



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

Issued by the Chief Inspector

Name of designated centre:	Ardbeg
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Announced
Date of inspection:	21 February 2024
Centre ID:	OSV-0002352
Fieldwork ID:	MON-0034077

About the designated centre

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

Ardbeg is a designated centre operated by St. Michael's House. The designated centre consists of a terraced house in a suburban area of North Dublin. It provides 24 hour residential care and support to six adult residents with intellectual disabilities. On the ground floor of the building there is an entrance hallway, a modest sized kitchen space, a large dining room, two living rooms, a side entrance with a small toilet, a utility room, a large shared bathroom, and two bedrooms. On the first floor there are four bedrooms, one staff office area which also acted as a sleep over room and contained en suite facilities, a main bathroom, and a small storage space. Exterior to the building there is a small driveway to the front with space for parking one vehicle while at the rear of the building there is a large enclosed garden with patio and outdoor dining space. The staff arrangement for the centre consists of a person in charge and a staff 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 21 February 2024	10:00hrs to 16:30hrs	Karen McLaughlin	Lead

What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of designated centre, Ardbeg. The inspection was scheduled to inform decision making in respect of the provider's application to renew the centre's certificate of registration.

On the morning of the inspection, the inspector visited the premises of the designated centre, completed a walk-around and had the opportunity to meet with and talk to residents and staff. This part of the inspection was facilitated by the person in charge. In the afternoon, the inspector visited the provider's head office and reviewed documentation and paperwork relating to the centre. This was facilitated by the designated centre's service manager.

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 and standards.

The centre consisted of two storey residential semi-detached house in situated in North Dublin. The centre had the capacity for a maximum of six residents. At the time of the inspection there were five residents living in the centre.

On arrival to the designated centre, the inspector was greeted by the person in charge who introduced them to two of the residents preparing to go about their day. One of whom, showed the inspector around their bedroom and spoke about how they liked living here and had recently moved to a downstairs bedroom. The inspector then met with the person in charge and staff members on duty on the day of inspection. They all spoke about the residents warmly and respectfully, and demonstrated a rich understanding of the residents' assessed needs and personalities and demonstrated a commitment to ensuring a safe service for them.

The inspector saw that staff and residents' communications were familiar and kind. Staff were observed to be responsive to residents' requests and assisted residents in a respectful manner.

Residents were observed receiving a good quality person-centred service that was meeting their needs. The inspector observed residents coming and going from their home during the day. Three of the residents attended day services locally and were supported to make their way there by staff either on public transport or through the providers own transport. One resident spoke about how she was supported to meet up with friends and family. Additionally, there was a quiet room to the rear of the premises which was used for residents recreation and set up to receive visitors.

All residents were aware of the inspection visit and were supported to meet with and talk to the inspector. Two residents showed the inspector their bedrooms and

appeared proud of them. Both said that they were happy living in the centre.

In advance of the inspection, residents had also completed Health Information Quality Authority (HIQA) surveys, with support from staff. These surveys sought information and residents' feedback about what it was like to live in this designated centre. The feedback in the surveys 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. One resident commented that they would like a bigger bedroom, arrangements were underway to facilitate this request. Another resident said that they were happy with the staff team but would like to go on more outings with them. They also commented that while they like relief staff sometimes they are used too much and they would prefer their regular staff. One resident, went through her survey in person with the inspector. She said that 'staff are very good to us and the food is good'.

The person in charge accompanied the inspector on an observational walk around of the premises. Overall, the inspector found to be clean, bright, homely, nicely furnished, and laid out to the needs of residents living there.

There was a sitting room and a separate dining area which was connected to a kitchen. The kitchen dining area was main hub of activity in the house. When residents returned from being out and about they each came in to kitchen had tea or coffee and communicated with staff about their day.

Residents' bedrooms were nicely decorated in line with their preferences and wishes, and the inspector observed the rooms to include family photographs, and memorabilia that was important to each resident.

Overall, from what the inspector was told and observed during the inspection, it was clear that residents had active and rich lives, and received a good quality service. 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 this report will 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 care 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.

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.

The centre had a clearly defined management structure, which identified lines of authority and accountability.

There was a person in charge employed in a full-time capacity, who had the necessary experience and qualifications to effectively manage the service.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents. Annual reviews and six-monthly reports, and a suite of audits had been carried out in the centre. Residents were consulted regularly through residents' meetings.

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.

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.

A directory of residents was made available to the inspector on the day of inspection, and was found to be accurate and up to date.

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.

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.

Overall, the inspector found that the centre was well governed and that there were systems in place to ensure that risks pertaining to the designated centre were identified and progressed in a timely manner.

Regulation 14: Persons in charge

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

There were adequate arrangements for the oversight and operational management of the designated centre at times when the person in charge was or off-duty or

absent.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual staff rota which was clearly documented and contained all the required information.

The inspector observed staff engaging with residents in a respectful and warm manner, and it was clear that they had a good rapport and understanding of the residents' needs.

Due to vacancies within the existing staff team the provider was attempting to ensure continuity of care and support through the use of regular relief and agency staff, however this was a challenge. Owing to the assessed needs of the residents it was important that they were supported by a core familiar and consistent staff team who had a good understanding of individual and collective needs. Overall, the continuity of care and support to residents could not always be assured due to a reliance on the use of relief and agency staff to meet the assessed staffing complement.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained. All staff had completed or were scheduled to complete mandatory training.

Supervision records reviewed by the inspector were in line with organisation policy and the inspector found that staff were receiving regular supervision as appropriate to their role.

Judgment: Compliant

Regulation 19: Directory of residents

The centre had an up to date directory of residents and it was made available to the inspector to view. This document included details set out in Schedule 3 of the

regulations.

Judgment: Compliant

Regulation 23: Governance and management

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.

The person in charge reported to a service manager, who in turn reported to the director of services. Management systems were in place to ensure that the service provided was appropriate to the needs of the residents and effectively monitored. The provider had appropriate resources in place including equipment, staff training and transport arrangements in place in the centre.

Local governance was found to operate to a good standard in this centre. Good quality monitoring and auditing systems were in place. The person in charge demonstrated good awareness of key areas and had checks in place to ensure the provision of service delivered to residents was of a good standard. Various monitoring and oversight systems were in place. Six-monthly unannounced visits on behalf of the provider had taken place, and any required actions were clearly identified. The provider also had in place a suite of audits, which included; restrictive practices, medication, infection prevention and control and health and safety checklists.

Regular staff meetings were held, and a record was kept of the discussions and required actions. The presence of the person in charge in the centre provided all staff with opportunities for management supervision and support. An annual review and unannounced visits to monitor the safety and quality of care and support provided in the centre had been completed, as required by the regulations.

Judgment: Compliant

Regulation 3: Statement of purpose

An up-to-date statement of purpose was in place which met 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.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints policy in place. There was an up-to-date complaints log and procedure available in the centre. This was in easy-to-read format and accessible to all.

The inspector reviewed a sample of these logs 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.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents living 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 inspector found the atmosphere in the centre to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received.

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

Residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support practices. Residents' daily plans were individualised to support their choice in what activities they wished to engage with and to provide opportunity to experience life in their local community. The designated centre was located in a residential area with easy access to public transport, shops and community facilities.

There were suitable care and support arrangements in place to meet residents' assessed needs. A number of residents' files were reviewed and it was found that comprehensive assessments of need and support plans were in place for these residents.

Residents' health care needs were well assessed, and appropriate health care was made available to each resident. Residents had access to a general practitioner and a wide range of allied health care services.

The registered provider had ensured that residents were free to receive visitors to their home in accordance with each resident's wishes.

Residents that required support with their behaviour had positive behaviour support plans in place. There were some restrictive practices used in this centre. A restrictive practice committee was in place and restrictions were reviewed regularly.

There were good arrangements, underpinned by robust policies and procedures, for the safeguarding of residents from abuse. Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns. Staff spoken with were familiar with the procedure for reporting any concerns, and safeguarding plans had been prepared with measures to safeguard residents.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were receiving a safe and quality service.

Regulation 11: Visits

The inspector saw that there were supports in place to assist residents to develop and maintain links with their friends and family.

There were no visiting restrictions in the centre. Residents were free to receive visitors in line with their wishes.

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 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. The provider's technical services team were due to come and paint the premises, including residents

bedrooms the week following the inspection.

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. For example, one resident had recently moved to a ground floor bedroom to support his identified changing needs regarding mobility.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The registered provider had ensured that there were arrangements in place to meet the needs of each resident.

A sample of residents' files were reviewed and it was found that comprehensive assessments of need 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.

Support plans included communication needs, social and emotional well being, safety, health and rights.

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.

Individual health plans, health promotion and dietary assessments and plans were in place. A review of residents files demonstrated that 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 and hospital consultants in accordance with their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that where residents required behavioural support, suitable arrangements were in place to provide them with this. The inspector reviewed a sample of resident's positive behaviour support plans and found that they clearly documented both proactive and reactive strategies.

Clearly documented de-escalation strategies were incorporated as part of residents' behaviour support planning with accompanying well-being and mental health support plans.

Staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour.

Restrictive practices were regularly reviewed with clinical guidance and risk assessed to use the least restrictive option possible.

Judgment: Compliant

Regulation 8: Protection

The registered provider had implemented systems, underpinned by written policies and procedures, to safeguard residents from abuse. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were knowledgeable about their safeguarding remit.

Safeguarding plans were reviewed regularly in line with organisational policy. Formal and interim safeguarding plans were implemented and were supported by risk assessments. The control measures to protect residents from abuse were seen to be proportionate, person-centred and mindful of the residents' rights and wishes.

Staff spoken to on the day of inspection reported they had no current safeguarding concerns and training in safeguarding vulnerable adults had been completed by all staff.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially 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
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Ardbeg OSV-0002352

Inspection ID: MON-0034077

Date of inspection: 21/02/2024

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Regular Relief and agency staff have been sourced from the 01/03/2024 to work within this designated Centre to ensure continuity of Care.</p> <p>Derogation has been approved for 1 WTE Social Care Worker and the recruitment process has began.</p> <p>1 WTE Social Care Worker will return from Maternity Leave on the 01/06/2024.</p> <p>3 Part time Social Care Workers within the designated centre are increasing their hours to 135 hours per month on the 01/06/2024 to further enhance the continuity of Care.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31/07/2024