



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

Issued by the Chief Inspector

Name of designated centre:	Garvagh House
Name of provider:	St Michael's House
Address of centre:	Dublin 13
Type of inspection:	Unannounced
Date of inspection:	02 February 2022
Centre ID:	OSV-0002348
Fieldwork ID:	MON-0035820

About the designated centre

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

Garvagh House is a residential service for five adults with intellectual disabilities. The centre is operated by St Michael's House. The centre comprises a six bedroom, detached house which is located in North County Dublin. There are five resident bedrooms, one staff sleepover room, a sensory room, quiet room, sitting room and kitchen/dining room. It is within walking distance of public transport and a range of local amenities which residents frequently use. There is a well proportioned garden to the rear of the centre for residents to enjoy. The centre is managed by a person in charge and is supported in their role by a deputy manager. A person participating in management forms part of the overall provider's governance arrangements for the centre. The staff team consists of a team of social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 2 February 2022	10:15hrs to 14:30hrs	Ann-Marie O'Neill	Lead

What residents told us and what inspectors observed

The inspector greeted all residents present on the day of inspection. Most residents living in the centre were unable to provide verbal feedback to the inspector about the service they received.

The person in charge was not present on the day of inspection as they were on planned leave. The provider had made arrangements for a manager to work in the centre while they were on leave and they facilitated the inspection.

Physical distancing measures were adhered to, as much as possible, during interactions with residents and staff. The inspector wore a face covering at all times throughout the inspection.

The inspector observed the provider had carried out additional premises improvement works since the previous inspection and had replaced the flooring in the large downstairs bathroom and shower room. In addition, a number of rusted items in the shower room had been removed, for example, a rusted radiator and wall fixings. The tiled area of the shower room had been refurbished also as previously it had been observed to be heavily stained.

The storage facilities in the centre had also been improved. A new shed had been purchased and the old shed removed. PPE and incontinence wear had also been moved to more suitable areas of the home which ensured it could be stored and managed better. The provider had also installed toilet roll receptacles in all toilet areas, addressing a non compliance from the previous inspection whereby toilet roll was not kept in any toilets.

The inspector also observed a number of utility white goods had been delivered to the centre and were ready for installation. The provider had purchased a new washing machine and freezer, for example. Overall, there was a notable higher standard of cleanliness in the centre with the instating of an enhanced cleaning schedule in the centre and cleaning checklists introduced by the recently appointed person in charge.

While this was evidence of improved cleanliness and infection control standards in the centre, an ongoing infection control risk remained. The inspector noted that incidents, resulting in this infection control risk, were still occurring and such incidents had been identified on the most recent infection control audit of the centre a few weeks prior to the inspection.

Some restrictive practices in the centre had reduced and overall it was demonstrated that where they were in place they were being used for the least amount of time necessary to manage the risk they were identified to mitigate.

In summary, while there had been some positive improvements since the previous

inspection, the provider had identified that to address the incompatibility issue between residents, and ongoing infection control risks, the centre would need to be reconfigured in such a manner as to provide a resident with a single occupancy living arrangement.

Staff spoken with were aware of the provider's intention to reconfigure the premises and documentation reviewed demonstrated residents and their families had been consulted about this proposed change to the centre and were in agreement with this to occur.

Therefore, while improvements had occurred, further actions by the provider were required to further improve the quality of service provision to residents in the centre.

The next two sections of this report presents the inspection findings in relation to governance and management in the centre, and how governance and management affected the quality and safety of the service being delivered.

Capacity and capability

The purpose of this inspection was to follow up on the actions the provider had committed to undertake as part of their written representation to a notice of proposal to cancel registration of this designated centre. The notice had been issued to the provider in response to high levels of not compliant findings during inspections carried out in 14 April and 19 October 2021.

The provider had submitted a written representation to Office of the Chief Inspector, in response to the notice of proposal to cancel registration of this designated centre which was issued 2 December 2021.

