



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

Issued by the Chief Inspector

Name of designated centre:	Glenanaar
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Announced
Date of inspection:	15 October 2024
Centre ID:	OSV-0002380
Fieldwork ID:	MON-0036698

About the designated centre

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

Glenanaar is a designated centre operated by St. Michael's House located within a campus setting in North County Dublin. It is a residential home for six adults with an intellectual disability and additional needs which require nursing care. The centre is a bungalow which consists of a kitchen, dining room, sitting room, staff office, staff sleepover room, sensory room, shared bathroom and shower room and six individual bedrooms for the residents. The centre is located close to local shops and transport links. The centre is staffed by a person in charge, clinical nurse manager, staff nurses, social care workers, healthcare assistants and household staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
Tuesday 15 October 2024	10:00hrs to 16:00hrs	Karen McLaughlin	Lead

What residents told us and what inspectors observed

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

The inspector used observations and discussions with residents, in addition to a review of documentation and conversations with key staff, to form judgments on the residents' quality of life.

The centre consisted of one large residential bungalow situated on a congregated campus setting in North Dublin. The designated centre has a registered capacity for six residents, at the time of the inspection there was six residents living in the centre with no vacancies.

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

The wall in the hall had the house floor plans clearly displayed alongside the centre's fire evacuation plan. The hall also had the centre's certificate of registration, statement of purpose and function, the centre's mission statement and visitors policy

Residents had access to a range of private and communal facilities.

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

There was an enclosed garden to the rear of the property which was accessible to all residents. One resident enjoyed gardening and this was one of their personal goals.

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

Residents were observed receiving a good quality person-centred service that was meeting their needs. All residents were aware of the inspection visit and were supported to meet with and talk to the inspector. The inspector met with two residents who were present on the day of the inspection, the other residents were out attending day services and appointments. One resident showed the inspector his

bedroom and told her that they were really happy living here.

In advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre. One survey was returned to the inspector and the resident had been supported to complete it by a family member. The feedback in general was very positive, and indicated satisfaction with the service provided to them in the centre, including the premises, meals, and staff, and also noted that residents felt safe and were able to make choices and decisions in their lives. The resident staff understand the residents needs and that they were happy living in the centre and had no complaints.

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

Staff were observed to be responsive to residents' requests and assisted residents in a respectful manner. The inspector saw that staff were kind and person-centred in their interactions with the residents and residents appeared comfortable and relaxed in their homes. One resident took the inspector by the hand and walked to show her what activity they wanted to engage in. Staff supported this resident and her will and preference was respected.

The provider's most recent annual review of the centre had consulted with residents and their representatives. Residents views were sought using their communication support plans, residents weekly meetings and in discussion with residents families.

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

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and, to contribute to the decision-making process for the renewal of the centre's registration. This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

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

management supports in place.

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

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

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

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

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

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

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

Regulation 15: Staffing

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

Planned and actual rosters were maintained in the centre which demonstrated that staffing levels were consistent with the statement of purpose. The inspector reviewed actual and planned rosters at the centre for October and November 2024.

They showed the names of staff working in the centre during the day and night and contained a colour coded key to determine shift lead, those on training, activity hours and management hours.

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

Judgment: Compliant

Regulation 16: Training and staff development

All staff were up to date in training in required areas such as safeguarding vulnerable adults, infection prevention and control, manual handling and fire safety.

Further training was provided in relation to food safety and Feeding, Eating, Drinking, Swallowing (FEDS) and four staff had received training in risk management.

Relief and agency staff were included in the centre's training matrix.

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

Judgment: Compliant

Regulation 19: Directory of residents

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

Judgment: Compliant

Regulation 21: Records

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

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

Judgment: Compliant

Regulation 22: Insurance

The provider submitted a copy of their insurance along with their application to renew the centre's certificate of registration. The inspector saw that the provider had in place a contract of insurance against injury to residents and damage to the premises of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found the governance and management systems in place had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored.

There were effective leadership arrangements in place in this designated centre with clear lines of authority and accountability. The person in charge ensured good operational oversight and management of the centre and were supported by their staff team and the service manager. There were adequate arrangements for the oversight and operational management of the designated centre at times when the person in charge was off-duty or absent.

A series of audits were in place including monthly local audits and six-monthly unannounced visits. Audits carried out included infection prevention and control (IPC), fire safety, health and safety, six monthly unannounced and medication. These audits identified any areas for service improvement and action plans were derived from these. A review of monthly staff meetings showed regular discussions on all audit findings.

The annual review of the quality and safety of care was completed in consultation with residents and their families. The inspector saw that there was very positive feedback from residents and families about the standard of care in the centre. Feedback included comments from family members saying that they felt welcome and the residents are very well looked after they are 'delighted with the care' provided.

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

Judgment: Compliant

Regulation 3: Statement of purpose

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

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

It was also available to residents and their representatives.

Judgment: Compliant

Quality and safety

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

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

The kitchen had been upgraded since the last inspection and residents meals were prepared by an on-site cook.

The atmosphere in the centre was observed to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received.

The registered provider had ensured that residents could receive visitors to their home in accordance with each resident's wishes and personal plan.

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments informed the development of care plans and outlined the associated supports and interventions residents required. Furthermore, residents' daily plans were individualised to support their choice in

what activities they wished to engage with and to provide opportunity to experience live in their local community. Residents enjoyed activities in the community such as walks in a nearby park, going to the cinema, swimming and shows and concerts.

Residents' health care needs were well assessed, and appropriate healthcare was made available to each resident. Residents had access to a general practitioner and a wide range of allied health care services. The inspector reviewed two residents' health care support plans and found that these provided clear guidance and were informed by an appropriately qualified health care professional.

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

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

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were receiving a safe and quality service, delivered by a stable, consistent team of suitably qualified staff.

Regulation 11: Visits

There were no visiting restrictions in the designated centre. Residents could receive visitors in line with their choices.

There was a visitors policy displayed on the wall in the hall and visiting arrangements were outlined in the designated centre's statement of purpose and function, which was readily available to residents and their representatives.

Additionally, there was adequate private space in the centre for residents to receive visitors.

Judgment: Compliant

Regulation 17: Premises

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

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

decorated.

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

The premises had a number of recent upgrades. For example, the kitchen had been renovated since the last inspection as were the bathrooms and laundry room and the house had recently been painted.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were provided with wholesome and nutritious food which was in line with their assessed needs.

The inspectors saw that mealtime records showed that a range of meals were prepared which offered choice and good nutritional value. Residents food was prepared by the centre's cook and the kitchen had a visual menu plan displayed on the notice board.

Some residents had assessed needs in the area of feeding, eating, drinking and swallowing (FEDS). Residents had up-to-date FEDS care plans on file. Staff spoken with were knowledgeable regarding these.

Staff had received training in FEDS. The inspectors observed staff preparing drinks which were in line with residents' FEDS care plans. Furthermore there was guidelines displayed to support staff to be aware of choking incidents and how to initiate First Aid if required.

Judgment: Compliant

Regulation 20: Information for residents

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

Judgment: Compliant

Regulation 28: Fire precautions

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

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

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

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

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

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

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

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

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

Judgment: Compliant

Regulation 6: Health care

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

There was an assessment of need carried out for all residents on at least an annual basis, and this assessment identified the ongoing and emerging health care needs of residents. Individual health plans, health promotion and dietary assessments and plans were in place.

The inspector reviewed two of residents' healthcare plans. They included guidelines around resident's medical needs including epilepsy management, oral care, nutrition, bone health, catheter care, diabetes and psychiatry.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant