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:	Lorcan Avenue
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Announced
Date of inspection:	05 August 2021
Centre ID:	OSV-0002373
Fieldwork ID:	MON-0026039

About the designated centre

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

Lorcan Avenue is a designated centre operated by St. Michael's House located in North County Dublin. It provides community residential care and support to six adults with an intellectual disability. The centre is a two-storey house which consists of two sitting rooms, kitchen/dining area, six individual resident bedrooms, a number of shared bathrooms, a staff room and office space. It is located close to community amenities including banks, restaurants and shops. The centre is staffed by the person in charge and social care workers. Nursing support is provided through the organisations on-call system.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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
Thursday 5 August 2021	9:45 am to 4:55 pm	Ann-Marie O'Neill	Lead
Thursday 5 August 2021	9:45 am to 4:55 pm	Jennifer Deasy	Support

What residents told us and what inspectors observed

In line with public health guidance, inspectors maintained social distancing and wore personal protective equipment (PPE) when engaging with residents. The inspectors had the opportunity to meet two residents and to observe other residents in their home throughout the inspection. The inspectors used observations and discussions with residents in addition to a review of documentation and conversations with key staff to form judgments on the quality of residents' lives in their home. Overall, the inspectors found that the residents enjoyed a good quality of life and that the centre was resourced to meet residents' assessed needs.

The inspectors observed residents freely accessing various areas in their home and interacting with staff. Residents appeared comfortable and happy in their home. Resident and staff interactions were observed to be warm and friendly.

One resident informed the inspectors that the designated centre is a good home where residents are looked after well and treated with respect. This resident told the inspectors that staff demonstrate respect by knocking before entering bedrooms and by consulting with the residents about decisions regarding the house. This resident knew who to go to if they wished to make a complaint.

Another resident spoke to inspectors regarding difficulty with transitioning to residential care. Whilst, the resident expressed that this had been a difficult transition, a review of the resident's file demonstrated measures the provider had taken to support the resident throughout this process. These included multidisciplinary support and efforts to maintain and promote contact with family members.

The designated centre was observed to have been recently refurbished with a new kitchen and rooms painted throughout the house. Resident bedrooms were decorated to individual preferences. Photographs in the living areas contributed to a homely atmosphere. A large, well kept garden was also available for residents' use. Residents informed the inspectors that they liked their new kitchen. Residents were observed using the kitchen to assist with mealtime preparation as well as to socialise with each other and staff. Other residents were observed using the sitting rooms to watch the Olympics.

The designated centre had its' own dedicated bus and one resident used this bus with staff during the course of the inspection to access the community. The person in charge informed inspectors that other residents prefer to access the community independently either on foot or by public transport.

Overall the inspectors found that the residents in this centre were supported to enjoy a good quality of life which was respectful of their choices and wishes. The

person in charge and staff were striving to ensure that residents lived in a supportive environment.

The next two sections of this report will 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 provided.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and to inform decision making for the renewal of this centre's registration. The inspectors found that this designated centre met the requirements of the regulations in many areas of service provision.

There were effective management systems in place that ensured the safety and quality of the service was consistent and closely monitored. The provider had systems in place to monitor and review the quality of services provided within the centre such as six monthly unannounced visits and an annual review of the quality and safety of care provided.

There were clearly defined management structures in place which identified the lines of authority and accountability within the centre. The centre was managed by a suitably qualified and experienced person in charge who was employed on a full-time basis. The person in charge had oversight of just the current designated centre. The person in charge had implemented a monthly reporting system for staff to document updates to residents' assessments of need and personal plans. Staff spoken with were knowledgeable about their own particular roles and responsibilities.

Staffing levels and skill mix were appropriate to the assessed needs of the residents and were in line with the centre's statement of purpose. An additional staff had been redeployed to the designated centre from day services due to the COVID-19 pandemic. Some day services had reopened however the majority of residents in this designated centre had not returned to day service. Residents were being supported with an individualised service from the designated centre.

A training matrix was maintained which demonstrated that staff generally had a high level of both mandatory and refresher training. Staff spoken with were knowledgeable about residents' needs and appeared to know them well. A review of a sample of staff supervision records found them to be in line with the organisational policy.

Regulation 14: Persons in charge

There was a full time person in charge with sole oversight responsibilities for this designated centre. The person in charge was found to be suitably qualified and experienced for the role. There were clearly set out lines of authority and accountability within the centre with arrangements in place for periods when the person in charge is on leave.

Judgment: Compliant

Regulation 15: Staffing

The staffing whole time equivalent was found to be in line with the designated centre's statement of purpose. Staffing skill mix and numbers were found to be appropriate to meet the needs of residents. Staff spoken to were knowledgeable about residents' needs. Staff were observed to engage positively with residents.

Judgment: Compliant

Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained. Staff training was found to be up-to-date. Supervision records demonstrated that staff have received appropriate supervision. There was evidence to show that new staff had completed an induction programme.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined governance structure that facilitated the delivery of good quality care and support that was routinely monitored and evaluated. There was evidence that unannounced six monthly visits had taken place and that actions had been assigned and followed through as a result of these visits. An annual review of the quality and safety of care of the service had also been completed. The designated centre was managed by a suitably qualified and experienced person in charge. The centre was sufficiently resourced to meet the needs of all residents.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was in place and was found to contain all of the information as set out in Schedule 1 of the regulations. The statement of purpose was reviewed and updated as required and had been made available to the residents and their families.

