



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

Issued by the Chief Inspector

Name of designated centre:	Ardmore
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Announced
Date of inspection:	13 March 2024
Centre ID:	OSV-0002353
Fieldwork ID:	MON-0034204

About the designated centre

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

Ardmore is a residential centre operated by St. Michael's House. It is located in a North County Dublin suburb. Ardmore caters for the needs of six male and female adults over the age of 18 years, who have an intellectual disability. The centre comprises one two-storey detached house which offers each resident their own bedroom, shared bathroom facilities, sitting rooms, a kitchen and dining area, utility and garden area. The centre is located close to public transport, shops and amenities. The centre is staffed with a team of social care workers and is managed by a person in charge who in turn reports to a senior manager.

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 13 March 2024	10:00hrs to 18:00hrs	Karen McLaughlin	Lead

What residents told us and what inspectors observed

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

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 detached house 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 and a staff member on duty.

The person in charge accompanied the inspector on an observational walk around of the premises. Overall, the inspector found the centre to be clean, bright, homely, nicely-furnished, and laid out to the needs of residents living there. The provider had endeavoured to make the living arrangements for residents as homely and personalised as possible throughout. There was adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their tastes and preferences. Doors were observed to remain open throughout the course of the inspection making all communal areas accessible to all residents.

The floor plans were clearly displayed in the hallway of the house 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 photos of the residents on display.

The sitting room was bright and well laid out and was in use by all the residents throughout the day. A second sitting room was available for all residents to use and for visitors when they called. Similarly, the kitchen was accessed regularly by all residents throughout the day for meals and also just to spend time in.

Two residents showed the inspector their bedrooms and appeared proud of them. Both said that they were happy living in the centre.

The inspector spoke with the person in charge and some members of 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.

The provider's most recent annual review of the centre had consulted with residents and their representatives. It reported that families were happy with the support that residents received, with one family member commenting that they felt very welcome and had no concerns relating to the standard of care. Another said that the staff team provided care to a very high standard. Residents' views were obtained by staff through key-working, personal plans and house meetings to ensure their voices were heard. The consensus from the review showed that residents were generally comfortable living here and happy with the care provided. With one resident saying 'I like everything about living in Ardmore, the bed and all, and my telly. I love watching telly, staying in bed, going out for coffee, and spending a few bob'.

All residents were aware of the inspection visit and were supported to meet with and talk to the inspector. In advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre. Not all residents completed these, instead choosing to meet with the inspector individually to discuss what it was like living in their home. The feedback in general 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, went through her survey in person with the inspector. She said that she loved living here, enjoyed going on holidays and was looking forward to her upcoming birthday party. She then showed the inspector the invitations she had made for the occasion.

Another resident, who opted to meet with the inspector to talk about what it is like to live in Ardmore, said 'it's a lovely house' and that he liked going for lunch and getting take-aways. He did say that sometimes the house could be noisy but he knew how to make a complaint and was supported by staff in this regard.

Residents were observed to be supported by staff who knew them and their individual needs well. The inspector observed residents coming and going from their home during the day. Staff were observed to interact warmly with residents. They were observed to interact with residents in a manner which supported their assessed needs.

In summary, the inspector found that the residents enjoyed living in the centre and had a good rapport with staff. The residents' overall wellbeing and welfare was provided to a reasonably good standard. However, the premises, namely the bathrooms, still required improvement. This will be discussed in more detail later on the report.

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 certificate of registration. 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 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.

Records set out in the schedules of the regulations were made available to the inspector on the day of inspection, these were found to be accurate and up to date.

Furthermore, an accurate and current directory of residents was made available to the inspector on the day of inspection.

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.

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.

The impact on residents was documented in residents meetings, staff meetings and the annual review.

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 mandatory

training including fire safety, safeguarding, manual handling and positive behaviour support.

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.

Judgment: Compliant

Regulation 21: Records

The inspector reviewed a selection of records across Schedules 2, 3 and 4. The registered provider had ensured the records of information and documents pertaining to staff members as specified in Schedule 2 was correct and in order. Similarly the sample of records viewed pertaining to Schedule 3 and 4 were correct and in order and were made available to the inspector upon request including the designated centre's statement of purpose, residents' guide and a record of all complaints made by residents or their representatives or staff concerning the operation of the centre.

