



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

Name of designated centre:	Artane Residential
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Announced
Date of inspection:	24 April 2018
Centre ID:	OSV-0002351
Fieldwork ID:	MON-0021310

About the designated centre

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

Artane is large two storey community based residential house providing services and supports for six adults. The house is situated on a busy main road with access to all local community amenities. Artane has a flat attached which affords one resident the independence of living on their own but with the supports of the main house. Some residents present with physical disabilities and the house provides wheelchair accessibility throughout the ground floor. The house is situated in a well established residential area. Artane residential provides supports for the residents under a social care model of service with nursing support and input available when required. Integration into the community is facilitated independently or by staff through local shops, pharmacy, churches, banking, pubs and public transport system to facilitate access to the wider community. Five of the residents travel independently, but like to socialise together. The house is equipped to support the changing needs of the residents and through a holistic approach, individuals receive care and support to live life in accordance with their wishes and aspirations. The service is person centred and there is a key worker system in place whereby every resident has their own keyworker to support them.

The following information outlines some additional data on this centre.

Current registration end date:	16/08/2021
Number of residents on the date of inspection:	6

How we inspect

To prepare for this inspection the inspector or 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
24 April 2018	09:15hrs to 17:05hrs	Ciara McShane	Lead
24 April 2018	09:15hrs to 17:05hrs	Amy McGrath	Support

Views of people who use the service

The inspectors met with all six residents who were availing of the service of the designated centre and spoke with five of the residents. Throughout different times during the day the inspectors observed elements of residents' daily lives, such as enjoying mealtimes, relaxation and interactions with staff working at the centre.

Residents spoke fondly about their home and showed the inspectors aspects of their home which they enjoyed such as part of their back garden which was very personal to them. Having personal space in their own bedrooms and the additional lounge room was also highlighted by residents as a positive.

Inspectors observed residents spending time in their preferred spaces, enjoying activities of their choosing such as listening to music, reading the paper or engaging in arts and crafts. Residents appeared happy and content and this was confirmed through conversations with the inspectors. Residents also gave positive feedback regarding the quality of the food and the choices available to them.

Residents told inspectors about their social roles and how staff supported them, where required, to enjoy activities. Residents were central in making decisions about their lives and inspectors observed a number of residents leaving the house to travel independently and spend time as they wished. This was positively supported and encouraged by staff.

Residents told the inspectors about the positive aspects of living in the centre and were also confident in raising concerns should the need arise.

Capacity and capability

Overall the inspectors found the provider and the person in charge were ensuring that a good quality and safe service was being received by residents. The management arrangements in place ensured that the service delivered was person centred, arranged in such a way that residents were consulted with and one that respected the rights and wishes of residents. The provider had responded to most of the actions from the previous inspection however, there remained some areas where improvement was required.

The provider had ensured there were clear lines of management and reporting leading to, for the most part, a centre which was effectively governed, managed and monitored. The person in charge was appointed to the centre on a full time basis with one day supernumerary to enable her engage with her administration duties. She was supported by a service manager who the person in charge felt

was both available when required and supportive. The person in charge supported the team of social care workers on a regular basis through informal and formal mechanisms. Staff spoken with stated they felt supported by the person in charge and were confident to raise concerns should the need arise. Mechanisms such as mentoring and an out of hours on-call service were also available to support staff.

At the time of inspection there were sufficient numbers of staff supporting residents. The staff were appropriately skilled and were qualified social care workers. Staff also attended and were in receipt of mandatory and centre specific training as and when required. Staff meetings were held regularly which were minuted and discussed all aspects of service provision. At the time of inspection there was a vacant post that had yet to be filled. The person in charge was hopeful this would be filled soon to ensure continuity of care. However, to ensure a consistent service was provided by familiar staff the person in charge allocated regular relief or regular staff availed of additional shifts which ensured continuity of care. On occasion agency staff were availed of.

Staff were observed to engage with residents in a warm and pleasant manner and spoke knowledgeably and respectfully of their individual needs and preferences. Staff supported residents to live a life of their choosing and one which involved positive risk taking.

