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

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| Name of designated centre: | Whitehall Lodge |
| Name of provider: | St Michael's House |
| Address of centre: | Dublin 14 |
| Type of inspection: | Unannounced |
| Date of inspection: | 22 July 2021 |
| Centre ID: | OSV-0002396 |
| Fieldwork ID: | MON-0033119 |

## About the designated centre

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

Whitehall Lodge is a designated centre operated by Saint Michael's House located in South County Dublin. It provides a community residential service for up to six adults with a disability. The centre is located in a residential area and is close to local shops and public transport links. The centre is a bungalow which comprises of six resident bedrooms, staff bedroom, communal sitting room, kitchen/dining room, utility room and two bathrooms. There is a patio area leading off the living room that can be used for dining and relaxing. The centre is staffed by a person in charge and social care workers. 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.**

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

## 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 22 July 2021 | 10:00 am to 4:40 pm | Louise Renwick | Lead |

## What residents told us and what inspectors observed

The inspector met all five residents that lived in the designated centre during the course of the inspection. Residents spoke with the inspector about their experience of living in the centre and the things that they liked to do during the day. Residents also spoke to the inspector about their experience of the previous year, and the impact that COVID-19 restrictions had on their lives.

Some residents showed the inspector their bedrooms, and the photographs of important people and events in their life. Residents all had their own private bedrooms and adequate space for their personal belongings and furniture.

The inspector observed residents interacting with staff, and observed pleasant and familiar conversations that were warm, respectful and person-centred. During the inspection, some residents were out at their day services and returned on the provider's transport later in the day. Other residents were home during the day, as per their own choice and went out to local shops to buy magazines and refreshments.

Some residents told the inspector that they travelled independently, and knew the different public transport links to get where they needed to go. They had been supported to return to this following the restrictions earlier in the year.

During the afternoon, some residents were spending time in their bedrooms, others were watching television or doing table-top activities.

Residents told the inspector that they felt they could talk to the staff freely about things that were bothering them or if they had any concerns, and they were aware of how to make a complaint. Residents felt the staff listened to them and were helpful and supportive. Especially during level five restrictions when everyone was at home together.

The inspector observed residents using their environment freely, the premises were accessible and had space for any mobility aids or equipments that were required. There was a nice garden area that had a shade covering and outdoor furniture which residents told the inspector they liked to use for meal times in good weather. The provider had recently changed the use of a spare bedroom to offer a second living room for residents to use. This space had a couch and television, along with a desk for table top activities. The staff team had plans to redecorate the room further to enhance its appearance and comfort.

Residents showed the inspector the new windows and hall door that had recently been put in place. Staff informed the inspector that the heating system had also been upgraded and further improvements to insulation of the walls. The designated centre was a bungalow, on one level in a suburban area of Dublin, it offered residents their own private bedrooms, a sitting room, smaller front sitting room,

communal kitchen and dining area. The provider had plans to extend the larger sitting room further to offer more space for residents living there. In response to the previous inspection, the inspector saw that two residents' bedrooms now had patio door exits in place of windows, this would allow for safer and easier exit during an evacuation.

Since the previous inspection, there had been some new admissions to the designated centre. While these were positive moves for residents, some further assessments were required to ensure full information was gathered to inform personal plans. While transitions had been positive, some restrictions had been put in place to promote safety but the underlying cause of certain behaviour was not yet fully known.

For the most part, residents were happy living together in the designated centre, however there had been some safeguarding incidents between peers. In response to this, the provider and person in charge identified the requirement for a second living room for residents to use and had applied to vary the conditions of registration in order to facilitate the change of purpose from a spare bedroom to a sitting room. On the day of inspection, the inspector saw residents using this space and enjoying the room for watching television, reading magazines or doing table top activities.

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 receiving a good quality service that met their individual and collective needs. However, some improvements were required in relation to the effective use of information from adverse events to inform care planning and the control of risk. The provider and person in charge were operating the centre in a manner that promoted residents' safety, with some improvements needed in relation to the documenting of safeguarding measures and the review of their effectiveness.

The provider had ensured there were effective leadership and oversight arrangements in place in the designated centre. The provider had appointed a full-time person in charge. The person in charge reported to a services manager, who in turn reported to a Director of Services. Two staff members were also identified within the staff team to be responsible should the person in charge be absent from duty. Along with a clear management structure for lines of reporting and responsibility, there were oversight systems in place. For example, the person in

charge reported regularly to the services manager on areas such as adverse events, compliments or complaints or risks.

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. While systems of monitoring and escalation were in place, and issues were escalated or and captured within audit tools, further improvements were required to the monitoring mechanisms to ensure written plans and control measures for risks were sufficiently detailed and reviewed regularly in relation to their effectiveness to promote safety.

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. Residents told the inspector that staff were helpful and they always had the same staff supporting them. The person in charge arranged regular staff meetings, to discuss key areas of care and support and the operation of the centre.

In the coming weeks, there were plans to amend the type of overnight staff support in place, to increase supervision and support at night time. This was in response to changing needs and identified risks which was a positive response.

Staff were qualified in social care or other care professions, 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. While some face-to-face refresher training had been delayed due to the pandemic, there were plans in place to rectify this, and staff were scheduled to attend refreshing training in some areas in the coming months.

The provider and person in charge demonstrated that the service provided was operated in a manner to support a good quality of life for residents, with improvements required in the monitoring and oversight of risk and the documentation review to ensure all measures being taken were effective.

## Regulation 15: Staffing

The staffing resources in the designated centre were well managed to suit the needs and number of residents. Residents were provided with staff support from familiar staff who knew them well. Staffing resources were being amended at night-time to respond to the needs of residents.

Staff working in the designated centre were suitably qualified to deliver services in

line with the written statement of purpose.

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. The person in charge had oversight systems in place to identify any training needs of the staff team, to ensure refresher training was made available in a timely manner. While some refresher training had been delayed due to COVID-19 restrictions, staff who required refresher training were scheduled to complete training shortly.

There was a system in place for formal supervision of individual staff members and staff team meetings were held regularly.

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.

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.

There were oversight arrangements in place and monitoring systems to review the operation of the centre and the quality of the care and support being offered. For example, through monthly information reviews with the services manager. Some improvements were required to the monitoring systems in relation to the oversight of risk and safeguarding control measures, to ensure all new information was being evaluated and used to continuously improve.

Judgment: Substantially compliant

## Quality and safety

From spending time in the centre and talking with residents and staff the inspector was aware that residents had been supported to take part in activities at home during restrictions for example, doing jigsaws, reading magazines, doing table-top activities and spending time in the garden. Since the restrictions had eased, some residents were attending their external day services again for certain days throughout the week on a staggered basis. Residents were happy that day services had opened back up again and they could see other friends and people in a setting outside of their home. Some residents had returned to using local amenities such as attending mass, the hairdressers and public transport.

Residents were supported to learn new skills and set themselves goals in chosen areas. For example, by completing a course in money management and practicing how to use the automatic teller machine (ATM) to access their own money. Residents had been encouraged to keep in contact with family and friends through alternative means during restrictions, and told the inspector they were happy to be able to spend time with family again. Residents understood the requirement to wear a face mask and to keep distance when using local amenities or spending time with others.

While there was a risk management policy and procedures in place across the organisation, improvements were required in the designated centre to ensure all information gathered from adverse events, incidents or concerns were informing well-documented control measures for consistent practice. For example, where incidents of a specific recent behaviour had been escalated, the risks in relation to this behaviour had not been assessed or control measures identified. Similarly, for known personal risks, the guiding personal plans to support residents were not comprehensive enough to ensure consistent practice, and to ensure the plans could be reviewed for their effectiveness going forward.

The person in charge and staff team had put practical measures in place to keep residents safe from harm and any incident of a safeguarding nature had been recorded and submitted to the social work department and designated officer for screening, in line with national guidelines. However, improvements were required in relation to the recording of incidents along with the creation of more specific plans to promote residents' safety. For example, while safeguarding plans had been drawn up, they were generic in nature and had not been amended or reviewed following repeated incidents or in light of new information. The documentation to support the management of risk and to promote the safeguarding of residents were not adequately reviewed or updated based on emerging information received from adverse events.

For residents who required additional support in relation to behaviour support, there was good access to a variety of allied health professionals. For example, psychiatry and psychology services. Residents were supported to attend appointments that would promote their health. Some residents had comprehensive behaviour support plans which guided their supports in relation to behaviour, with clear guidance on

proactive and reactive supports based on the individual.

Residents' needs were noted and assessed 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 access to their own General Practitioner (GP) and allied health professionals, and were supported to keep healthy through attending regular health appointments, follow-up appointments or adopting the advise of health professionals. Residents also had personal plans created focusing on their personal or social goals or aspirations, and had regular one-to-one meetings with their key staff member to discuss their goals, or anything they wished to bring up.

While residents had personal plans in relation to their specific needs, some were less detailed than others. For example, outlining that residents' may need help to manage their mood, but without guidelines on how this would be achieved. Some improvements were required to the documentation to ensure they were reflective of new information and offered clear guidance for the staff team on how to support specific needs or manage identified risks.

In general, the person in charge and staff team were promoting a restraint-free environment, and there was an organisational committee who approved and reviewed any restrictions that may be required. That being said, where some restrictive practices had been put in place to support residents' safety, they was no detailed understanding of the cause of the behaviour as a way to elicit alternative approaches.

Residents were protected against the risk of fire in the designated centre, through fire safety systems and local procedures. The provider had installed two new exit doors off residents' bedrooms since the previous inspection, to support safe evacuation. 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 was available along with hand-washing facilities and hand sanitiser and staff were observed to use these throughout the day

The premises had been further improved since the previous inspection with upgraded windows and external doors, insulation and heating systems. Residents were provided with a homely place to live which was bright and airy and well maintained. Residents had their own individual bedrooms for and there were adequate number and type of toileting and washing facilities. The change of purpose of one room into a second living room was a positive change made by the provider and person in charge which would offer more communal space for residents. The designated centre was located in a suburban area in south Dublin, close to local amenities and community facilities and transport links.

Overall, residents were provided with a pleasant community home, and a service that was meeting their needs.

## Regulation 13: General welfare and development

Residents were supported to remain active during times of national restrictions by doing activities that were meaningful to them in their own home. Residents had been supported to return to external day services, using public transport and using community amenities and supported to understand how to keep themselves safe.

Residents had been supported to maintain links with their natural support networks and friends during national restrictions, and were supported to maintain visits in line with public health advice.

Judgment: Compliant

## Regulation 17: Premises

The premises were suitably laid out and designed to meet the individual and collective needs of residents. The designated centre was accessible and had adequate space for mobility aids that were required.

Residents had their own individual bedrooms, and the provider had recently upgraded the windows, external doors and insulation and heating in the designated centre.

Judgment: Compliant

## Regulation 26: Risk management procedures

While there was a risk management process in place in the designated centre, risk assessments and control measures were not reflective of changing information from adverse events. While staff had control measures in place for certain risks, these were not fully documented to ensure consistent practice and sufficient review of their effectiveness. Where certain risks had been identified, personal plans to support the management of risk had not been comprehensively considered.

Judgment: Not 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 simulated practice exercises had taken place in the designated centre. Residents had a written personal evacuation plan which was reviewed following each fire drill or evacuation practice.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

While there was a formal system in place to assess and plan for residents' health, social and personal needs, improvements were required to ensure documentation and personal plans included guidance on new or emerging issues in relation to residents' risks or behaviours. This would allow for more useful review of the effectiveness of personal plans.

Judgment: Substantially compliant

## Regulation 7: Positive behavioural support

Where required, residents had 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.

There was oversight and review of any restrictive interventions being used. These were seen to be used for the shortest duration necessary and at specified times. While some restrictions had been put in place to promote residents' safety, the cause of certain behaviours had not yet been fully explored.

Judgment: Substantially compliant

## Regulation 8: Protection

While residents were protected from harm through practical measures taken by the staff team, these had not been formalised into a clear and individual plan to ensure consistent practice. While incidents of a safeguarding nature were recorded and submitted to the relevant bodies, the quality of safeguarding plans and oversight within the centre required improvement to ensure plans were documented, specific to each individual and the known risks and reviewed for their effectiveness at promoting residents' safety and protection.

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** | |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| **Quality and safety** | |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management procedures | Not compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 5: Individual assessment and personal plan | Substantially compliant |
| Regulation 7: Positive behavioural support | Substantially compliant |
| Regulation 8: Protection | Substantially compliant |

# Compliance Plan for Whitehall Lodge OSV-0002396

## Inspection ID: MON-0033119

## Date of inspection: 22/07/2021

**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 23: Governance and management | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management:<br>The Registered Provider and Person in Charge will ensure that when incidents occur, that impact on residents, that they are risk assessed and are reflected in residents support plan. The PIC will review support plans with key workers at scheduled support meetings. | |
| Regulation 26: Risk management procedures | Not Compliant |
| Outline how you are going to come into compliance with Regulation 26: Risk management procedures:<br>The Registered Provider and Person in charge will ensure that risk assessments are completed on resident displaying inappropriate behavior towards peers and staff.<br>Risk assessment will be completed on inappropriate behavior displayed towards peer with poor mobility.<br>Risk assessment plan will be completed on resident travelling to/from her day service.<br>All preventive strategies and measures that are in place in the designated centre will be clearly documented to ensure that all staff including relief staff will have clear guidance on how to ensure the safety of all residents. | |

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|---|---|
| Regulation 5: Individual assessment and personal plan | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:<br>Person in charge will review Individual assessment and personal plans with key workers to ensure that they reflect and capture the preventive measures that are currently in practice in the designated centre. Will ensure new information will be clearly documented to help guide best practice for residents | |
| Regulation 7: Positive behavioural support | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:<br>Person in charge will seek clinical support and guidance in relation to a residents positive support plan. ICM meeting will be scheduled for clinical input. | |
| Regulation 8: Protection | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 8: Protection:<br>The Registered Provider and the Person in charge will ensure that a formalized protocol is in place to ensure the safe wellbeing of a resident when travelling independently | |

## 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 23(1)(c) | The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. | Substantially Compliant | Yellow | 29/12/2021 |
| 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. | Not Compliant | Orange | 29/10/2021 |
| Regulation 05(1)(b) | The person in charge shall ensure that a comprehensive | Substantially Compliant | Yellow | 29/12/2021 |

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| | assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis. | | | |
| 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 | 13/10/2021 |
| Regulation 08(2) | The registered provider shall protect residents from all forms of abuse. | Substantially Compliant | Yellow | 29/10/2021 |