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, 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.

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 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. There was adequate private and communal spaces and residents had their

own bedrooms, which were being decorated in line with their tastes.

There were fire safety systems and procedures in place throughout the centre. There were fire doors to support the containment of smoke or fire. There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting provided.

The inspector met with each resident and went through their individual files with them. It was found that all residents had an up-to-date and comprehensive assessment of needs on file. Care plans were derived from these assessments of needs. Care plans were comprehensive and were written in person-centred language. The inspector saw that residents had access to healthcare in line with their assessed needs. Residents' needs were assessed on an ongoing basis and there were measures in place to ensure that their needs were identified and adequately met. 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.

Residents were observed engaging in activities such as going out locally for coffee, attending local day services and employment and being supported to attend medical appointments. Staff spoke about events held in the designated centre for example an up and coming resident's birthday and future planning around holidays.

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 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.

Previous inspections identified that the provider needed to carry out work in the designated centre to ensure that it was in a good state of repair internally and externally and designed in a way that was suitable to meet the residents' needs. The inspector saw that most of this work had been completed however, the bathrooms were still in need of some improvements.

The inspector saw that the bathrooms required upkeep and were presenting a risk to the infection prevention and control arrangements. This will be discussed further under Regulation 27.

Judgment: Compliant

Regulation 27: Protection against infection

The premises and the environment was visibly clean and well maintained.

Policies and procedures were in place to guide safe practices in areas including laundry procedures, hand washing facilities and cleaning procedures. Schedules were in place to ensure that all aspects of the premises was regularly cleaned and deep cleaned.

There was good local oversight of infection control risks in the centre by the person in charge who carried out regular IPC-focused audits and the staff team were up-to-

date in IPC training.

However, on the last inspection in May 2023, the bathrooms were observed to require upgrades and improvements in order to promote good IPC arrangements. This had also been identified by the provider, through their auditing systems and a schedule of work has been proposed for bathroom upgrades. This action had not been completed within a reasonable time-frame.

The inspector saw that a windowsill and the side of the bath in one bathroom had chipped paint and scratches on it. The shower in the other bathroom had a small amount of mould around the corner of the shower tray. The person in charge had identified these issues and made a request for these areas to be addressed to senior management. However overall, the bathrooms required upkeep as they were posing a risk to the infection prevention and control arrangements.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The centre had appropriate and suitable fire management systems in place which included containment measures, fire and smoke detection systems, emergency lighting and firefighting equipment.

These were all subject to regular checks and servicing with a fire specialist company and servicing records maintained in the centre.

All residents had individual emergency evacuation plans in place and fire drills were being completed by staff and residents regularly, which simulated both day and night-time conditions. Two residents were very clearly able to demonstrate how to evacuate the building in the event of a fire.

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 on each resident's file. They were personalised to reflect the needs of the resident including the activities they enjoyed and their likes and dislikes. A sample of residents' files were reviewed and it was found that comprehensive assessments of needs and support plans were in place for these residents.

There were systems in place to routinely assess and plan for residents' health, social and personal needs. Residents had an annual assessment of their health needs, and in general residents had a yearly meeting with allied healthcare professionals to review their care and support requirements.

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 residents' 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 on the day of inspection reported they had no current safeguarding concerns. Training in safeguarding vulnerable adults had been completed by all staff.

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

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that the centre was operated in a manner which was respectful of residents' needs, rights and choices which in turn supported the residents' welfare and self development.

Each resident had access to facilities for occupation and recreation with opportunities to participate in their local community in accordance with their wishes.

Residents were further supported to make their own choices in terms of meal planning, activity activation. 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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	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 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ardmore OSV-0002353

Inspection ID: MON-0034204

Date of inspection: 13/03/2024

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">• The provider has assigned a Social Care Worker to the 0.5 vacancy within the Designated Centre. The Social Care worker is due to commence her post by 15/05/24• The Human resource department are continuing to recruit staff in line with the HSE embargo. Staff will be assigned in the Designated Centre within the coming months (01/09/2024)	
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">• The Housing Association have reviewed the work that is required to upgrade the bathrooms in the Designated Centre, this work will be completed in Quarter 4 of 2024. (31/12/2024)	

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	01/09/2024
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	31/12/2024

