



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:	15 May 2024
Centre ID:	OSV-0002365
Fieldwork ID:	MON-0034690

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 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 also 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 (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 15 May 2024	09:45hrs to 16:50hrs	Jennifer Deasy	Lead

What residents told us and what inspectors observed

This inspection was an announced inspection scheduled to inform decision-making in respect of the provider's application to renew the centre's certificate of registration. The inspector had the opportunity to meet most of the residents over the course of the day and also to speak to several family members of residents. The inspector used conversations with residents, family members, and staff, as well as observations of care and support and a review of documentation to inform judgments on the quality and safety of care in the centre. The inspector found that residents in this centre were in receipt of a high standard of care which was delivered in a person-centred and rights-informed manner.

The inspector was greeted on arrival by the staff on duty and the person in charge. There were three residents in the centre at the time of inspection. The other three residents had left to attend day services or were on holidays with family members. The inspector met one resident who told her that they were doing their laundry and then were going to play tennis in a local tennis club. The inspector met another resident who greeted the inspector as they left for day services. A third resident was seen to be supported to have a drink and their breakfast at the kitchen table. The inspector saw that there were sufficient staff on duty to support residents. Staff and resident interactions were seen to be familiar and relaxed.

The inspector completed a walk-around of the centre with the person in charge. The centre was seen to be very clean and well-maintained. The residents each had their own individual bedrooms which were decorated in line with their personal preferences. Works had been completed to some bedrooms. For example, one resident told the inspector about the new flooring and curtains in their room. This resident told the inspector that they had further plans to get new wardrobes and also a big television for their bedroom.

The centre was homely and comfortable. Residents' photographs were displayed in communal areas. Residents had access to two sitting rooms, a large kitchen and dining room and two downstairs bathrooms. One resident told the inspector that they were waiting for the provider to complete works to the upstairs bathroom in order to make it accessible for them. This will be discussed further in the quality and safety section of the report.

This resident spoke to the inspector in more detail of their experiences of living in the centre. They described their leisure and educational activities and their plans for a graduation celebration which was coming up. The resident said that they liked living in the house but would like to move out with their partner in the future. The resident said that they were being supported to explore this goal with staff.

All of the residents had completed residents' questionnaires which were reviewed by the inspector. The residents, overall, gave very positive feedback on the care in the centre however, a common theme from conversations with residents and family

members, and from reviewing the resident questionnaires, was that the residents preferred to have regular staff on duty and did not particularly enjoy having relief or agency staff support them. The person in charge told the inspector that there were some vacancies in the centre for which relief or agency staff were required to fill. This will be discussed further in the capacity and capability section of the report.

Three family members of residents made themselves available to speak to the inspector, both in person and through video calls, regarding their perspectives on the quality and safety of care. Family members also spoke very positively regarding the care that the residents were in receipt of. Family members spoke about the excellent communication between staff and family members and of how the staff team had supported residents to maintain contact with their families. Many family members described how the residents had lived in the centre for many years and considered it their home. Family members spoke about how responsive the provider had been when there were any issues or concerns raised.

One resident in the centre had experienced changes to their assessed needs in recent months. This resident's family member spoke to the inspector about the health care supports which had been put in place to meet those needs. They described the service as being "second to none, absolutely phenomenal".

The family member described the transition plan that was underway at the time of inspection to support the resident to move to another designated centre which would be better-equipped to meet their needs. The family member stated that the resident had been supported to become familiar with the new centre and the staff team and that there was a transition plan in place.

Staff spoken with were well-informed of their roles and responsibilities and described to the inspector how they ensured that the residents were safe and how they supported all residents to have autonomy in their daily lives. Staff had completed training in areas including human rights and described how they supported all residents, including those who communicated with non-verbal means, to make meaningful choices in their lives. For example, staff described how they carefully monitored residents' facial expressions, body language and gestures during mealtimes to determine if residents were happy with the choice of food that had been offered.

In summary, the inspector saw, and was told, that residents were happy and safe in their home and that their assessed needs were being met. Residents were in receipt of person-centred care which was supporting them to be active members in their community and to exercise freedom and choice in their daily lives.

The next two sections of the report describe the governance and management arrangements and how effective these were in ensuring a good quality and safe service.

