



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

Issued by the Chief Inspector

Name of designated centre:	B Canices Road
Name of provider:	St Michael's House
Address of centre:	Dublin 11
Type of inspection:	Announced
Date of inspection:	05 June 2024
Centre ID:	OSV-0002333
Fieldwork ID:	MON-0034913

About the designated centre

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

B Canices Road is a designated centre operated by Saint Michael's House located in North County Dublin. It provides community residential services to four adults who have varied support requirements. The centre is a two-storey house comprising of a kitchen/dining room, a sitting room, a large garden, a staff sleep over room/office, a shared bathroom and four bedrooms. The centre is staffed by a person in charge and social care workers. The centre has its own vehicle to support residents to access their community, and good transport links are also available nearby.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 5 June 2024	08:55hrs to 17:00hrs	Kieran McCullagh	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre.

The inspection was facilitated by the person in charge for the duration of the inspection. 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. Overall, the inspector found high levels of compliance with the regulations.

The inspector found that the centre was reflective of the aims and objectives set out in the centre's statement of purpose. The residential service aims to "provide a warm long-term home environment within the community with staff who will support residents in all aspects of their social, physical and mental wellbeing" and "to provide a quality service, based on the individual residents' needs, wants, desires and dreams". The inspector found that this was a centre that ensured that residents received the care and support they required but also had a meaningful person-centred service delivered to them.

The designated centre comprised a two-storey building, located in a residential suburb of Dublin city. The house comprised of five bedrooms, three of which were fitted with en-suite facilities, a kitchen and dining room, two sitting rooms, a utility room, one main bathroom, and a relaxation room.

The designated centre was registered to accommodate four residents and the inspector had the opportunity to meet and spend time with all residents throughout the course of the inspection. The residents had been made aware of the upcoming inspection, and gave the inspector a warm welcome.

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. The inspector reviewed all four completed surveys. The residents' feedback was very positive, and indicated satisfaction with the service provided to them in the centre, including staff, activities, trips and events, premises and food. Positive comments included "I am very happy with my bedroom", "I like the menu", "Staff are very good to us" and "It's a brilliant house, I get to see my family".

The inspector did not have an opportunity to meet with the relatives of any of the residents, however a review of the provider's annual review of the quality and safety of care indicated that they were happy with the care and support that the residents received.

The inspector spent time speaking with all four residents. One resident was

celebrating their birthday and invited the inspector to stay for birthday cake. It was apparent to the inspector that residents enjoyed being in each others company and had built up strong connections with each other and with the staff team who worked with them. Residents shared jokes with the inspector and spent time talking about upcoming holidays and goals they had set for the year. For example, one resident was looking forward to staying in their favourite hotel, while another resident had made plans to watch their favourite football team play.

One resident showed the inspector their bedroom, which was decorated to their individual style and preference. They told the inspector they had chosen the colour of the walls and showed the inspector their en-suite, television and collection of music. They spoke about an upcoming trip to Belfast, which they were very excited about.

Throughout the inspection, the inspector observed residents engaging in numerous community activities. For example, one resident celebrating their birthday was supported by staff to go shopping with another resident to purchase a new mobile phone and hand puppets, which they had an interest in. Another resident had chosen to shop for a new coffee table. In the evening, all residents had chosen to go to their favourite fast food restaurant to celebrate the resident's birthday. It was clear to the inspector that residents felt very much at home in the centre, and were able to live their lives and pursue their interests as they chose.

The person in charge spoke about the high standard of care all residents received and had no concerns in relation to their wellbeing. Observations carried out by the inspector, feedback from residents and documentation reviewed provided suitable evidence to support this.

Staff spoke with the inspector regarding the residents' assessed needs and described training that they had received to be able to support such needs, including safeguarding, medication management, and managing behaviour that is challenging. The inspector found that staff members on duty were very knowledgeable of residents' needs and the supports in place to meet those needs. Staff were aware of each resident's likes and dislikes, and told the inspector they really enjoyed working in the centre.

Staff had completed training in human rights and the inspector observed this in practice on the day of the inspection. For example, the inspector observed residents engaging in an individualised service, which enabled them to choose their own routine and participate in activities of their own choosing in line with their likes and interests. For example, one resident attended a weekly local men's group on the day of the inspection and told the inspector that they really enjoyed going there.

