



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

## Issued by the Chief Inspector

Name of designated centre:	Glenamoy
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Announced
Date of inspection:	25 September 2024
Centre ID:	OSV-0002382
Fieldwork ID:	MON-0036096

## About the designated centre

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

Glenamoy is a designated centre operated by Saint Michael's House located in a campus in North County Dublin. It provides a residential service to six adults with a disability. The designated centre is a bungalow which consisted of a living room, a kitchen, dining room, a conservatory, six individual bedrooms, a staff bedroom, an office and a shared bathroom. The centre is staffed by the person in charge, nursing staff, social care workers, health care assistants and domestic staff.

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

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

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 25 September 2024	10:00hrs to 17:00hrs	Karen McLaughlin	Lead
Wednesday 25 September 2024	10:00hrs to 17:00hrs	Orla McEvoy	Support

## What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of the designated centre, Glenamoy. The inspection was carried out in response to the provider's application to renew the registration of the designated centre.

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 residents' quality of life.

The centre consisted of one large residential bungalow situated on a congregated campus setting in North Dublin. The designated centre has a registered capacity for six residents, at the time of the inspection there was five residents living here and one vacancy.

The person in charge accompanied inspectors on an observational walk around of the premises. Overall, inspectors found the centre to be clean, bright, homely, nicely-furnished, and laid out to the needs of residents living there. The provider had endeavoured to make the living arrangements for residents as homely and personalised as possible throughout.

Residents had access to a range of private and communal facilities. Doors were observed to remain open throughout the course of the inspection making all communal areas accessible to all residents.

The wall in the hall had the house floor plans clearly displayed alongside the centre's fire evacuation plan. The hall also had the centre's certificate of registration and portrait paintings of the residents, alongside artwork and photos on display.

There was a spacious sitting room and a separate dining area which was connected to a kitchen. The house benefited from the use of domestic staff including a cook and a cleaner. The utility room was appropriately fitted out with a washing machine and dryer.

There was an enclosed garden to the rear of the property which was accessible to all residents, beside it was a conservatory area where residents could sit and look out. There were plans being made to renovate the conservatory and the garden had recently been upgraded. To the front of the house, there was a small accessible patio with garden furniture for residents use should they want to sit outside.

Each resident had their own bedroom. All the bedrooms were personalised to the resident's tastes with art-work, photos of family and of residents attending events and activities on display.

Inspectors spoke with three staff on duty on the day of inspection. They all spoke about the residents warmly and respectfully, and demonstrated a rich understanding

of the residents' assessed needs and personalities and demonstrated a commitment to ensuring a safe service for them. Staff spoken with said residents appeared to be happy living in the home.

Residents were observed receiving a good quality person-centred service that was meeting their needs. The residents were unable to provide verbal feedback about the service, therefore the inspectors carried out observations of residents' daily routines and of their home and support arrangements. Staff were observed to interact with residents in a manner which supported their assessed communication and behaviour support needs. On observing residents interacting and engaging with staff, it was obvious that staff could interpret what was being communicated to them by the residents.

Inspectors observed residents coming and going from their home during the day. One resident was on her way swimming supported by two staff members, an activity she engages in every Wednesday. Another resident was also being supported go swimming. Staff working with this resident provided the inspectors with a plan for the day and said that they usually go for lunch with friends after swimming and possibly for a walk. Staff were observed to be responsive to residents' requests and assisted residents in a respectful manner. The inspector saw that staff were kind and person-centred in their interactions with the residents and residents appeared comfortable and relaxed in their homes. or

Furthermore residents were provided with a range of activities such as going to concerts, shows, massage therapy, the circus, shopping, family visits, eating out and going on holidays. Some of the residents had gone to Centerparcs for a break away and there were plans to return because they enjoyed it so much. Some residents had also recently completed a colour run, photo's of the day were on display in one residents bedroom and showed that a fun day out was had by all in attendance.

The provider's most recent annual review of the centre had consulted with residents and their representatives. Residents views were sought using their communication support plans, residents weekly meetings and in discussion with residents families who commented that they "feel very welcome" and are "happy with the standard of care" provided.

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

## Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and, to contribute to the decision-making process for the renewal of the centre's registration. This section of the report sets out the findings of the inspection

in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

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

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

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

There was a planned and actual roster maintained for the designated centre. Rotas were clear and showed the full name of each staff member, their role and their shift allocation. The inspector found that the provider had ensured that the number, qualifications and skill-mix of staff was suitable to meet the assessed needs of the residents.

Inspectors spoke with staff members on duty throughout the course of the inspection. The staff members were knowledgeable on the needs of each resident, and supported their communication styles in a respectful manner.

Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents. The person in charge provided support and formal supervision to staff working in the centre.

Records set out in the schedules of the regulations were made available to the inspectors on the day of inspection, these were found to be accurate and up to date including an accurate and current directory of residents, residents guide and complaints log all of which were made available to the inspector on the day of inspection.

An up-to-date statement of purpose was in place which met the requirements of the regulations and accurately described the services provided in the designated centre at this time.

The provider had a complaints policy and associated procedures in place as required by the regulations. Inspectors reviewed how complaints were managed in the centre and noted there were up-to-date logs maintained.

Overall, this inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe, person-centred and of good quality.

## Regulation 15: Staffing

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

Planned and actual rosters were maintained in the centre which demonstrated that staffing levels were consistent with the statement of purpose. Inspectors reviewed actual and planned rosters at the centre for July, August and September. They showed the names of staff working in the centre during the day and night.

A review of the rosters showed, due to the staff vacancies, there was a high reliance on relief and agency staff, particularly during the months of July and August. For example, in July, 56 shifts were covered by relief and agency staff. 42 shifts were covered by relief and agency staff in August. This had improved in September with new staff recruited. 23 shifts were covered or assigned to relief and agency staff for the month.

A staff member explained that regular agency staff were used for the majority of shifts in addition to relief staff who were familiar to the residents.

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

Judgment: Compliant

## Regulation 16: Training and staff development

All staff were up-to-date in training in required areas such as safeguarding vulnerable adults, infection prevention and control, manual handling and fire safety. Staff spoken with were knowledgeable regarding their roles and responsibilities in ensuring the safety of care.

Staff had also completed human rights training to further promote the delivery of a human rights-based service in the centre.

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

Judgment: Compliant

### Regulation 19: Directory of residents

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

Judgment: Compliant

### Regulation 21: Records

The registered provider had ensured the records of information and documents pertaining to staff members as specified in Schedule 2 was correct and in order.

Similarly, the sample of records viewed pertaining to Schedule 3 and 4 were correct and in order and were made available to the inspector upon request including the designated centre's statement of purpose, residents' guide and a record of all complaints made by residents or their representatives or staff concerning the operation of the centre.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined governance structure which identified the lines of authority and accountability within the centre and ensured the delivery of good quality care and support that was routinely monitored and evaluated.

There was suitable local oversight and the centre was sufficiently resourced to meet the needs of all residents.

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.

A series of audits were in place including monthly local audits and six-monthly unannounced visits. Audits carried out included a six monthly unannounced audit, fire safety, infection prevention and control (IPC), medication management audits and an annual review of quality and safety. Residents, staff and family members

were all consulted in the annual review.

These audits identified any areas for service improvement. The inspectors saw that actions were progressed across audits.

The provider was adequately resourced to deliver a residential service in line with the written statement of purpose. For example, there was sufficient staff available to meet the needs of residents, adequate premises, facilities and supplies and residents had access to a vehicle for transport.

Judgment: Compliant

### Regulation 3: Statement of purpose

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

Inspectors found that the centre was reflective of the aims and objectives set out in the centre's statement of purpose. They 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.

A copy was readily available to the inspector on the day of inspection.

It was also available to residents and their representatives.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had a complaints policy in place. This was in easy-to-read format and accessible to all.

There was an up-to-date complaints log and procedure available in the centre. The inspector reviewed a sample of these logs and found that complaints were being responded to and managed locally.

Judgment: Compliant

## Quality and safety

This section of the report details the quality and safety of service for the residents who lived in the designated centre. Inspectors found that the governance and management systems had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored.

The premises was found to be designed and laid out in a manner which met residents' needs. There were adequate private and communal spaces and residents had their own bedrooms, which were being decorated in line with their tastes.

Inspectors 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.

Residents were receiving appropriate care and support that was individualised and focused on their needs. Residents' individual care needs were well assessed, and appropriate supports and access to multi-disciplinary professionals were available to each resident.

Residents' well-being and welfare was maintained by a good standard of evidence-based care and support practices. Residents' daily plans were individualised to support their choice in what activities they wished to engage with and to provide opportunity to experience life in their local community.

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

The registered provider had safeguarding policies and procedures in place including guidance to ensure all residents were protected and safeguarded from all forms of abuse.

Behaviour support plans were available for those residents who required them and were up to date and written in a person centred manner. Staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour.

On review of two of the residents' medical records, inspectors found that medications were administered as prescribed. Residents' medication was reviewed at regular specified intervals as documented in their personal plans and the practice relating to the ordering; receipt; prescribing; storing; disposal; and administration of medicines was appropriate.

There were appropriate fire safety measures in place, including fire and smoke detection systems and fire fighting equipment. The fire panel was addressable and there was guidance displayed beside it on the different fire zones in the centre.

Overall, the inspectors found that the day-to-day practice within this centre ensured that residents were in receipt of person-centred care delivered by a stable team of

suitably qualified staff.

## Regulation 17: Premises

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

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

The centre had also been adapted to meet the individual needs of residents ensuring that they had appropriate space that upheld their dignity and improved their quality of life within the designated centre.

The premises had a number of recent upgrades. The new kitchen was bright, clean and spacious. A new laundry room had secure storage for chemicals. It was observed to be clean and tidy with a new washing machine and dryer. The restrictive practice of locking the laundry room door was no longer required as the sluice was removed during the renovations. The person in charge highlighted a small area of mould on the shower and laundry room ceiling which was being addressed. A new Parker Bath, a reclining bathing system, was installed in a dedicated bathroom in 2023. It is used regularly by all residents and is an important part of the daily routine for some. It was clear that it was a valued item in the home with one resident bringing the inspectors to see it on a number of occasions. Overhead tracker hoist systems were installed in the bathrooms and some bedrooms for residents who required a hoist for transfers.

The unit was re-painted in 2024 with the residents' involvement in the colour scheme. Bedrooms were individualised with feature painted or wallpapered walls, matching soft furnishings and ample storage for personal belongings. Three bedrooms had a television. Each bedroom had recent photos of residents, enjoying birthdays, special occasions with family or holidays.

The conservatory lead out to a spacious and secure garden with a mix of gravel, grass and paving. Volunteers had cleared some overgrowth the previous year. A smaller secure outdoor patio area to the front of the centre is preferred by the residents and had a table and seating. Additional works were planned, including the replacement of flooring and upgrades to the conservatory.

Judgment: Compliant

## Regulation 20: Information for residents

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

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

Judgment: Compliant

## Regulation 28: Fire precautions

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

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

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

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

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

Staff had completed mandatory fire training.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

Inspectors found that there were safe and suitable practices in place for the ordering, storing, prescribing, administration, and disposal of medicines in the centre and the inspector reviewed these procedures with a staff member on duty.

A new room had provided as a dedicated quiet space for the storage and management of medication, this was previously undertaken in the kitchen.

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.

An up-to-date record of all medications prescribed to and taken by residents was maintained as well as stock records of all medicines received into the centre. The medication administration record clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and signature and method of administration.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

There were suitable care and support arrangements in place to meet residents' assessed needs.

Comprehensive assessments of need and personal plans were available on each resident's file. They were personalised to reflect the needs of the resident including the activities they enjoyed and their likes and dislikes. Two residents' files were reviewed and it was found that comprehensive assessments of needs and support plans were in place for these residents.

Care plans were derived from these assessments of need. Care plans were comprehensive and were written in person-centred language. Residents' needs were assessed on an ongoing basis and there were measures in place to ensure that their needs were identified and adequately met.

The registered provider had ensured that there were arrangements in place to meet the health needs of each resident. Residents had access to a range of allied health care professionals. These professionals included psychologists, physiotherapists, occupational therapists, general practitioners and speech and language therapists.

Residents were supported to set goals that were meaningful to them such as going swimming, going on holidays and completing the mini marathon. Inspectors found that the associated documentation to demonstrate their progress with their goals

was also available, such as dates of attendance at swimming.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There were arrangements in place to provide positive behaviour support to residents with an assessed need in this area.

Inspectors reviewed two of these plans. They were detailed, developed by an appropriately qualified person and reviewed within the past year. They contained proactive and reactive strategies to support residents in managing their behaviour in addition to a detailed outline of the residents morning, afternoon and night time routine, the supports needed with personal activities, the resident's preferences and the behaviours displayed.

Clearly documented de-escalation strategies were incorporated as part of each residents' behaviour support planning with accompanying well-being and mental health support plans.

Staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour.

The provider had ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice.

The inspector found that the person in charge was promoting a restraint-free environment within the centre. Restrictive practices in use at time of inspection were deemed to be the least restrictive possible for the least duration possible.

Documents showed the restrictive practices were reviewed and approved by the provider's oversight group. Documents also showed the physical and environmental restrictive practices which had been removed in the past year.

Judgment: Compliant

### Regulation 8: Protection

The registered provider and person in charge were endeavouring to ensure that residents living in the centre were safe at all times and had implemented measures and systems to protect residents from abuse.

There were good arrangements, underpinned by robust policies and procedures, for

the safeguarding of residents from abuse. Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns. Staff spoken with were familiar with the procedure for reporting any concerns, and safeguarding plans were prepared when required with measures to safeguard residents.

Safeguarding incidents were notified to the safeguarding team and to the Chief Inspector in line with regulations.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	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