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. Overall, the inspector found that there were effective leadership systems in place which were ensuring that residents were in receipt of safe care. However, staffing vacancies and the resulting reliance on relief and agency staff were impacting on the continuity of care provided to residents.

The provider had submitted an application to renew the centre's certificate of registration. This application was submitted within the required time frame and all of the accompanying documentation, including certificates of insurance, the residents' guide and the statement of purpose were also submitted. These were reviewed by the inspector and were found to meet the requirements of the regulations.

The centre was staffed by a team of social care workers who reported to the person in charge. The person in charge had oversight of two designated centres, one of which was A Bettystown Avenue. There were systems in place to support the person in charge in overseeing both centres, including, for example, delegating particular roles and responsibilities relating to the day-to-day running of the centre to an experienced social care worker. There were a suite of audits at local level which informed monthly data reports and supported the person in charge and service manager in ensuring a good standard of care.

There were two whole time equivalent vacancies at the time of inspection, for which relief and agency staff were required to ensure the roster could be filled. While there were systems in place to ensure that relief staff were informed of their responsibilities, the reliance on relief staff was not supporting continuity of care for the residents. Residents and family members expressed to the inspector that they preferred when there were familiar staff on duty as they felt that the care was more person-centred when delivered by familiar staff.

Staff were in receipt of mandatory and refresher training. Staff were knowledgeable regarding their roles and responsibilities and described to the inspector how their training had informed their practice.

The provider had in place a complaints policy and procedure. The inspector saw that residents and family members were supported to make complaints if they wished to do so and that these were responded to in line with the policy.

Overall, the inspector was assured that the provider has effective management arrangements in place to ensure the quality and safety of care. However, some improvements were required to better support continuity of care for residents.

Registration Regulation 5: Application for registration or renewal of registration

The provider had made a full and complete application to renew the centre's certificate of registration. The information was submitted within the required time-frame and the associated fee had been paid.

Judgment: Compliant

Regulation 15: Staffing

The designated centre was operating with two whole time equivalent staff vacancies at the time of inspection. The inspector reviewed the rosters for the centre from April and May 2024. The inspector saw that, due to the staff vacancies, there was a high reliance on relief and agency staff to fill gaps in the roster. For example, in April, 19 relief and agency staff were required and there had been 16 relief and agency staff required in May up to the date of the inspection.

The inspector saw, and was told, that there were systems in place to ensure that relief and agency staff were inducted and to ensure that they were familiar with residents' needs and the local operating procedures. For example, staff on duty showed the inspector the "essential guide to Bettystown" which was used to induct new staff. Staff also spoke of the documented handover which occurred between staff at shift changes. While the inspector was assured that these systems were ensuring the safety of care, the high reliance on relief and agency staff was not supporting continuity of care and was impacting on the quality of the service delivered.

Residents, staff and family members told the inspector through the provider's annual review, resident questionnaires and in person, that residents preferred familiar staff and that familiar staff were more effective in delivering person-centred care.

Schedule two files for three staff were reviewed by the inspector. These were found to contain all of the information as required by the regulations.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A training matrix was maintained for the designated centre and was reviewed by the inspector. The inspector saw that staff had received training in mandatory areas including safeguarding vulnerable adults, first aid and fire safety. Staff were in receipt of refresher training to ensure that they maintained their competencies in these areas.

Staff had received additional training in areas specific to the residents' needs, including for example, dementia care. Staff had also recently completed in-person

training in human rights. Staff spoke about how this training had informed their day-to-day practice and gave examples of how they ensured that all residents had freedom to exercise choice and control in their lives.

Staff were in receipt of regular support and supervision. Staff attended monthly staff meetings. The inspector reviewed the minutes of staff meetings from the preceding three months. These meetings covered topics relevant to the quality and safety of care in the centre.

Judgment: Compliant

Regulation 22: Insurance

The provider had submitted a copy of their insurance policies to the Chief Inspector with their registration renewal application. These were reviewed by the inspector. The inspector saw that the provider had effected a contract of insurance against injury to residents and also had effected a contract of insurance against loss of, or damage to, property in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management structures in the designated centre. The centre was staffed by a team of social care workers who reported to the person in charge. Staff were informed of their roles and responsibilities and of the mechanisms to escalate concerns or risks.

Experienced social care workers supported the person in charge in having oversight of the day-to-day running of the designated centre as the person in charge also had responsibility for another designated centre, which was located nearby. The inspector saw that these arrangements were effective and that there was good oversight of the quality and safety of care.

The person in charge reported to a service manager, who in turn reported to a director of services. There were clear systems and structures in place to ensure that risks could be escalated to the provider level.

There were a suite of audits in place, both at local level and provider level to ensure that the provider had oversight of risk and to drive service improvement. These included six-monthly audits, an annual review of the quality and safety of care and an infection prevention and control (IPC) audit.

The annual review had been completed in consultation with residents, family

members and staff and highlighted concerns regarding staff vacancies and the complaints made by residents in respect of the inaccessibility of the upstairs bathroom. A number of actions were completed in respect of the provider's audits, including for example, a review of the staffing arrangements at weekends was completed to ensure that residents were in receipt of more person-centred care. There were a number of other actions which were in progress at the time of the inspection, including works to enhance the accessibility of the upstairs bathroom.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was readily available in the designated centre. A copy of the statement of purpose was submitted with the provider's application to renew the certificate of registration for the centre. The inspector reviewed the statement of purpose in advance of the inspection and found that there were some minor amendments to be made to ensure full compliance with the associated regulation. The inspector saw that the provider had made these changes by the time of the inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had in place a complaints policy and accessible complaints procedure which was readily available in the designated centre. The complaints policy was reviewed and had been updated within the past three years as required by the Regulations.

Residents and their family members were supported to make complaints. The inspector reviewed two complaints made and found that these had been responded to in line with the provider's policy.

Judgment: Compliant

Quality and safety

This section of the report details the quality of the service and how safe it was for the residents who lived there. The inspector found that residents in this house were in receipt of a very good quality and safe service which was responsive to residents'

changing needs and was ensuring that residents were supported to be active in their home and their community for as long as possible. There were two areas for improvement identified, which related to the accessibility of the bathroom and the laundry facilities.

The inspector reviewed a sample of residents' files over the course of the inspection. The inspector saw that files contained an up-to-date individual assessment which was used to inform person-centred care plans. The residents' assessments were informed by key stakeholders. The inspector saw that care plans had been amended in line with residents' changing needs and that residents were in receipt of appropriate multi-disciplinary care in respect of those needs. Staff had received additional training and support in meeting assessed needs and could confidently describe how they implemented care plans.

Residents' files also detailed care plans to support residents' finances and to ensure residents were safeguarded. The inspector found that residents had been consulted with regarding these plans and were informed of them.

Residents were well-connected in their community. They described to the inspector the many social, leisure, educational and occupational opportunities available to them. Residents' family members described how they were supported to maintain contact with their loved ones.

The designated centre was spacious, comfortable and homely. Aids and appliances such as ceiling-mounted hoists were available to support residents who required these. The provider had identified that an upstairs bathroom required improvements to ensure it could be used by residents. The inspector also saw that there were some minor improvements required to the laundry facilities. These included ensuring that the appropriate washing detergent was available to manage soiled linen and ensuring that there was regular cleaning of the washing machine.

Overall, the inspector was assured that residents were in receipt of a person-centred service which was delivering care to a high standard.

Regulation 12: Personal possessions

Residents in this centre were supported to maintain autonomy over their finances in line with their expressed preferences and assessed needs. Some residents had chosen to manage their own money, while others had chosen to receive staff support with this aspect of their lives. The inspector saw that, where staff support was given to assist with managing finances, that residents had been consulted with regarding this and that their consent to this support was documented.

The inspector spoke to one resident about the supports in place to manage their finances. The resident told the inspector about their financial support care plan and of how they had autonomy and control over their money.

The inspector reviewed the records maintained in respect of two residents' spending. The inspector saw that residents used their money for daily activities in line with their personal preferences.

The inspector saw that residents' personal possessions were stored and displayed in residents' bedrooms in a careful and person-centred manner.

Judgment: Compliant

Regulation 13: General welfare and development

Residents in this centre clearly enjoyed active lives and were well-connected with their local community. Residents told the inspector about the activities that they enjoyed including playing tennis and badminton as well as their educational activities such as attending day services and college courses. One resident was due to graduate from a college course shortly and told the inspector about a recent shopping trip they had gone on to purchase a new outfit for their graduation. They were very much looking forward to their celebration.

Other residents were in part-time employment. One resident told the inspector about their job and their responsibilities and said that they enjoyed their work.

Judgment: Compliant

Regulation 17: Premises

The premises of the designated centre was maintained in a very clean and homely manner. There were ample private and communal spaces available to residents with sufficient storage facilities for residents' belongings.

Some residents showed the inspector their bedrooms. The inspector saw that these were personalised and decorated in an individual manner. Works had been completed to some bedrooms recently in line with residents' preferences. For example, one resident had chosen new floors and curtains which had been fitted. Other residents were in the process of choosing new wardrobes for their bedrooms.

The provider had been made aware, through their own audits and residents' complaints, that an upstairs bathroom was not accessible to residents. Two residents who had their bedrooms located upstairs had complained that they would prefer to use the upstairs bathroom rather than the downstairs shower room. However, the current design of the upstairs bathroom was not suitable to meet their needs. The provider was in the process of completing the required assessments to inform a redesign of the the bathroom however at the time of inspection the

bathroom remained inaccessible to residents and their complaints were still open.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents' guide was available in the designated centre. This was reviewed by the inspector and was found to contain all of the information as required by the regulations.

Judgment: Compliant

Regulation 27: Protection against infection

The designated centre was seen to be very clean and well-maintained. The inspector saw that there were local operating procedures in place for local risks including unused water faucets and the management of soiled linen. Staff had completed training in infection prevention control (IPC). Staff spoken with were knowledgeable regarding standard precautions and transmission based precautions.

There were two areas for improvement identified on this inspection. These were:

- ensuring that biological washing detergent was available in the designated centre so that soiled linen could be washed in line with the local operating procedure
- ensuring regular cleaning and disinfecting of the washing machine. The provider's own IPC audit had identified this risk in November 2023, however the inspector saw that there remained a build-up of residue in the washing machine on the day of inspection. Regular cleaning of the washing machine was not detailed on the cleaning schedules reviewed by the inspector.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had effected a medication management policy which had been reviewed within the last three years as required by the Regulations. The inspector asked staff to show her the medications press and to describe how medications were administered in the designated centre. The inspector saw that medications were stored in a safe manner. Each resident had their own assigned shelf and

medications were seen to be in-date.

The inspector reviewed one resident's medication administration sheet with a staff member. The inspector saw that medications were administered as prescribed. Some medications were crushed for administration. The inspector saw that these had been prescribed as being suitable for crushing.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed three of the residents' individual assessments and associated care plans. The inspector saw that these assessments had been recently reviewed and were up to date. The residents' assessments and care plans were informed by the resident, their family and multi-disciplinary professionals. The inspector saw that residents' care plans were written in a person-centred manner and detailed residents' preferences and choice in relation to the delivery of care and support.

Judgment: Compliant

Regulation 8: Protection

The provider had effected a safeguarding policy which was reviewed by the inspector. The inspector saw that this policy had been reviewed within the past three years and provided guidance to staff in the management of safeguarding concerns.

All staff in this centre had up-to-date training in safeguarding vulnerable adults and Children First. Staff spoken with were knowledgeable regarding their roles and responsibilities in ensuring that residents were protected from abuse.

The inspector reviewed three safeguarding referrals which had been submitted to the safeguarding team in respect of three allegations of abuse. The inspector saw that these referrals had been completed in line with national policy and that safeguarding plans were implemented to ensure the safety of residents.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for A Bettystown Avenue OSV-0002365

Inspection ID: MON-0034690

Date of inspection: 15/05/2024

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
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • Specific recruitment campaign was advertised for 15/05/2024. Campaign ran for 2 weeks. Suitable candidates are currently being shortlisted for interview. • Person In Charge will continue to endeavour to book relief and agency staff that are already familiar with residents needs as per residents preference. 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • Grant application for renovation of upstairs bathroom is being submitted Dublin City Council. When funding is approved the provider will put the contract out to tender. Schedule of works will be established when contractor is identified. Plan to have works complete by 31/01/2025. 	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: <ul style="list-style-type: none"> • Biological washing detergent has now been purchased for the centre and all staff have been made aware of local operating procedure. • Regular cleaning of the centres washing machine is now included on the centre cleaning schedule. 	

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	31/12/2024
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre	Substantially Compliant	Yellow	31/01/2025

	to ensure it is accessible to all.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	20/05/2024