The inspector carried out a walk around of the centre. The premises was observed to be clean and tidy, and was decorated with residents' personal items such as photographs and artwork. Residents' bedrooms were laid out in a way that was personal to them and included items of interest to them. The inspector observed that floor plans were clearly displayed alongside the centre's fire evacuation plan. In addition, the person in charge ensured that the centre's certificate of registration,

visitors' policy and complaints policy were displayed in the entrance hallway of the premises.

From speaking with residents and observing their interactions with staff, it was evident that they felt very much at home in the centre, and were able to live their lives and pursue their interests as they chose. The service was operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

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

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.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, supported by a staff team, who was knowledgeable about the support needs of the residents living in the centre. The person in charge worked full-time and was supported by a service manager who in turn reported to a Director of Adult Services.

The provider ensured that there were suitably qualified, competent and experienced staff on duty to meet residents' current assessed needs. The inspector observed that the number and skill-mix of staff contributed to positive outcomes for residents using the service. Warm, kind and caring interactions were observed between residents and staff. Staff were observed to be available to residents should they require any support and to facilitate their choices. For example, the inspector saw residents being supported to participate in a variety of home and community-based activities of their own choosing.

The education and training provided to staff enabled them to provide care that reflected up to date, evidence-based practice. A supervision schedule and supervision records for all staff were maintained in the designated centre. The inspector found that staff were in receipt of regular, quality supervision, which covered topics relevant to service provision and their professional development.

The registered provider had implemented good governance management systems to monitor the quality and safety of service provided to residents. The provider had completed an annual report of the quality and safety of care and support 2023,

which included consultation with residents, their families and representatives.

There were contracts of care in place for all residents which clearly outlined the fees to be paid. The contracts were signed by residents or their family or representative.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose clearly described the service and how it is delivered.

The provider had suitable arrangements in place for the management of complaints and an accessible complaints procedure was available for residents in a prominent place in the centre.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection the provider had ensured there was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times in line with the statement of purpose and size and layout of the building.

The person in charge maintained planned and actual staff rosters. The inspector reviewed the planned and actual rosters for the months of March, April and May 2024, and found that regular staff worked in the centre during these months, ensuring continuity of care was maintained for residents. In addition, all rosters reviewed accurately reflected the staffing arrangements in the centre, including the full names of staff on duty during both day and night shifts.

The inspector spoke to two staff members, and found that they were knowledgeable about the support needs of residents and about their responsibilities in the care and support of residents.

The inspector reviewed four staff records and found that they contained all the

required information in line with Schedule 2.

Judgment: Compliant

Regulation 16: Training and staff development

Effective systems were in place to record and regularly monitor staff training in the centre. The inspector reviewed the staff training matrix and found that staff had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included training in mandatory areas such as fire safety, managing behaviour that is challenging, and safeguarding of vulnerable adults.

In addition, training was provided in areas such as human rights, feeding, eating, drinking and swallowing (FEDS), infection prevention and control (IPC), food safety, and safe administration of medication.

All staff were in receipt of supervision and support relevant to their roles from the person in charge. The person in charge had developed a schedule of supervision for 2024 for all staff members. The inspector reviewed two staff supervision records, and found that they were in line with the provider's policy and included a review of the staff members' personal development and also provided an opportunity for them to raise any concerns.

Judgment: Compliant

Regulation 19: Directory of residents

The provider ensured that a directory of residents was available in the centre.

The inspector reviewed the directory and found that it met the requirements of the regulation and contained up-to-date information in respect of each resident as set out in Schedule 3.

There were effective systems in place to ensure that the directory of residents was maintained up to date.

Judgment: Compliant

Regulation 21: Records

The provider had effective systems and processes in place, including relevant policies and procedures, for the creation, maintenance, storage and destruction of records which were in line with all relevant legislation.

The registered provider had ensured information and documentation on matters set out in Schedule 2, Schedule 3 and Schedule 4 were maintained and were made available for the inspector to view.

Judgment: Compliant

Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

The inspector reviewed the insurance and found that it ensured that the building and all contents, including residents' property, were appropriately insured. In addition, the insurance in place also covered against risks in the centre, including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The provider had arrangements in place to ensure that a safe, high-quality service was being provided to residents in the centre.

There was a clear management structure in place with clear lines of accountability. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre.

An annual review of the quality and safety of care had been completed for 2023, which consulted with residents, their family, and staff. Positive feedback from residents included: "feel supported to be independent", "feel safe in my home", "happy with my personal plan"; and feedback from residents' family members included: "always made feel welcome and comfortable", "very happy with the standard of care" and "very happy with the number of activities and holidays residents get to enjoy".

In addition to the annual review, a suite of audits were carried out in the centre including six-monthly unannounced visits report, monthly data reports, incident and accident trackers, and health and safety, medication management, fire safety, and

infection, prevention and control (IPC) audits.

The inspector reviewed the action plan from the provider's most recent six-monthly unannounced visit, carried out in May 2024, which identified 17 actions for improvement. The inspector found that all 17 actions had been completed to drive continuous service improvement.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There was a written policy, prepared by the provider, on the referral, admissions, transition and discharge of residents.

There were contracts of care in place for all residents. The inspector reviewed the four contracts of care and found that they were signed by the residents or their representatives.

The contracts of care were written in plain language, and their terms and conditions were clear and transparent. The residents' rights with respect to visitors were clearly set out in the contracts, as were the fees and additional charges or contributions that residents made to the running of the designated centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations.

The inspector reviewed the statement of purpose and found that it described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre. The statement of purpose was available to residents and their representatives in a format appropriate to their communication needs and preferences.

In addition, a walk around of the designated centre confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had established and implemented effective complaint handling processes. For example, there was a complaints and compliments policy in place. In addition, staff were provided with the appropriate skills and resources to deal with a complaint and had a full understanding of the complaints policy.

The inspector observed that the complaints procedure was accessible to residents and in a format that they could understand. Residents were supported to make complaints, and had access to an advocate when making a complaint or raising a concern.

The inspector reviewed the complaints log and found that complaints were being responded to and managed locally. The person in charge was aware of all complaints and they were followed up and resolved in a timely manner, as per the provider policy.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre.

The provider had measures in place to ensure that a safe and quality service was delivered to residents. The findings of this inspection indicated that the provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of person-centred care.

The inspector found the atmosphere in the centre to be warm and relaxed, and residents appeared to be very happy living in the centre and with the support they received. The inspector completed a walk around of the centre and found the design and layout of the premises ensured that each resident could enjoy living in an accessible, comfortable and homely environment. The provider ensured that the premises, both internally and externally, was of sound construction and kept in good repair. There was adequate private and communal spaces, and residents had their own bedrooms, which were decorated in line with their taste and preferences.

There were arrangements in place that ensured residents were provided with adequate nutritious and wholesome food that was consistent with their dietary requirements and preferences.

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. There were suitable arrangements in place to

detect, contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents' personal evacuation plans were reviewed regularly to ensure their specific support needs were met.

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments reflected the relevant multidisciplinary team input, and informed the development of care plans which outlined the associated supports and interventions residents required.

Where required, positive behaviour support plans were developed for residents, and staff were required to complete training to support them in helping residents to manage their behaviour that challenges.

Good practices were in place in relation to safeguarding. Any incidents or allegations of a safeguarding concern were investigated in line with national policy and best practice. The inspector found that appropriate procedures were in place, which included safeguarding training for all staff, the development of personal and intimate care plans, and support from a designated safeguarding officer within the organisation.

Regulation 17: Premises

The inspector found the atmosphere in the centre to be warm and calm, and residents appeared to be very happy living in the centre and with the support they received. The inspector carried out a walk around of the centre, which confirmed that the premises was laid out to meet the assessed needs of the residents.

Residents had their own bedrooms which were decorated to their individual style and preferences, and recognised their individuality. For example, their bedrooms included family photographs, pictures, soft furnishings and memorabilia.

There was a well-maintained large garden area at the rear of the centre, that provided outdoor seating for residents to use if they wished to. In addition, the inspector observed a well-maintained shed, which provided additional storage. The inspector also observed a large relaxation room, which was used by residents to relax and enjoy recreational activities. For example, residents used this space for socialising, relaxing and painting. However, works were required to the interior of this space. For example, the inspector observed areas of mould on the walls and the door and windows required replacing. These works had been identified by the person in charge and escalated to the provider's maintenance department. The inspector was provided assurance that the works were scheduled and would be completed by September 2024.

