

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

Issued by the Chief Inspector

Name of designated centre:	Glendoher
Name of provider:	St Michael's House
Address of centre:	Dublin 16
Type of inspection:	Unannounced
Date of inspection:	10 November 2021
Centre ID:	OSV-0002401
Fieldwork ID:	MON-0033124

About the designated centre

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

Glendoher is a community based home for six adults with an intellectual disability. There are currently three ladies and three gentlemen living in the centre. The centre is located in a suburban area of County Dublin with access to a variety of local amenities. Glendoher provides supports to residents under a social care model of service delivery. It is staffed by social care workers and managed by a social care leader. Should residents require nursing support it is offered through the nurse on call service. Residents are supported to participate in the local community in line with their wishes and preferences. The centre comprises of one house which is a two-storey dwelling. Each resident has their own bedroom, and there are two communal sitting rooms, a large kitchen come dining area, utility, three shared bathrooms and a large secure back garden at the rear of the property. Staff support is offered 24 hours a day, seven days a week and rosters are changed as required in line with residents' care and support needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
Wednesday 10 November 2021	09:20hrs to 16:00hrs	Louise Renwick	Lead

What residents told us and what inspectors observed

The inspector met and spoke with all six residents who lived in the designated centre and spoke with staff and a family representative.

On arrival to the designated centre, one residents was gone out, some residents were having breakfast and others were awaiting their transport to their day service. There were two staff on duty, to support six residents living in the centre. Residents were preparing their breakfast and spoke to the inspector about their plans for the day ahead. Residents told the inspector that they were happy to be back attending their day service and workshops for some days during the week. Residents told the inspector about the things that they enjoyed to do, both in their day services and at home in the centre. For example, gardening, art, knitting and cooking.

Some residents showed the inspector their "all about me" folder, which was an information folder including important information about them, their family and friends and the goals that they were currently working on for their social and personal development. For example, organising and planning a holiday and improving skills for managing their money. Residents' goals were broken down into smaller tasks to make it easier to achieve and to track progress. For example, applying for a passport and completing necessary paperwork, before arranging holiday plans.

Residents told the inspector that during the restrictions, they created a memorial tree out the back garden. This tree had lights and jam jars with photographs of family and friends who has passed away. Residents felt this was a comfort to sit and see the tree and think of their loved ones. There were high planters in the back garden and potted plants, and residents were growing tomatoes and carrots in their garden.

During the day residents were listening to music and decorated the dining room with birthday banners and balloons to surprise their peer when they returned from day service and they had planned to arrange a take away meal and a cake to celebrate that evening. Residents agreed the meal plans for the week in advance, and residents took turns preparing and cooking meals during the week. Residents also assisted with the shopping for groceries as part of the preparation.

Residents were involved in the running of the designated centre and took part in different responsibilities around their home. For example, general cleaning such as vaccuming, preparing meals and gardening.

The inspector observed kind and supportive interactions between staff and residents. Residents were offered reassurance when needed, and their requests were responded to in a friendly manner. Staff amended their communication to suit the communication needs and styles of each resident. For example, using sign language and engaging at eye level, or repeating instructions in slow, simple

manner.

There were two living rooms in the designated centre for residents to use, one larger room and a smaller sitting room. The person in charge had requested new sofas and furniture for the living room, which residents told the inspector about. Residents art work and photographs were on display throughout the building and the centre was warm and homely. There was a large dining room table which could seat all residents comfortably and a kitchen. Residents had their own private bedroom, three of which were located on the ground floor, and three were upstairs on the first floor. There was an adequate number of bathrooms in the designated centre and a separate room for utilities. Some parts of the centre required attention, for example painting over water stains on the ceiling, replacing of rusty radiators in the bathrooms and addressing damp stains on bathroom ceilings. The person in charge had escalated these issues with the housing and technical departments.

During the day of inspection, some residents were out with family members for lunch. In preparation for this residents were encouraged to get organised with their belongings and supported to remember what items they would need and how to keep their wallet safe. Family members were complimentary about the service their relative received, and felt the staff were very welcoming and helpful and there was good communication from the team. Family members were satisfied that their relatives were well cared for and supported in the designated centre.

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

Capacity and capability

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

The provider had ensured there was effective leadership and oversight arrangements in place in the designated centre. There provider had appointed a person in charge of the designated centre, who reported to a services manager, who in turn reported to a Director of Services. While there was a person in charge appointed who was suitably skilled, experienced and qualified to hold the role, they did not work in a full-time capacity. For example they worked 53% of the hours a full-time staff worked. The provider was aware of the requirement to have a full-time person appointed and were working on plans to address this at the time of the inspection.

Along with a clear management structure for lines of reporting and responsibility,

there were effective oversight systems in place. For example, the person in charge reported monthly to the services manager on areas such as adverse events, compliments or complaints or risk areas for residents.

There were established lines of escalation and information to ensure the provider was aware of how the centre was operated and if it was delivering a good quality service. There had been unannounced visits completed on behalf of the provider on a six-month basis, along with an annual review on the quality and safety of care. Findings from these monitoring tools demonstrated a good level of compliance with the regulations and standards, with issues identified through health and safety audits regarding the premises that were also identified on this inspection. This demonstrated that the provider's tools for overseeing the centre were effectively identifying issues and putting plans in place to address them. While the provider had completed the annual review, they had not ensured the views of residents and relatives were included in their information gathering which would have further enhanced the review.

Residents told the inspector that the staff were very nice and they knew them well. Residents thought the staff team were helpful and supportive and encouraged them to work on their goals and aspirations. There was a stable and consistent staff team identified to work in the designated centre and rosters were maintained to demonstrate the planned and actual hours worked. Any leave or absenteeism was managed by the person in charge, who ensured staff working in the centre were familiar to residents. For example, permanent staff working extra shifts to promote consistency.

Staff were qualified in social care, and were provided with routine and refresher training to ensure they had the skills required to meet the needs of residents. There was access to a nurse-on-call within the service if this was required. There was oversight of the training needs of staff and training needs were identified in advance and planned for by the person in charge. For example, training safeguarding vulnerable adults.

Overall, the provider and person in charge had effective governance and management systems in place along with adequate resources to deliver a service that was meeting residents' needs and afforded them with a good quality of life.

Regulation 14: Persons in charge

While the provider had appointed a person in charge who was suitably skilled, experienced and qualified, the role was not covered in a full-time capacity.

Judgment: Substantially compliant

Regulation 15: Staffing

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

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

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

Judgment: Compliant

Regulation 16: Training and staff development

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

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

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

Judgment: Compliant

Regulation 23: Governance and management

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

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

The provider had completed unannounced visits to the centre every six months, and had completed an annual review of the quality of care and support, however this review did not include consultation with residents.

Judgment: Substantially compliant

Regulation 32: Notification of periods when the person in charge is absent

The provider had notified the Chief Inspector of a planned absence in the role of person in charge and the arrangements for the management of the centre during this absence.

Judgment: Compliant

Quality and safety

This inspection found that the provider and person in charge were operating the centre in a manner that ensured residents were in receipt of a service that was person-centred, was very much a part of the local community and offered a comfortable and homely place to live.

Residents told the inspector that they had returned to day services and workshops outside of the designated centre, and they were really happy that this was increasing to more days each week. Residents were supported over the previous year to engage in meaningful activities from home and their local community. For example, online activity classes, bingo, mindfulness, cooking, exercise and football fan clubs.

Residents were very much involved in the day-to-day operating of their home, and throughout the day were preparing meals and doing different chores or tasks to keep the place nice. There was a notice board which showed which meal was planned for each day of the week, and who was responsible for preparing and cooking it. Throughout the day residents were doing chores around the house and some residents were clearing their wardrobe with their family members.

Residents were provided with a homely place to live with bright and spacious communal spaces, individual bedrooms for residents, an adequate number and type of toilet and washing facilities. There were both ground floor and first floor bedrooms available for residents based on their requirements and needs. The designated centre was located close to local amenities and community facilities. There were two sitting rooms available, with televisions and television services in both. Some residents showed the inspector their rooms and talked to the inspector about how they had decorated it and what belongings were most important to them. Residents who required aids for mobility were able to move about the centre independently with ease and throughout the day residents were seen to use their environment freely. Residents took pride in their home and took part in different household chores and preparing and cooking for meals. Residents especially liked

their back garden with the addition of a memorial tree that they had worked on together during restrictions. There were also planters for growing vegetables, bird feeders and a mural on the garden wall which had been painted by residents and staff. The provider had identified through their own audits that some parts of the centre required attention. For example, painting over water marks on ceilings from previous leaks, rust on radiators and some mould marks on bathroom ceilings. These had been identified and escalated to the provider's maintenance department for addressing.

Residents appeared content and happy in their home, and the designated centre was operated in a way that promoted residents' safety. There were policies, procedures and pathways in place to identify and respond to any safeguarding concerns or risks, and staff had received training in safeguarding vulnerable adults. If required, safeguarding plans were put in place, to promote residents' safety. Residents told the inspector that they liked their home and who they lived with, and felt safe living there. Residents were observed to greet each other warmly on return to the centre, and during the day some residents decorated the house with banners and balloons to surprise their peer for their birthday.

Residents' health and safety was promoted through effective risk management policies and procedures, emergency planning and incident recording and management systems. The person in charge reviewed all incidents or adverse events and took action to prevent incidents from occurring again. While the systems for the management of risk were good, there was one risk identified on inspection that required review. This was in relation to the risk associated with documentation for medicine not being updated following changes advised by medical professionals. While staff knowledge and practices in the centre mitigated this risk, further control measures were required in relation to documentation to reduce the risk further.

The centre was managed in a way that identified and promoted residents' good health, personal development and well being. Residents' needs were noted and assessed in a comprehensive manner using an assessment tool implemented by the provider. Based on these assessments, personal plans or care plans were written up to outline how each individual need would be met and supported. Residents had information available to them in an accessible format. Some residents sat with the inspector and talked them through their "all about me" folder with photographs of residents day-to-day life, and the things that were important to them. Residents were encouraged to set goals to aspire to. For example, some residents were planning a short break away.

Residents were protected against the risk of fire in the designated centre, through fire safety systems, fire fighting equipment and local procedures. Residents took part in regular fire walks, and fire drills and told the inspector that they knew what to do in the event of an emergency. Since the previous inspection the provider had further improved their fire containment measures in the designated centre, by adding self closure devices to doors that were required to be held open.

The provider had also ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing

reviews of the risks associated with COVID-19 through formal risk assessments. Personal protective equipment (PPE) was available along with hand-washing facilities, hand sanitiser and staff were observed to use these throughout the day. Each staff member and resident had their temperature checked daily as a further precaution. The provider had plans and facilities in place, should a resident require self-isolation and residents were supported to understand how to protect themselves when out in the community.

Overall, the person in charge and provider were running the designated centre in a manner that resulted in good quality care and support and a good quality of life for residents, with minor improvements required in relation to premises, risk management, the role of person in charge and consultation with residents for the purposes of annual reviews.

Regulation 13: General welfare and development

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

Residents were supported to remain active and occupied during times of national restrictions, with staff ensuring residents had access to online groups and learning and meaningful activities to take part in. Residents were supported to return to day services and workshops outside of the centre, if they wished to.

Judgment: Compliant

Regulation 17: Premises

The designated centre was designed and laid out to meet the aims and objectives of the service. The provider had made arrangements for the matters in Schedule 6 to be in place. For example, adequate private and communal accommodation, suitable storage, and facilities for residents to launder their own clothes.

The premises were homely and comfortable, but some areas required further attention, for example, painting of some ceilings and rust on radiators.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were supported to be involved in the shopping, preparation and cooking

of meals in the designated centre. There was suitable facilities to store food hygienically and on the day of inspection there was fresh fruit and vegetables in the house and food supplies in fridge and freezer. Meals were planned for in advance by residents together.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents' safety was promoted through risk management systems in the designated centre. For example, there was a policy in place outlining how risks were identified, assessed, managed and reviewed and the person in charge maintained a risk register of known personal and environmental risks. There was one risk area that required additional control measures to reduce risk in relation to documentation of medicine records and their inability to be altered in a timely manner.

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

Judgment: Substantially 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 had taken place on a routine basis in the designated centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a system in place to assess and plan for residents' needs and these documents were reviewed regularly. Residents had written personal plans in place outlining the supports they required. Residents' wishes and aspirations had been reviewed, and plans put in place to support residents to achieve them.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with appropriate healthcare as outlined in their personal plans.

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

Residents had been supported to avail of national screening programmes, in line with their own wishes and choices.

Judgment: Compliant

Regulation 8: Protection

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

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
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 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Glendoher OSV-0002401

Inspection ID: MON-0033124

Date of inspection: 10/11/2021

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 14: Persons in charge	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>Fulltime PIC appointed and will start on the 22.02.2022. Until this person is in post the current PIC will continue in the role with support from the service manager who is the PPIM for the unit. Service manager will be available to support the team throughout the week when the PIC is not on duty.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The annual report for 2021 will be completed over the course of January and February. Consultation with residents will take place on the 20.01.2022 and will be included in the Annual Report.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>1.Upstairs bathroom ceiling, radiator and ceiling in hall painted on 25.11.2021. 2.Residents are currently looking at furniture to the 2 sitting rooms and are in the</p>	

process of choosing the preferred option and will purchase in January 2022.
3.Walls in hall, landing, kitchen and dining room will be painted in February 2022.

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
New medication administration sheet was in place 11.11.2021 which reflected the required changes.

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 14(2)	The post of person in charge shall be full-time and shall require the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.	Substantially Compliant	Yellow	22/02/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	28/02/2022
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph	Substantially Compliant	Yellow	28/02/2022

	(d) shall provide for consultation with residents and their representatives.			
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	11/11/2021