Overall, it was demonstrated the provider had implemented some of the improvements as set out in the written representation and within the time-lines identified. Further improvements would include the reconfiguration of the premises to provide a single occupancy living arrangement for a resident. This premises change had not occurred at the time of inspection, but were a key part of the overall quality improvement plan for the centre.

The inspector reviewed the plans that were in place to evidence the provider's commitment to change the premises. The inspector was provided with a copy of architect drawings and preliminaries that had been drawn up which showed how the centre would be changed internally to provide a single occupancy apartment space in one part of the building.

In addition, the provider had completed a compatibility assessment, through an allied professional framework, that considered all residents' that lived in the centre and took into consideration their assessed needs and the impact of their personal

risk needs on their peers. This had supported the provider's decision to reconfigure the premises to better meet the needs of residents, while also addressing a not compliant finding from the previous inspections of the centre.

The provider outlined that these works were due to commence the end of February 2022 and had consulted with residents and families with regards to this change.

The provider had also reviewed the governance and management arrangements for the centre and had appointed a person in charge for the centre, who met the requirements of the regulations and had the required experience and qualifications to meet regulation 14. They had begun working in the centre two weeks prior to the inspection and had initiated some quality improvement systems.

It was demonstrated they had begun to review the risk register for the centre and associated risk assessments. A review of residents' personal planning had also been carried out and a new filing system introduced in the centre. In addition, it was demonstrated they had begun to introduce infection control procedures and cleaning schedules for the home.

Previous inspections of the centre had identified there was a staffing shortfall. On this inspection, it was noted this staffing shortfall remained and on review of the rosters in the centre there continued to be approximately 2 WTE staffing vacancies for the centre. The provider was implementing consistent recruitment initiatives for the centre and filling some of these vacancies with regular agency workers.

However, given the assessed needs of residents and presenting infection control and individualised support needs of residents, a full staff team was required to ensure residents' needs were met by consistent staff.

Regulation 14: Persons in charge

The provider had appointed a full-time person in charge of the centre.

The provider had appointed a person in charge that met the requirements of Regulation 14 with regards to management experience and qualifications.

The person in charge had been in post approximately two weeks prior to the inspection and had begun to review the risk register, risk assessments, personal planning for residents and instate an infection control management recording system.

Judgment: Compliant

Regulation 15: Staffing

There was a planned and actual roster maintained in the centre.

The roster clearly documented the names and hours worked by staff and their role in the centre.

The roster clearly documented the days the person in charge worked in the centre.

At the time of inspection, there was a staffing deficit of approximately of 2 whole-time-equivalent (WTE) staff. The provider was required to address this and ensure a full staff team worked in the centre to support the complex needs of residents.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had submitted a written representation to the notice of proposal to cancel registration of the designated centre within the time-lines as set out in the Notice issued.

This inspection demonstrated the provider had carried out a number of the actions identified in the written representation to address the non-compliances found on the previous inspections.

Some aspects of the written representation were due to occur at a later date and therefore, were not addressed by the time of the inspection, however, there was information available in the centre to demonstrate these would be addressed within the time-line set out by the provider.

For example, the provider had written plans in place which demonstrated a schedule of building works would occur in the centre to reconfigure it to better meet the needs of residents. Architect drawings and a schedule of preliminaries had been drawn up and were provided to the inspector.

The provider had carried out a number of premises upgrade works to improve the premises and ensure greater infection control standards.

The provider had instated a new local governance arrangement in the centre as set out in their written representation.

The provider had carried out an infection prevention and control audit of the centre and actions from this were being addressed at the time of inspection.

Judgment: Compliant

Registration Regulation 7: Changes to information supplied for registration purposes

The provider had notified the Chief Inspector of a change of person in charge for the centre as required by the regulations.

Some information, required to progress the notification, had not yet been submitted.

- Copy of management qualification certificate.
- A second reference. The provider had submitted two copies of the same reference.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector was assured the provider had implemented the actions identified in their written representation to a notice of proposal to cancel the registration of this centre, issued by the Chief Inspector, on foot of poor compliance findings from the previous inspections of this designated centre.

As discussed, some of the key actions required to bring about sustainable service improvement focused on the reconfiguration of the premises, this was due to commence near the end of February 2022.

Previously, the inspector had found poor infection control measures in place. The reconfiguration of the premises and additional premises enhancement works had been identified as part of the improvement initiative for the centre in the provider's written representation.

This inspection found the provider had carried out a number of premises refurbishment works to contribute to better infection control standards in the centre. For example, replacing damaged bathroom flooring, removing rusted fixtures from bathroom and shower areas and providing toilet roll receptacles in the centre.

While these areas had been improved since the previous inspection, infection control standards were not at the most optimum in the centre and required improvement.

For example, infection control risk incidents still occurred in the centre. While cleaning schedules and check lists had been introduced, it was not demonstrated that staff had been provided with instructions and guidelines for these types of incidents.

The provider's plans to reconfigure the centre which would better support some residents' assessed needs, while also mitigating the infection control risks posed to

other residents living in the centre.

A recent infection control audit of the centre had identified a number of areas in the premises that required deep cleaning. The inspector observed and noted the new person in charge had arranged for a number of utility items to be replaced and cleaned following the audit.

The provider had also arranged for a deep clean of the centre to take place in the days following the inspection. This would be carried out by an external cleaning company.

Improved storage arrangements for residents' incontinence wear had been put in place since the previous inspection which addressed a non-compliance finding. A new shed had also been purchased for the centre which would allow more secure storage of equipment and mitigate a risk of trips and falls, which was presenting as a risk on the last inspection due to the shed being in a state of disrepair and not secured allowing some residents to access it and destroy property.

The provider had addressed fire safety non compliances following on from the previous inspection by installing door closers on all doors and fitting thumb turn mechanisms on exit doors. This reduced the necessity for staff to use keys to open doors, which previously had been kept in the staff room, impacting on the evacuation efficiency procedures in the centre.

Infection control risk assessments had been completed and infection control risks were now identified on the centre's risk register. Incidents relating to infection control were also recorded as infection control incidents occurring in the centre, this ensured the provider was better informed of the risks presenting in the centre and a mechanism for monitoring and trending all recorded incidents was in place.

There remained a high level of restrictive practices and restrictions on residents' civil liberties in this centre due to the different personal risk presentations and needs of residents. Previous inspections of this centre in 2021 had identified that there was an absence of good oversight and recording of all restrictive practices in the centre.

On this inspection it was demonstrated all restrictive practices used in the centre had been recorded and each referred to the providers' restriction oversight committee. Some restrictive practices had been removed as a result of this review. The reconfiguration of the centre would contribute to a further reduction of restrictions and promotion of freedom of movement for all residents living in the centre once completed.

Regulation 12: Personal possessions

The inspector noted residents personal belongings were better safeguarded and managed in the centre.

Residents incontinence wear was now stored in suitable areas within the home and residents had been reimbursed for loss of property since the previous inspection.

Judgment: Compliant

Regulation 17: Premises

The provider had carried out some premises improvement works since the previous inspection.

- Flooring in the large bathroom had been replaced.
- Flooring in the shower room had been replaced.
- A rusted radiator in the shower room had been removed.
- The shed in the garden area had been replaced.
- A new washing machine had been purchased for the centre.
- A vacuum cleaner had been purchased for the centre
- A new freezer had been purchased for the centre.

The provider had plans in place to carry out a reconfiguration of the premises to provide a single occupancy arrangement for one resident.

Architect plans had been drawn up and a schedule of preliminaries were also in place.

Works were due to commence the end of February 2022 and all residents and their families had been made aware of the proposed changes that were due to take place.

Judgment: Compliant

Regulation 26: Risk management procedures

The person in charge had begun reviewing the risk register and additional personal risk assessments in the centre.

Staff were now recording incidents of smearing and incontinence of urine with an associated infection control risk, on the incident recording system.

The person in charge had instated some practical risk control measures since commencing their role. For example, powder for thickening residents' fluids was now stored in the medication press by way of mitigating a choking risk.