The inspector observed that residents could access and use available spaces both within the centre and garden without restrictions. Residents had access to facilities which were maintained in good working order. There was adequate private and

communal space for them as well as suitable storage facilities and the centre was found to be clean, comfortable, homely and overall in good structural and decorative condition.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents with assessed needs in the area of feeding, eating, drinking and swallowing (FEDS) had up-to-date FEDS care plans. The inspector reviewed one FEDS care plan and found that there was guidance regarding the resident's mealtime requirements, including the appropriate food consistency, and their food likes and dislikes.

Staff spoken with were knowledgeable regarding FEDS care plans and were observed to adhere to the directions from specialist services such as speech and language therapy, including advice on therapeutic and modified consistency dietary requirements. The inspector had the opportunity to observe some mealtime experiences for residents, including breakfast and lunchtime meals. Residents were provided with wholesome and nutritious food, which was in line with their assessed needs.

Residents had opportunities to be involved in food preparation in line with their wishes. For example, the inspector observed one resident preparing their own breakfast and another resident being supported by staff to prepare their lunch. The inspector observed suitable facilities to store food hygienically and adequate quantities of food and drinks were available in the centre. The fridge and storage presses were well stocked with a variety of different food items.

Residents spoken with said that they had choice at mealtimes and had access to meals, refreshments and snacks at all reasonable hours. Residents were consulted with and encouraged to plan their menu, and could choose to participate in the preparation, cooking and serving of their meals as they wished.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. For example, the inspector observed fire and smoke detection systems, emergency lighting and fire fighting equipment. 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 observed that the fire panel was addressable and easily accessed in the entrance hallway, and all fire doors, including bedroom doors closed properly when the fire alarm was activated.

The provider had put in place appropriate arrangements to support each resident's awareness of the fire safety procedures. For example, the inspector reviewed four resident's personal evacuation plans. Each plan detailed the supports residents required when evacuating in the event of an emergency. One resident spoken with was knowledgeable of evacuation routes and what to do in the event of an emergency. Staff spoken with were aware of the individual supports required by residents to assist with their timely evacuation.

The provider had completed a fire safety report, and all actions from the report had been completed. For example, all fire exits were fitted with thumb turn locks, which ensured prompt evacuation in the event of a fire.

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

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed three residents' assessments of needs, and found that they were comprehensive and up to date. The assessments were informed by the residents, their representatives and multidisciplinary professionals as appropriate.

The assessments informed comprehensive care plans which were written in a person-centred manner and detailed residents' preferences and needs with regard to their care and support. For example, the inspector observed plans on the following:

- Rights
- Mental Health
- Communication
- Physical and Intimate Care
- Feeding, eating, drinking and swallowing

The inspector also reviewed three residents' personal plans, which were in an accessible format and detailed their goals and aspirations for 2024, which were important and individual to each resident. For example, the goals included: to lose weight, maintain independence, go for afternoon tea, and to stay in a hotel. In addition, there was evidence that residents achieved their 2023 goals. For example, having an annual family barbecue, going on holidays with friends, going on holidays abroad, and celebrating birthdays.

The provider had systems in place to track goal progress, which included; actions

taken, status of the goal, any barriers identified and how the resident celebrated after achieving their goal. Photographs of residents participating in their chosen goals and how they celebrated were included in their personal plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that there were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. For example, two positive behaviour support plans reviewed by the inspector were detailed, comprehensive and developed by an appropriately qualified person. In addition, each plan included proactive and preventive strategies in order to reduce the risk of behaviours of concern from occurring.

The provider ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice. Staff spoken with were knowledgeable of support plans in place and the inspector observed positive communications and interactions throughout the inspection between residents and staff.

There were no restrictive practices used in this centre and the inspector found that the provider and person in charge were promoting residents' rights to independence and a restraints free environment.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. For example, there was a clear policy in place with supporting procedures, which clearly directed staff on what to do in the event of a safeguarding concern. In addition, all staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were knowledgeable about their safeguarding remit.

At the time of this inspection there were some open safeguarding concerns. However, the inspector found that these had been reported and responded to as required and formal safeguarding plans were in place to manage these concerns.

The inspector reviewed three preliminary screening forms and found that any incident, allegation or suspicion of abuse was appropriately investigated in line with national policy and best practice.

Following a review of three residents' care plans the inspector observed that safeguarding measures were in place to ensure that staff provided personal intimate care to residents who required such assistance in line with residents' personal plans and in a dignified manner.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
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 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant