



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

Issued by the Chief Inspector

Name of designated centre:	A Bettystown Avenue
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Announced
Date of inspection:	08 July 2021
Centre ID:	OSV-0002365
Fieldwork ID:	MON-0025439

About the designated centre

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

A Bettystown Ave is a designated centre operated by Saint Michael's House located in North County Dublin. It provides a community residential service to six adults with a disability. The centre is a two-storey house in a residential area and comprises of two sitting rooms, a kitchen/diner, utility room and seven bedrooms, of which six are used by residents and a number of shared bathrooms. The centre further provides a patio area to the rear of the house and a garden to the side which are both accessible to residents. The centre is staffed by a person in charge and social care workers. In addition, the provider has arrangements in place outside of office hours and at weekends to provide management and nursing support if required.

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 - 2015 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
Thursday 8 July 2021	10:10hrs to 16:25hrs	Andrew Mooney	Lead
Thursday 8 July 2021	10:10hrs to 16:25hrs	Jennifer Deasy	Support

What residents told us and what inspectors observed

In line with public health guidance, inspectors did not spend extended periods of time with residents. The inspectors met with each resident and had the opportunity to observe residents in their home throughout the inspection. Five residents and one parent had completed questionnaires in advance of the inspection. The inspectors used observations and discussions with residents in addition to a review of documentation and conversations with key staff to form judgements on the quality of residents' lives in their home. Overall the inspectors found that the residents enjoyed a good quality of life and that the centre was resourced to meet residents' assessed needs.

The inspectors seen that residents freely accessing various areas in their home and interacting with staff. Residents appeared comfortable and very happy in their home. Resident and staff interactions were observed to be warm and friendly. The inspectors saw residents and staff talking to each other and sharing jokes throughout the day.

Residents were observed receiving supports from staff with activities of daily living including attending appointments and mealtime assistance. Staff were noted to be warm in their interactions with residents while providing these supports. Inspectors saw one resident being assisted with lunch. The staff supporting this resident was observed to take time and use the mealtime for one to one conversation.

Three residents showed the inspectors their bedrooms. Their bedrooms were individually decorated and furnished and residents appeared proud of them. Several residents had access to their preferred technology in their bedrooms. Through a questionnaire, it was noted one bedroom was felt to require redecoration and that the ceilings in two bedrooms required painting.

Resident questionnaires showed that residents accessed many activities both within their home and outside in the community. These activities included music, basketball, walking, going for coffee and playing tennis. Residents reported in the questionnaires that they love their house, they like the food, the activities and the staff and that they feel their rights are respected. Residents stated "I feel happy as I control everything with staff support" and "the staff are supportive and very understanding". Residents reported that they had limited access to dedicated transport for their house. This meant they were unable to assist with the twice weekly food shop. However, residents informed inspectors that they regularly accessed the local community for coffee and snacks.

Overall, the inspectors found that the residents in this centre were supported to enjoy a good quality of life which was respectful of their choices and wishes. The person in charge and staff were striving to ensure that residents lived in a supportive environment. It was evident that residents' views and wishes were

listened to and that their autonomy was respected.

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 the service being provided.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and to inform decision making for the renewal of the centre's registration. The inspector found that this designated centre met and exceeded the requirements of the regulations in many areas of service provision.

There were effective management arrangements in place that ensured the safety and quality of the service was consistent and closely monitored. The provider had systems in place to monitor and review the quality of services provided within the centre such as six monthly unannounced visits and an annual review of quality and safety. These systems identified areas requiring improvement and set out an action plan with allocated responsibility and time frame for completing tasks. The annual review of quality and safety set out clearly how the views of staff, residents and families' were captured in order to inform the review.

There were clearly defined management structures in place which identified the lines of authority and accountability within the centre. The centre was managed by a suitably qualified and experienced person in charge who was employed on a full-time basis. While the person in charge had responsibility for one additional service, the inspector found that the governance arrangements facilitated the person in charge to have adequate time and resources in order to fulfil their regulatory responsibilities.

Staffing levels and skill mix were appropriate to the assessed needs of the residents and were in line with the centre's statement of purpose. The provider had increased staffing levels within the house and had reduced their reliance on agency staff. The inspectors were assured by the Schedule 2 documentation arrangements that the provider had in place for agency staff. A planned and actual roster was maintained.

A training matrix was maintained which demonstrated that staff generally have a high level of both mandatory training and refresher training. A training plan was in place for 2021 to provide for any required refresher training. Staff spoken with were knowledgeable about residents and appeared to know them well. Supervision arrangements were in place for the person in charge and for staff. A review of the supervision records found them to be in line with the organisational policy. The supervision content was appropriate to meet the needs of the staff.

Regulation 15: Staffing

There were sufficient staff with the right skills, qualifications and experience to meet the assessed needs of residents. The provider had increased staffing allocation to the unit and had reduced the use of agency staff. This enhanced the consistency of staff for residents. A planned and actual roster was in place. Staff spoken to were knowledgeable about the residents' needs and residents appeared to know staff well. Staff were observed to engage positively with residents. Inspectors saw staff supporting residents in a gentle and supportive manner.

Judgment: 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. Education and training had been provided to staff which enabled them to provide care that reflected up-to-date, evidence based best practice. There was clear evidence that staff received supervision as appropriate to their role.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined governance structure that facilitated the delivery of good quality care and support that was routinely monitored and evaluated. An annual review had been completed in consultation with staff, residents and families. The report set out an action plan for the centre. The centre was managed by a suitably qualified and experienced person in charge. The centre was sufficiently resourced to meet the needs of all residents.

Judgment: Compliant

Regulation 31: Notification of incidents

Inspectors reviewed all incidents within the centre and identified that all notifications

had been notified to the Chief Inspector as per the Regulations.

Judgment: Compliant

Quality and safety

Overall, this inspection found that the day to day practice within this centre ensured residents were safe and were receiving a quality service. The provider had taken steps to address some areas of non-compliance identified on previous inspections such as fire precaution measures. However, there were long-standing issues with premises which had not been addressed by the provider and further improvements were required in the safe storage of medicines within the centre, specifically medicines which are used to support eating, drinking and swallowing needs.

The provider had adopted a range of infection prevention and control procedures to protect residents from the risk of acquiring a health care associated infection. The provider demonstrated their capacity to communicate with residents, their families and visitors to promote and enable safe infection prevention and control practices. A COVID-19 contingency plan was in place for the designated centre with clear processes set out. A family member had commended the centre on their COVID-19 arrangements in their completed questionnaire. Residents and their families had been communicated with regarding the changes to visiting practices. These visiting arrangements were found to be in line with current public health advice.

In general, the house was observed to be clean, tidy and homely. It was large and easy for residents to access their living areas and their own bedrooms. There was a large, accessible bathroom on the ground floor. However, there were some long standing issues with the premises which had not been addressed. The ceilings of two residents' bedrooms had been damaged due to a leak in an upstairs bathroom. While the ceiling had been repaired, it was yet to be painted. Several areas of the premises were noted to require painting particularly the skirting boards and door frames. The kitchen required updating. A plan was in progress by the provider to complete kitchen works in 2021.

There were appropriate fire safety measures in place, including detection and alarm system, fire fighting equipment and containment measures. Staff were trained in fire prevention and suitable drills were completed. Personal evacuation plans were in place for residents. These were reviewed annually and outlined day and night arrangements for the safe evacuation of residents.

Arrangements were in place to support and respond to residents' assessed support needs including in the area of positive behaviour support. Staff had completed positive behaviour support training and this enabled them to provide care that reflected up-to-date, evidence-based-practice. Positive behaviour support plans were in place for those residents who required them and were found to be up-to-date.

The provider had ensured that there were systems in place to safeguard residents from all forms of potential abuse. All staff had completed safeguarding training. Intimate care plans were in place for those residents who required them. Intimate care plans set out how to support residents' independence and to respect their dignity and privacy. Two restrictive practices were in place which had been notified appropriately to the Chief Inspector. These were reviewed by the provider's positive approaches monitoring group (PAMG).

There was evidence that residents were provided with good quality, nutritious food. The fridge and kitchen cupboards were observed to be clean and well stocked. Residents reported having choices in meal planning and being able to help themselves to snacks as they wished. Residents were also supported to assist with cooking. Some residents required assistance with their meals. Staff were observed providing support to residents at mealtimes. However, in conversation with staff, the inspectors noted a lack of consistency and clarity in staff descriptions on how to modify fluids and food in order to be in line with residents' plans.

A medication was observed to not be stored securely as per Regulation 29 and the provider's safe storage of medication policy. This medication was a thickening powder used to thicken fluids as per residents' assessed needs. The risk was further compounded as the provider had identified that there were residents who were at risk of choking. An immediate action was raised with the person in charge on the day. The person in charge took actions to mitigate the risk before the end of the inspection. The medication was observed to be removed and the person in charge reported it was stored in a locked medicine press. The provider is required to conduct a full review of how medicines are stored within the designated centre.

Regulation 11: Visits

There was adequate space in the house to receive visitors. Prior to the pandemic, the house operated an open door policy and visitors were welcome as per residents' wishes. Residents communicated that the last year had been difficult for them however they had been supported to maintain contact with their family and friends in line with public health guidance. Residents are now able to receive visitors to their home. However it was reported that many prefer to go out in the community or visit their friends and families in their homes. These visits are risk assessed by the provider in line with the current COVID-19 restrictions.

Judgment: Compliant

Regulation 17: Premises

The premises was observed to be laid out in line with residents' assessed needs. There were an appropriate number of baths, showers and toilets in the centre. Accessible bathrooms were available to support the care needs of residents who require additional support. The centre was generally homely and welcoming. However, some areas of the centre required decoration. A kitchen upgrade was required and this need had been reflected by residents in their questionnaires. Two bedroom ceilings required painting and skirting boards and door frames throughout the centre required painting also. A parent reported that one resident's bedroom required redecorating to be in line with the resident's preferred tastes.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents reported having access to good quality, nutritious food. Clean, well-stocked cupboards and a fridge were noted on inspection. Inspectors observed a meal time which was noted to be calm and supportive with good quality interactions between residents and staff. Support plans for residents who required additional support with feeding, eating, drinking and swallowing were in place and were up to date. Staff were observed providing support during mealtimes and supporting residents to use adaptive utensils and cups. However, on questioning by inspectors, there was a lack of clarity and consistency amongst staff on how to modify residents' food and fluids as per their feeding, eating, drinking and swallowing plan. It was unclear if the guidance provided to staff regarding residents' feeding, eating, drinking and swallowing plans was sufficient to ensure that meals and fluids were consistently provided in line with residents' assessed needs.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had implemented measures to protect residents from health care associated infections. There was clear evidence of temperature checks and hand sanitising in place. Family members had been notified of changes to visiting arrangements due to COVID-19 restrictions. COVID-19 contingency plans were in place. Staff were observed to engage in good hand hygiene practices, wore appropriate PPE and were observed to engage in physical distancing where possible.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire equipment was provided and serviced as required including the fire alarm, emergency lighting and fire fighting equipment. There were suitable means of escape and an up to date fire evacuation plan. Staff were trained in fire prevention and suitable fire drills were completed.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

A medication was observed to not be stored securely. The provider had failed to recognise the risk that incorrect storage of thickening powder presented to residents. An immediate action was raised with the person in charge on the day. The person in charge took actions to mitigate the risk before the end of the inspection. The medication was observed to be removed and the person in charge reported it was stored in a locked medicine press. The provider is required to conduct a full review of how medicines are stored within the designated centre.

Judgment: Not compliant

Regulation 7: Positive behavioural support

All staff had up to date positive behaviour support training. Two positive behaviour support plans that were in place. These positive behaviour support plans were up to date and available on residents' files. Positive behaviour support plans set out proactive strategies for staff to engage in as well as reactive strategies. These plans were signed and dated by staff providing care.

Judgment: Compliant

Regulation 8: Protection

All staff had up to date safeguarding training. A six monthly review of the quality of care and support reviewed any safeguarding concerns. There were no active safeguarding issues in the centre at the time of inspection. Intimate care plans were in place for residents who required them and were noted to be up to date. Restrictive practices had been logged and these had been reviewed by the provider's positive approaches monitoring group.

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 - 2015 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 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for A Bettystown Avenue OSV-0002365

Inspection ID: MON-0025439

Date of inspection: 08/07/2021

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> -Contractor visited centre to assess work required and provide quote on 11/06/2021. Confirmation of quote approval received from Housing Association 08/07/2021. PIC contacted Housing Association re: date for commencement of work. Contractor will contact PIC to arrange suitable date to begin upgrade before 31st August 2021. -Housing association contacted by PIC 02/08/2021 re: re-painting of two resident's ceilings, and painting skirting boards and door frames. Work to be completed at same time as kitchen upgrades. Work will be completed by 30th September 2021. 	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <ul style="list-style-type: none"> -PIC contacted SLT on 08/07/2021 re: updating resident's FEDS guidelines to include some food being blended and to more clearly outline guidance re: thickening drinks to required consistency. -PIC discussed guidelines with all staff at staff meeting 14/07/2021. -SLT invited to attend upcoming staff meeting 11/08/2021 to give refresher training for all staff. -Guidelines currently being reviewed. 	

Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none">-Medication management audit completed July 2021.-PIC stored Nutilis thickener in medication press on day of inspection. PIC also emailed all staff to ensure Nutilis thickener is only stored in double locked medication press and administered by SAM trained staff. Also discussed at staff meeting 14/07/2021.-Completed 14/07/2021.	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/09/2021
Regulation 18(2)(d)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.	Substantially Compliant	Yellow	31/08/2021
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering,	Not Compliant	Orange	14/07/2021

	receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.			
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