The centre was monitored through local audits which were conducted such as medication audits and through an announced annual review and an unannounced six monthly visit. The provider had also developed their own quality enhancement plan which identified areas for improvement. The annual review, for 2017, was made available to inspectors. Upon review of this the inspectors found that residents and their representatives, in addition to staff, were consulted with to elicit their views of the service. Other aspects such as complaints were also documented. The annual review highlighted a number of actions, which if completed, would further enhance the quality of life for residents such as installation of high flower beds. Painting the house had also been an action which was recently achieved.

The registered provider had ensured the schedule 5 policies were up-to-date and available to staff at the centre.

The statement of purpose accurately reflected the service being provided at the centre and contained the requirements as outlined in Schedule 1 of the Regulations.

Residents told inspectors how they would make a complaint and were confident they would talk to their key worker or any member of staff if they had a concern. Inspectors reviewed the complaints log, of which there was one recent complaint, which had been closed off. The resident spoke to an inspector and told them they were satisfied with the outcome of this and how it was managed.

The provider had applied for renewal of registration for the centre, however the provider failed to fully comply with the registration regulations and had not submitted all of the required information.

Registration Regulation 5: Application for registration or renewal of registration

As part of the application for renewal of registration, the registered provider did not submit all of the required information as set out in Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. This information which was not submitted included:

- full and satisfactory information in regard to the matters set out in Schedule 3 in respect of the person in charge or to be in charge of the designated centre and any other person who participates or will participate in the management of the designated centre
- a copy of any contracts of insurance taken out in accordance with Regulation 22 of the Health Act 2007 (Care and Support of Residents in Designated Centre for Persons (Children and Adults) with Disabilities) Regulations 2013

Judgment: Substantially compliant

Regulation 15: Staffing

At the time of inspection staffing arrangements, including skill mix and numbers, were appropriate to meet the assessed needs of residents. An actual and planned rota was maintained by the person in charge and reflected any planned or unplanned changes.

Judgment: Compliant

Regulation 16: Training and staff development

For the most part staff working at the centre had their mandatory training completed with supplementary training relevant to their role also completed. Two staff required a refresher training in fire however this was arranged for two days post inspection. In addition a training plan was in place and reflected staffs training requirements. Both formal and informal arrangements were in place to support and supervise staff

Judgment: Compliant

Regulation 19: Directory of residents

The Directory of Residents included all the required information for the residents in receipt of a service.

Judgment: Compliant

Regulation 23: Governance and management

Overall there were effective arrangements for the governance and management of the centre. Six monthly unannounced visits were completed and staff were facilitated to raise concerns at regular staff meetings.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a recently updated statement of purpose available at the centre. It contained all requirements of the regulations and accurately described the service provided.

Judgment: Compliant

Regulation 34: Complaints procedure

The person in charge had ensured that a record of complaints was maintained in the centre. The inspectors reviewed a recent complaint and found it was managed appropriately and to the satisfaction of the complainant. Residents knew about the complaints process and told inspectors who they would make a complaint to.

Judgment: Compliant

Regulation 4: Written policies and procedures

All Schedule 5 policies were available in the centre and were up-to-date. Staff were aware of said policies and had signed each policy stating they had read and

understood same.

Judgment: Compliant

Quality and safety

The inspectors found that overall the residents were happy living at the centre and were in receipt of a person centred service. The inspectors found that while in general residents were receiving a quality service areas for improvements were identified specifically relating to risk management and fire safety.

Each resident had an assessment of need completed supported by a person centred care plan. The plans were robust in detail, inclusive of residents and reviewed on regular basis, for the most part the plans were reviewed monthly or sooner if required. Residents were aware they had a personal plan and received input from family members or representatives where required as part of their review process. Multidisciplinary support and regular nursing care input was evident through the care plans. Staff spoke knowledgeably and confidently about residents individual needs from both a social and medical perspective.

Residents were supported to live a life of their own choosing and many residents travelled independently to meet friends, attend a day service, local activities or to attend their place of employment.

Residents spoke fondly of their lives and the activities they engaged or had plans to engage in. Residents went on regular holidays, some with their family members. Monumental milestones such as significant birthdays were marked and celebrated. Inspectors observed and heard that residents had meaningful days and engaged in their social roles and were supported by staff to maintain these roles.

Arrangements were in place to manage and oversee risk both on an organisational and individual level. The inspectors reviewed the centres risk register, which had been recently updated, in addition to risk assessments for both the designated centre and the individual residents. The person in charge was aware of the risks at the centre and had accounted for these as part of the risk assessment process. However, inspectors found that the risk rating was not at all times proportionate to the actual level of risk, consistent or in line with their own risk matrix. For example, one risk had been identified as a red risk for one resident; the same risk was orange for another resident however the same overall risk was then deemed as green for the designated centre. In addition a risk had been identified as orange on the risk register but this was not relevant to the centre. Inspectors found that some pertinent detail was also missing from a risk assessment. For example, a relevant medical condition had not been highlighted as part of a manual handling plan.

There were arrangements in place to protect residents from the risks associated with fire however, some improvement was required. Equipment such as fire

extinguishers, emergency lighting and fire blankets were in place. Fire doors were also fitted throughout the centre. However, at the time of inspection a number of doors were wedged open in the absence of self closure devices. This action had also been identified on the most recent inspection report and also on the provider's quality enhancement plan. These three doors also opened out onto an evacuation route.

Fire drills took place at the centre and were completed with minimum staffing levels. Each resident had a personal emergency evacuation plan which was individual to their needs. The provider and person in charge were acutely aware and told the inspectors of risks in relation to the evacuation route for one resident. This was reflected in their personal emergency evacuation plan. Interim arrangements were in place to ensure the resident's safety in the eventuality of a fire however longer term more robust measures were required to ensure the resident could safely evacuate out from the back at the house, in particular at night-time when staffing levels were reduced to one person. Pre inspection the person in charge had made arrangements for their fire officer to complete a further review. Post inspection the fire officer, completed this review and put forward a number of proposals on how this could be addressed.

Arrangements were in place to protect residents from potential abuse. Staff received safeguarding training and were aware of who their designated officer was. In addition residents told the inspectors they felt safe. At the time of inspection there were no safeguarding plans in place.

Regulation 13: General welfare and development

Residents were assisted to exercise their right to experience a full range of relationships and social roles in accordance with their wishes. Residents are actively encouraged and supported by staff to avail of amenities in their local community and wider circle, ultimately promoting their participation and inclusion. Residents have access to educational, training and employment opportunities.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose. It was for the most part homely, well maintained and in a good state of repair. Some areas highlighted for improvement included a bathroom where there was mould and mildew present. A number of units in the kitchen were in disrepair; however, a plan was in place to address this. The bedroom for one resident was small in size however, the person in charge had put forward a business case to retrieve funding

to increase its' size.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had risk management arrangements in place to ensure that individual and organisational risk was assessed and documented and a risk management policy was also in place. However, it was not evident that staff were, at all times, assured regarding the application of the risk rating, as outlined in the policy, to an assessed risk. In addition, the level of risk applied was not at all times proportionate. For example, two individual risk assessments were rated as orange and red for two residents however, the same risk for the centre was outlined as green. Other risks were also highlighted as orange in the risk register however, these risks were not relevant to the centre. Some pertinent details were also absent from risk assessments. For example, a manual handling plan for a resident failed to outline a relevant medical condition.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had some arrangements in place to protect residents, staff and visitors from fire. Fire drills were taking place and staff received fire safety training. Equipments such as fire extinguishers, fire blankets and ski sheets were also available. Emergency lighting and fire doors were in place. However, the action from the most recent inspection regarding closure mechanisms for fire doors had not been actioned.

The evacuation route for one resident required required a significant revision.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Each resident had a detailed personal plan based on their assessed needs. They were informative and reflective of individual needs and updated as required; for the most part they were reviewed monthly by the person in charge. Residents were familiar with their personal plan and consultation with residents was evident throughout.

Judgment: Compliant

Regulation 8: Protection

At the time of inspection there were no safeguarding plans in place. However, the provider had a policy in place and staff spoken with were familiar with the procedure to follow should a safeguarding concern arise as too were they knowledgeable of their designated officer. Staff working at the centre had up to date training in safeguarding.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were promoted and protected at the centre. Each resident was a key decision maker in how they spent their day and were consulted with regarding the operation of the designated centre. Residents preference for consultation was in an informal capacity and this was evident at the time of inspection. Residents spoke fondly of their peers and also how well staff cared for them. The inspectors observed an environment that was rich in respecting residents and promoting rights and independence.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Artane Residential OSV-0002351

Inspection ID: MON-0021310

Date of inspection: 24/04/2018

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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration:</p> <p>Review of renewal of registration documentation submission of</p> <ul style="list-style-type: none"> • Garda vetting form for PIC • Insurance documentation <ul style="list-style-type: none"> • Garda vetting form for PIC forwarded to HIQA on the 17/05/2018 • Insurance documentation forwarded to HIQA on the 17/5/2018 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The designated centre has had removal of mould and mildew on the 25/5/2018 cleaning rota now reflects Visual checks by staff on shower and wet room facilities • All kitchen units have been replaced on the 10/5/2018 • Referral to TSD on the 17/5/2018 for costing on remedial work for small bedroom to incorporate additional space for one resident. 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> • There is a Risk Management policy in place. St Michaels House are updating the Risk Management Policy to reflect changes in assessment of risk including methodology, 	

updating of risk assessment template and risk register template to ensure that significant risks are sufficiently managed, tracked and reviewed for effectiveness. Revised policy will be brought at Quality Safety Executive Committee for approval May 2018

- The PIC is trained in the management of risk and will continue to develop systems in the centre for the assessment, managements and ongoing review of risk, which include a system for responding to emergencies.
- A review of all designated centre risks and proportionate risk allocation was completed on the 26/4/2018
- All risks identified under a specific theme now have the highest risk rating only reflected on the register. This was competed on the 26/04/2018 and has eliminated confusion in determination of management supports.
- A review of manual handling risk assessments for all residents was competed on the 24/5/2018
- A risk pertaining to one residents personal Manual handling incorporates auxillary documentation re; medical supports needs competed 26/4/2018
- A briefing for all staff on the reviewed Risk register was competed on 24/5/2018

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- St Michael's House will continue to ensure that effective fire safety management systems are in place so that there are adequate precautions against the risk of fire in the centre.
- There are regular fire checks completed in the centre, and, regular maintenance of all fire fighting equipment.
- All staff have received training in relation to fire prevention, safety and evacuation.
- St Michael's House Fire Safety Officer has completed a detailed fire audit of the designated centre on the 26/04/2018 , and actions identified are in the process of being implemented.
- Regular fire evacuation drills are conducted in the centre in line with policy requirements and all residents are aware of the procedure to follow in the event of a fire.
- There are accessible fire action notices in the centre to support staff and residents in the event fire evacuation is required
- All residents' have a personal emergency evacuation plan.
- The fire door closing mechanisms has been actioned for completion on 20/7/2018

Review of the evacuation plan for one resident has taken place with SMH fire prevention officer on the 26/4/2018. Referral sent to Technical services for overview of proposal and costing. Residential inspection carried out onsite on the 25/5/2018 with TSD and Fire Officer and planned work to be completed by the 22/6/2018



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
Registration Regulation 5(3)(b)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration or the renewal of registration of a designated centre shall be accompanied by full and satisfactory information in regard to the matters set out in Schedule 3 in respect of the person in charge or to be in charge of the designated centre and any other person who participates or will participate in the management of the designated centre.	Substantially Compliant	Yellow	17/05/2018
Registration Regulation 5(3)(a)(e)	In addition to the requirements set out in section 48(2) of the Act,	Substantially Compliant	Yellow	17/05/2018

	<p>an application for the registration or the renewal of registration of a designated centre shall be accompanied by a copy of any contracts of insurance taken out in accordance with Regulation 22 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.</p>			
Regulation 17(1)(b)	<p>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.</p>	Substantially Compliant	Yellow	25/05/2018
Regulation 17(7)	<p>The registered provider shall make provision for the matters set out in Schedule 6.</p>	Substantially Compliant	Yellow	30/09/2018
Regulation 26(2)	<p>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</p>	Substantially Compliant	Yellow	24/05/2018

	system for responding to emergencies.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	20/07/2018
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Red	22/06/2018