Judgment: Compliant

Regulation 31: Notification of incidents

Inspectors reviewed all incidents within the centre and identified that all notifications had been notified to the Chief Inspector as per the Regulations.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that the day-to-day practice within this centre ensured that residents were receiving a safe and quality service. However, improvements were required with risk assessments and positive behaviour support plans.

The provider had implemented a range of infection prevention and control measures to protect residents and staff from the risk of acquiring a health care associated infection. A COVID-19 contingency plan was in place for the designated centre. Staff were observed to follow good hand hygiene practices, wear PPE and adhere to social distancing where possible. Staff spoken with were knowledgeable in relation to cleaning schedules and practices for the designated centre. The house was observed to be clean and tidy and staff were observed cleaning bathrooms and floors during the inspection.

There were appropriate fire safety measures in place, including detection, an alarm system and fire fighting equipment. Containment measures had been implemented and self-closing fire doors had been installed throughout the house. Staff were trained in fire prevention and suitable drills were completed. Personal evacuation plans were in place for each resident which detailed the level of support required for residents to evacuate safely.

The provider had ensured there were systems in place to safeguard residents from potential abuse. All staff had completed safeguarding training. Staff spoken with were knowledgeable regarding safeguarding risks and were aware of their roles and responsibilities in reporting safeguarding concerns.

There was one identified restrictive practice in place which had been reviewed by the provider's positive approaches monitoring group. This restrictive practice had been notified accordingly to the Chief Inspector. Intimate care plans were in place for all residents who required them.

Up to date individual assessments and personal plans were available for all residents. These plans detailed residents' access to multidisciplinary supports including physiotherapy, psychology, psychiatry and speech and language therapy. The person in charge had implemented a monthly review system in order to ensure personal plans were updated regularly. This system also allowed oversight of progress towards achievement of individual resident goals.

The provider had implemented measures to identify and assess risks throughout the centre. Risk assessments were in place and were up-to-date where required. However, improvements were required in the area of identifying the measures and actions in place to control the risks identified. For example, a risk assessment of stairs mobility had been carried out for one resident following a falls incident. The risk assessment failed to detail measures staff should take to prevent falls. Whilst staff were able to describe to inspectors the control measures they implemented to mitigate the risk, these were not reflected in the risk assessment.

Arrangements were in place to support and respond to residents' assessed support needs including the area of positive behaviour support. Staff had completed or were in the process of completing positive behaviour support training at the time of inspection. Staff were observed interacting positively with residents and following positive behaviour support plan guidelines during the inspection. However, inspectors found, on reviewing a positive behaviour support plan, that one resident had been prescribed two psychotropic medications as PRN in order to manage high levels of distress. These had not been reviewed by the provider's positive approaches monitoring group as potential chemical restraints. Additionally, the resident's positive behaviour support plan did not provide clear guidance to staff on the circumstances under which the medications should be given. It was unclear how the provider ensured effective oversight of the administration of these PRN medications. The provider is required to conduct a full review of the resident's positive behaviour support plan and the use of PRN medications for distress.

Regulation 26: Risk management procedures

Risk assessments were in place and up-to-date for identified risks. However, inspectors found that some risk assessments did not provide sufficient detail on the control measures required to mitigate against the risk.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had implemented measures to protect residents from health care associated infections. A COVID-19 contingency plan was in place. Appropriate PPE was in place and used by staff. There was clear evidence of temperature checks and hand sanitising in place. Resident visits to family were risk assessed in line with public health guidance. Cleaning schedules were in place and staff spoken with were knowledgeable regarding these.

Judgment: Compliant

Regulation 28: Fire precautions

The provider was found to have ensured good fire safety precautions in the centre by installing and maintaining fire containment measures. Automatic door closers, smoke seals and fire doors were evident throughout the centre. Service checks for maintenance of fire detection and fire fighting systems were up-to-date. Staff were trained in fire safety. Personal evacuation plans were in place for each resident.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Up-to-date individual assessments and plans were available on resident files. Resident files documented support from clinical professionals as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Up-to-date positive behaviour support plans were in place for residents who required them. Staff had received or were in the process of completing positive

behaviour support training at the time of inspection. There was evidence that one resident had been prescribed PRN psychotropic medications to manage distress as part of a behaviour support plan. This had not been identified as a potential chemical restraint. It had not been reviewed by the provider's positive approaches monitoring group.

Judgment: Substantially compliant

Regulation 8: Protection

All staff had up to date safeguarding training. There were no safeguarding issues in the centre at the time of the inspection. Staff spoken with demonstrated an understanding of safeguarding risks and the process to report a concern. There was one restrictive practice in place which had been notified to the Chief Inspector and reviewed by the provider's positive approaches monitoring group. Intimate care plans were in place for residents who required them and were noted to be up-to-date.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Lorcan Avenue OSV-0002373

Inspection ID: MON-0026039

Date of inspection: 05/08/2021

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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: • Risk Assessments for Mobility and falls for one residents have been reviewed and updated to incude all control measures required to mitigate the risk.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: • The use of PRN psychotropic medications for one service users has been referred to St. Michaels House Positive Approaches Monitoring Group (PAMG). All recommendations from PAMG will be followed and incuded in the residents personal plans.	

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/08/2021
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	30/09/2021