hand-washing facilities were available in the centre. Alcohol hand gel was present at key locations in the centre for staff and residents to use. Each staff member and resident had their temperature checked daily as a further precaution. Appropriate access to general practitioners (GPs) and public health testing services was also available for the purposes of reviewing and testing residents and staff presenting with symptoms of COVID-19.

It was demonstrated the person in charge had reviewed the matters of a previous COVID-19 outbreak in the centre. This review had identified areas of learning which formed part of the centre's COVID-19 contingency planning arrangements going forward.

There was evidence of the person implementing the provider's risk management procedures in the centre to a good standard. A comprehensive risk register was in place with appropriate risk ratings and an associated risk assessment in place. Risk assessments were up-to-date and outlined detailed control measures to mitigate and manage risks presenting in the centre.

Regulation 17: Premises

The provider had ensured residents were provided with a comfortable home.

The provider had carried out a significant renovation of the kitchen/dining area of the centre by installing new kitchen cupboards, appliances, white goods and tiling splash back areas.

Judgment: Compliant

Regulation 26: Risk management procedures

There was evidence of the person implementing the provider's risk management

procedures in the centre to a good standard.

A comprehensive risk register was in place with appropriate risk ratings and an associated risk assessment in place.

Risk assessments were up-to-date and outlined detailed control measures to mitigate and manage risks presenting in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

There were procedures in place to follow in the event of a COVID-19 outbreak in the centre, with contingency plans available.

There was adequate PPE available and there were sufficient hand-washing and sanitising facilities present.

Staff were observed to wear PPE during the inspection and encourage and maintain social distancing procedures with residents and staff.

COVID-19 risk assessments had been drafted by the person in charge outlining the control measures for mitigating infection control risks in the centre.

Plans were in place to support residents to self-isolate should it be necessary in the event of a suspected or actual case of COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

The provider and person in charge had ensured appropriate fire safety precautions were in place in the centre.

Improvement was required to ensure the most optimum fire containment measures were in place. Not all doors in the centre had been fitted with automatic door closer.

While there was emergency lighting in place in key areas, a deputy manager for the centre had identified some additional areas required enhanced emergency lighting. At the time of inspection, this had not been reviewed or addressed.

The centre's washing machine and dryer were located in a shed to the rear of the property. However, there was no smoke or fire detector located in the shed to

provide adequate warning to staff in the event of smoke and/or fire.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Each resident had an up-to-date comprehensive assessment of need completed and updated as required.

Residents' needs had been assessed through an allied professional framework. Support plans were in place where assessed needs were identified. There was also evidence of regular review of these needs by allied professionals on a regular basis.

Residents were supported to identify and achieve personal goals within the context of COVID-19.

Judgment: Compliant

Regulation 7: Positive behavioural support

Positive behaviour support plans were comprehensive, based on an assessment, developed by an appropriately skilled and qualified allied professional and reviewed regularly and updated.

While it was demonstrated these plans were effective for the most part, there had been a delay in some residents receiving mental health clinician reviews and recommendations. This required some improvement to ensure residents' behaviour support needs were supported in the most comprehensive manner possible

Overall, there were a low number of restrictive practices in place in the centre.

Where such practices were implemented, they were to manage a specific personal risk and had been regularly reviewed by the provider's positive approaches management committee.

Judgment: Substantially compliant

Regulation 8: Protection

Some improvement was required to ensure some intimate care plans contained adequate information with regards to residents' involvement in decision making

around their intimate care and more detail to guide staff in how to ensure the resident was supported in this regard.

There was evidence to demonstrate responsive review and action took place on foot of safeguarding incidents and or concerns. There was also evidence of the person in charge following National safeguarding policies and procedures.

All staff had received up-to-date training in safeguarding vulnerable adults with refresher training made available to staff.

Judgment: Substantially 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
Capacity and capability	
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	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Fox's Lane Residential OSV-0002366

Inspection ID: MON-0025700

Date of inspection: 09/07/2021

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: · PIC has included FEDS training as part of Minimum training requirement for all staff , training completed for all staff online by 31/07/21. · PIC will add FEDS training to unit training planner and ensure all staff complete this training every two years as a refresher.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: · Stand alone battery operated Fire detector installed in laundry shed on 14th July 2021. · Emergency light in staff room: sensor light installed on 15th July 2021 · Automatic closers installed on all doors to fire escape route 16th July.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:	

· Referral to MHID team with planned follow up by 30th August. · Follow up with Psychiatrist on the 4/8/2021

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

· Support plan updated to reflect residents preference regarding staff Supporting with their personal care.

· Support plan now includes the option for the resident to decline this support if they feel uncomfortable

· Keyworker has completed a 'Significant Conversation Template' detailing discussion on this support plan and above topics. This conversation will be kept in file with note not to archive.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/07/2021
Regulation 28(2)(a)	The registered provider shall take adequate precautions against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings.	Substantially Compliant	Yellow	16/07/2021
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including	Not Compliant	Orange	15/07/2021

	emergency lighting.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	16/07/2021
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Not Compliant	Orange	16/07/2021
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Substantially Compliant	Yellow	30/08/2021
Regulation 08(6)	The person in charge shall have safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.	Substantially Compliant	Yellow	09/08/2021