Judgment: Compliant

Regulation 27: Protection against infection

By addressing a number of premises issues in the bathroom areas the provider had better enhanced infection control standards in the centre.

However, there remained a high infection control risk in the centre which related to ongoing incidents which posed an infection control risk.

The provider had identified the requirement to reconfigure the premises to provide some residents with single occupancy living arrangements to meet their assessed needs, but also to manage an ongoing infection control risk.

While there was a noticeable improvement in the cleanliness of the centre, some areas were not maintained to the highest standards of cleanliness and required more intense cleaning.

For example, there was a noticeable build up of lime scale on shower fixtures and heads. The provider had arranged for an external company to carry out this deep clean of the centre with a date scheduled shortly after the inspection.

The provider had also arranged an infection control and prevention audit of the centre which had identified a number of key areas that required improvement.

The inspector noted the newly appointed person in charge had begun addressing a number of these actions and had created a cleaning schedule for the centre and the procurement of new utility appliances.

Some improvement was required to ensure written infection control guidelines were in place for managing incidents with checklists to demonstrate cleaning was carried out to manage these incidents.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had addressed not compliant findings from the previous inspection by fitting thumb-turn mechanisms on exit doors of the centre.

All fire doors in the centre had been fitted with door closers.

Residents had also been provided with fire evacuation aids which were located near the bedrooms of residents that required such aids.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had completed a compatibility assessment which reviewed all residents in the centre.

This assessment had been completed with the input of a multi-disciplinary allied professional team.

The assessment clearly identified an incompatibility with the resident group and informed the provider's decision to reconfigure the centre to better meet the assessed needs of residents. At the time of inspection, while plans for reconfiguring the centre were at the early stages of development, the incompatibility issue remained.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Behaviour support planning had been reviewed since the previous inspection. Comprehensive behaviour support planning was in place.

Staff had received training in positive behaviour support, with ongoing training scheduled for staff.

A full review of restrictive practices in the centre had occurred. It was demonstrated that all restrictive practices implemented in the centre had been referred and reviewed by the provider's Human Rights Committee.

Some restrictive practices had been removed following this review.

Residents' routines and daily lives were still restricted and coordinated in such a manner so as to reduce and limit the time some residents spent in their peers' company.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Compliant
Registration Regulation 7: Changes to information supplied for registration purposes	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant

Compliance Plan for Garvagh House OSV-0002348

Inspection ID: MON-0035820

Date of inspection: 02/02/2022

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • There is currently vacancies totalling 1.8 WTE. • Provider has recruited staff to fill 1.5 WTE vacancy. Start date to be confirmed after all background checks are complete. • Remaining 0.3 wte will be covered by regular relief staff and permanent staff covering additional hours in order to provide consistency to residents. 	
Registration Regulation 7: Changes to information supplied for registration purposes	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes: <ul style="list-style-type: none"> • Copy of management qualification certificate.- Submitted via Portal • A second reference submitted via Portal 	
Regulation 27: Protection against infection	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: <ul style="list-style-type: none"> • Deep clean of centre carried out on 05/02/2022 • New washing machine purchased and in place as of 08/02/2022 • Cleaning schedule & checklist in place. • IPC policy in place. • Environmental hygiene and cleaning policy in place in the centre. 	
Regulation 5: Individual assessment and personal plan	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> • Work on reconfiguration of centre is scheduled to Commence on 23/03/22. It is planned that this will be completed by 30/06/22. 	
<p>Regulation 7: Positive behavioural support</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> • Work on reconfiguration of centre is scheduled to commence on 23/03/22. It is planned that this will be completed by 30/06/22. 	

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 7(1)(b)	The registered provider shall as soon as practicable supply full and satisfactory information in regard to the matters set out in Schedule 3 in respect of the new person proposed to be in charge of the designated centre.	Substantially Compliant	Yellow	02/03/2022
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/06/2022
Regulation 27	The registered provider shall ensure that	Not Compliant	Orange	30/06/2022

	residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	30/06/2022
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	30/06/2022