



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

Issued by the Chief Inspector

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| Name of designated centre: | Ballymun Road |
| Name of provider: | St Michael's House |
| Address of centre: | Dublin 9 |
| Type of inspection: | Unannounced |
| Date of inspection: | 30 August 2023 |
| Centre ID: | OSV-0002379 |
| Fieldwork ID: | MON-0036987 |

About the designated centre

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

Ballymun Road 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 intellectual and physical disabilities. Each person has their own bedroom. There is a communal kitchen /dining room, sitting room area, one residents bedroom has an en-suite. There is a large enclosed back garden with patio and garden furniture. There is an additional smaller sitting room for entertaining visitors if required for privacy. The centre is staffed by the person in charge and social care workers. Ballymun Road aims to provide a homely environment where individuals are supported to live as independently as possible and make choices about their lives.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

6

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 30 August 2023 | 10:15hrs to 17:00hrs | Karen McLaughlin | Lead |

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor ongoing regulatory compliance in the designated centre. It was carried out as part of the regulatory monitoring of the designated centre.

The centre comprised of a large two-storey house located in North Dublin. The centre was located close to many services and amenities, which were within walking distance and good access to public transport links. The centre had the capacity for a maximum of six residents, at the time of the inspection there were 6 residents living in the centre full-time.

Conversations with staff, observations of the quality of care, a walk-around of the premises and a review of documentation were used to inform judgments on the implementation of the national standards in this centre.

On arrival to the centre, the inspector was greeted by a staff member on duty, who informed the person in charge who made themselves available throughout the course of the inspection.

The person in charge accompanied the inspector on a walk around of the centre. The centre was seen to be homely and well-maintained. There was adequate communal space. Doors were observed to remain open throughout the course of the inspection making all communal areas accessible to all residents.

The wall in the hall had the house floor plans clearly displayed alongside the centre's fire evacuation plan. The hall also had the centre's safeguarding statement, an easy-to-read visitors policy, complaints procedure and residents paintings, artwork and photos of the residents participating in activities such as afternoon tea and gardening on display.

The sitting room was bright and well laid out and was in use by all the residents throughout the day. Similarly, the kitchen was accessed regularly by all residents throughout the day for meals and also just to spend time in. The fridge was clean and food was labelled and in date. There was adequate waste disposal systems observed.

Visual communication arrangements for residents were observed during the walk around of the centre. For example, inspectors observed picture signs at the entrance to each room to indicate what room it was. Inspectors also observed a communication board in the kitchen containing what household chores each resident was assigned as per the residents weekly meeting, a menu plan for the week and the most used LAMH signs for the house. In the hall, there was a visual guide on how to use hand sanitiser correctly and a reminder using a picture exchange communication system (PECS) of the times the front gate outside was to be opened

or closed.

An additional sitting room was used by the residents for activities such as music, art and dance classes and reflexology . One resident accessed this room daily to use the keyboard. The room also had a TV and LED sensory lights as well as a projector.

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

There was also a number of shared bathrooms, a staff office and a nice garden space for residents to use. Funding had recently been approved to upgrade the back garden into a sensory garden.

The inspector spoke with the person in charge and staff 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.

Staff highlighted concerns about some of the residents' changing and increased needs, and on the compatibility of residents which they felt created a busy and pressurised work environment that could impinge on the quality of service provided to residents. The provider and the person in charge were responding to the residents' changing needs and mixed compatibility by increasing staffing levels and supporting residents through their personal plans and behaviour support.

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. Staff were observed interacting with residents in a kind and personable manner, and residents appeared very relaxed and familiar with staff. They were observed to interact with residents in a manner which supported their assessed communication and behaviour support needs.

The inspector was told that the residents have access to many activities such as local community groups. On the day of the inspection, a resident was receiving a one-to-one music lesson, another resident was getting ready to go out with staff and another resident was watching TV. Some residents were planning a trip to the theatre in the coming weeks and one resident spoke in detail about holidays they had been on.

The inspector met with three of the residents who lived in the centre. Two residents proudly showed their bedrooms off and talked to the inspector about what they liked to do around the house. Another resident, went through her personal plan with inspector and spoke about her family, her day service and what she likes to do each day.

The provider's most recent annual review of the centre had consulted with residents and their representatives. It reported that residents were happy with the quality of care provided with one saying they were happy with their personal goals and another saying they like to do things for themselves where possible and feel they

are treated with dignity and respect by staff.

Residents views were obtained by staff through key-working, personal plans and house meetings to ensure their voices were heard. Staff commented in the review that staff time with the residents could be improved and that communication has become better since roster changes have allowed for more in-depth handovers. Family members reported that they were always made feel welcome and were happy with the care provided in the centre.

In summary, the inspector found that the residents enjoyed living in the centre and had a good rapport with staff. The residents' overall well-being and welfare was provided to a reasonably good standard.

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 levels of compliance with the regulations. 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.

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

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 including annual reviews and six-monthly reports, plus a suite of audits had been carried out in the centre.

There was a planned and actual roster maintained for the designated centre. Rotas were clear and showed the full name of each staff member, their role and their shift allocation.

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.

The inspector spoke with staff members on duty throughout the course of the inspection. The staff members were knowledgeable on the needs of each resident, and supported their communication styles in a respectful manner.

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 person in charge had submitted all required notifications of incidents to the Chief Inspector of Social Services within the expected time frame.

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.

The person in charge was full-time in their role and had oversight solely of this designated centre which in turn ensured good operational oversight and management of the centre.

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

A planned and actual roster was maintained. On day of inspection additional staffing was in place to support the changing needs of one resident. This provided enhanced consistency of care for the residents and lessened the impact of changes in the house.

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.

All staff had completed or were scheduled to complete mandatory training including fire safety, safeguarding, manual handling and positive behaviour support.

The provider's six monthly audit monitored and reviewed the provider's own compliance with ensuring all staff received mandatory training and refresher training to maintain their skills.

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

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined governance structure which identified the lines of authority and accountability within the centre and ensured the delivery of good quality care and support that was routinely monitored and evaluated.

Audits carried out included a six monthly unannounced audit, risk management audit, fire safety, infection prevention and control (IPC), medication management audits and an annual review of quality and safety. Residents, staff and family members were all consulted in the annual review.

There was suitable local oversight and the centre was sufficiently resourced to meet the needs of all residents.

A review of monthly staff meetings showed regular discussions on all audit findings. There was a specific monthly data report compiled by management and a quality enhancement improvement plan was reviewed regularly.

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. It was also available to residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time frame.

The inspector reviewed a sample of incident logs during the course of the inspection, and found that they corresponded to the notifications received by the Chief Inspector.

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, with a visual guide on the stages of the complaints process.

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

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

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.

Residents' well-being 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 live in their local community. The designated centre was located in a residential area with easy access to public transport, shops and community facilities such as a park nearby. One resident spoke about going for walks in this park and going clothes shopping as an activity she enjoyed.

The inspector reviewed a sample of residents' files. It was found that residents had an up-to-date and comprehensive assessment of need on file. 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.

There were comprehensive communication plans in place that gave clear guidance and set out how each person communicated their needs and preferences. The inspector utilised one of the resident's documented communication plans to facilitate a discussion and feedback about their home and the service provided to them.

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. Residents feeding, eating and drinking support needs had been well assessed. There were plans in place to guide staff in supporting residents in this area.

Positive behaviour support plans were developed for residents where required. The plans were up to date and readily available for staff to follow. Staff had also completed training in positive behaviour support to support them in responding to behaviours of concern.

There was evidence that the designated centre was operating in a manner which was respectful of all residents' rights. The Inspector saw that residents had opportunities to participate in activities which were meaningful to them and in line

with their will and preferences, and there was a person centred approach to care and support. Activities such as music therapy and art class were sourced for each resident as part of their personal plan.

The registered provider had safeguarding policies and procedures in place including guidance to ensure all residents were protected and safeguarded from all forms of abuse.

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

Regulation 10: Communication

The inspector saw that residents in this designated centre were supported to communicate in line with their assessed needs and wishes. Some residents' had communication care plans in place which detailed that they required additional support to communicate. The inspector saw that staff had received training in communication and were familiar with residents' communication needs and care plans.

The inspector saw that visual supports required by residents were readily available in the designated centre. Folders containing pictures to support residents to understand and make decisions in areas such as menu planning were available to all residents.

Judgment: Compliant

Regulation 17: Premises

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. There was a garden to the back of the house that was accessible to residents and well maintained.

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

Judgment: Compliant

Regulation 18: Food and nutrition

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

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

There was evidence that residents were offered a balanced and nutritious diet, and were supported to make choices in meals and snacks.

The inspectors saw that mealtime records showed that a range of meals were prepared which offered choice and good nutritional value.

Where residents needed assistance with making choices of meals and snacks, staff had introduced various methods to ensure that preferences were respected. These included visuals about food choices and healthy options, and visual aids to assist residents in making choices, which were displayed on the kitchen notice board. Inspectors observed that staff had a good knowledge of residents' food preferences and any dietary needs.

Food was safely stored, and there were both healthy snacks and treats available to residents. The kitchen was well-organised and well-stocked with fresh and frozen, nutritious food.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had an effective risk management policy which met the requirements of the Regulations.

A comprehensive risk register was maintained for the designated centre. The risk register accurately reflected the risks in the designated centre. Control measures to mitigate against these risks were proportionate to the level of risk presented.

Risk assessments were individualised and included a falls risk management plan, manual handling assessment, IPC and emergency evacuation plans.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

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

Comprehensive assessments of need and personal plans were available for each resident. They were personalised to reflect the needs of the resident including what activities they enjoy and their likes and dislikes. Easy read documents were included for each resident's assessment of need and they were consulted in all goal setting.

There were systems in place to routinely assess and plan for residents' health, social and personal needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured, where residents required positive behaviour support, appropriate and comprehensive arrangements were in place. Clearly documented de-escalation strategies were incorporated as part of residents' behaviour support planning. All staff had completed positive behaviour support training.

Restrictive practices in use at time of inspection were deemed to be the least restrictive possible for the least duration possible.

Judgment: Compliant

Regulation 8: Protection

A review of safeguarding arrangements noted, for the most part, residents were protected from the risk of abuse by the provider's implementation of National safeguarding policies and procedures in the centre.

The provider had ensured staff were trained in adult safeguarding policies and procedures.

Safeguarding incidents were notified to the safeguarding team and to the Chief Inspector in line with regulations.

Furthermore safeguarding was discussed regularly at staff meetings and guidance

given about what actions to take in the event of a case of suspected abuse.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that the centre was operated in a manner which was respectful of residents' rights.

Residents were supported to make their own choices in terms of meal planning and were supported to carry out their own laundry and household tasks where possible. This was reflected in the audits as well as the daily reports and residents meetings.

Residents attended weekly meetings where they discussed activities, menus, the premises, and aspects of the national standards including some of the rights referred to in the standards. In addition to the residents' meetings, they also had individual key worker meetings where they were supported to choose and plan personal goals.

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 | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |