



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

Issued by the Chief Inspector

Name of designated centre:	Ballymun Road
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Short Notice Announced
Date of inspection:	29 March 2021
Centre ID:	OSV-0002379
Fieldwork ID:	MON-0032129

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 a disability. The designated centre is a semi-detached two storey house which consists of sitting room, a kitchen/dining room, sensory room, six bedrooms, a staff office and a shared bathroom. The centre is staffed by the person in charge and social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 29 March 2021	10:15hrs to 15:45hrs	Amy McGrath	Lead

What residents told us and what inspectors observed

In line with public health guidance, the inspector did not spend extended periods of time with residents. The inspector met with three of the six residents who live in Ballymun Road. Two residents communicated with the inspector and shared their views. The inspector had the opportunity to observe residents in their home for a limited period. The inspector used these observations in addition to a review of documentation and conversations with staff, to further inform judgments on the residents' quality of life. Overall, the inspector found that residents enjoyed a good quality of life and the centre was resourced to meet residents' assessed needs.

One resident who spoke with the inspector had just returned from a walk in their local community. This resident spoke fondly of the staff in the centre and shared that they were enjoying a range of activities. The resident discussed the public health restrictions in place due to the COVID-19 pandemic and how it had limited their access to some services and activities; however, they were happy that alternative activities and opportunities were made available. The resident shared that they enjoyed afternoon tea and parties with their friends in the centre. This resident also proudly showed the inspector their bedroom, which the inspector observed from the hallway. The resident showed the inspector a photo album with pictures of recent celebrations, family members and friends. The resident also shared that they were supported to stay in touch with family and friends.

Another resident communicated to the inspector with staff support. This resident used an alternative communication method and did not communicate with the inspector verbally. The inspector observed that staff and the person in charge were familiar with the resident's communication method and the resident was able to share their views and have a conversation with staff and the inspector. This resident spoke about their health and expressed that staff were supporting them with a health issue. They also discussed their family and recent family contact and then excused themselves to go prepare their lunch. The inspector observed that this resident communicated confidently and in an engaging and friendly manner with staff and the person in charge.

The inspector observed another resident in the centre's music room. This resident chose not to communicate with the inspector; however, they were seen to be comfortable and smiling while playing instruments and listening to music.

The premises was clean and tidy, and laid out to meet residents' needs. Residents each had their own bedrooms that were decorated to their individual tastes and decorated with personal ornaments and soft furnishings. The dining area displayed residents' art projects and there were pictures of residents and their achievements throughout the centre. The dining area was sufficiently spacious to accommodate six residents and staff; however, there were only four chairs available at the time of inspection. There was a table and chairs available for dining in the centre's garden.

There were sufficient staff available to meet residents' needs on a daily basis. Most of the staff employed in the centre had worked there for a long period of time (including the person in charge) and were well known and familiar to residents. The person in charge managed the roster and scheduling of staff to ensure continuity of care and flexibility for residents' changing needs.

A review of documents found that residents' needs were comprehensively assessed. Personal plans directed care and support that was person centred and promoted and upheld residents' will and preference.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

There were effective management arrangements in place that ensured the safety and quality of the service was consistent and closely monitored. While there was some improvement required in relation to admissions (specifically relating to contracts of care) the inspector found that residents were in receipt of a high quality service.

There were clear lines of authority and accountability through which the person in charge reported to a service manager. A review of records found that the person in charge completed quality and safety reports on a monthly basis and these were discussed with the service manager. This reporting mechanism facilitated the person in charge to identify and respond to any emerging quality or safety issues. The provider had carried out an annual review of the quality and safety of the centre, and there were arrangements for unannounced visits to be carried out on the provider's behalf on a six-monthly basis. In preparing the annual review, the provider had consulted with residents and their views formed part of the report.

The centre had sufficient numbers of suitably qualified and experienced staff members to meet the assessed needs of residents. Residents were supported by a team of social care workers who reported to the person in charge. There was a planned and actual roster that accurately reflected staffing arrangements. There were contingency plans in place to ensure that staff leave or vacancies were covered and staff scheduling took into consideration any changing or emerging needs of residents and facilitated continuity of care.

The person in charge had an established method to monitor staff training needs and to ensure that adequate training levels were maintained. Staff received training in areas determined by the provider to be mandatory, such as safeguarding, fire safety and first aid. Refresher training was available as required and staff had received

training in additional areas specific to residents' assessed needs and also in relation to infection prevention and control.

There were formal supervision arrangements in place, with the person in charge providing supervision to the staff team on a quarterly basis. The person in charge was supervised by a service manager, who in turn was supervised by a director of care. A review of records found that supervision occurred in accordance with the provider's policy and facilitated staff development.

There was an admissions policy in place that set out the criteria for admission to the centre. Residents had a contract of care that established the terms on which they would reside in the centre. While these contracts were clear and outlined the services the resident would receive for the most part, they did not clearly indicate the specific fee the resident would pay.

Regulation 15: Staffing

The staffing arrangements in the centre, including the skill-mix, qualifications and scheduling, were effective in meeting residents' assessed needs. There was a planned and actual roster maintained by the person in charge.

Staffing arrangements, such as recruitment and workforce planning, took into consideration any changing or emerging needs of residents and facilitated continuity of care. The provider had a clear contingency plan in place in the event of staff absences due to COVID-19.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured staff had access to training and development opportunities in order to carry out their roles effectively. Training was made available in areas specific to residents' assessed needs and refresher training was available. The inspector found that the person in charge promoted a culture of professional development and that staff had undertaken a range of training courses and development opportunities, most recently in relation to hand hygiene and infection control.

There were established supervision arrangements in place for staff. The supervision arrangements were found to facilitate staff development and opportunities for staff to raise concerns if necessary.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management arrangements were found to facilitate good quality and safe care that was closely monitored. There were a range of local audits and reviews in place that were effectively identifying any areas for quality improvement. For example, staff meetings included a review of audit findings and the person in charge promptly addressed any corrective actions required.

The provider carried out an annual review of the quality and safety of the service, and this review was found to represent the views of residents. In light of public health guidance, the provider had amended their methodology for carrying out six-monthly visits to the centre to ensure that the quality and safety of the centre continued to be monitored and evaluated, while minimising infection control risks.

There was a clear management structure in place. The centre was found to be sufficiently resourced to meet residents' needs.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There was an admissions policy in place that clearly set out the criteria for admission, which was in accordance with the criteria set out in the statement of purpose. Residents each had a contract of care that set out the conditions on which they would reside in the centre. These contracts were found to contain comprehensive information that outlined the services and facilities the resident would receive and were developed to be accessible to all residents. However, they did not clearly outline the fees to be paid by each resident.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place that was reviewed and updated on a regular basis. The statement of purpose contained all of the information required under Schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

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. Residents' support needs were assessed on an ongoing basis and there were measures in place to ensure that residents' needs were identified and met. Overall, it was found that the centre had the resources and facilities to meet residents' needs. The inspector found that residents were supported in a manner that promoted their independence, maximised participation and was directed by residents' own choices and decisions.

There were arrangements in place to protect residents from the risk of abuse. Staff were appropriately trained and any potential safeguarding risk was investigated and where necessary, a safeguarding plan was developed. There were care plans in place that outlined residents' support needs and preferences with regard to the provision of intimate care, and these plans promoted dignified care practices. The inspector found that residents were supported to develop knowledge and skills for self care and protection.

There were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and fire-fighting equipment, each of which was regularly serviced. There were suitable fire containment measures in place. Staff had received training in fire safety and there were detailed fire evacuation plans in place for residents that reflected learning from fire drills.

There were arrangements in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. The provider had carried out a comprehensive risk assessment in relation to infection control and there were a range of proactive control measures in place. The centre was found to be clean and hygienic. There were hand washing and sanitising facilities available for use. Staff had received training in relation to infection prevention and control and hand hygiene. There were clear procedures in place to follow in the event of a COVID-19 outbreak in the centre, with a range of resources available. There was adequate personal protective equipment (PPE) available. Residents had been supported to avail of a vaccination programme where they chose to participate.

Regulation 27: Protection against infection

There were arrangements in place to prevent or minimise the occurrence of a health-care-associated infection. There were control measures in place in response to identified risks and there were clear governance arrangements in place to monitor the implementation of these measures. The provider had developed a range of

policies and procedures in response to the risks associated with COVID-19, and these were well known to the person in charge and communicated to staff.

Residents were supported to avail of immunisation programmes according to their will and preference.

The centre was suitably resourced in order to implement infection control measures. For example, there was adequate and suitable personal protective equipment (PPE) available and there were hand-washing facilities available.

The centre was seen to be clean and tidy, and there was a cleaning and hygiene checklist in place that ensured the premises was regularly cleaned and sanitised.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable fire safety arrangements in place, including a fire alarm system, emergency lighting and fire-fighting equipment. Records reviewed demonstrated that the equipment was serviced at regular intervals. There were emergency evacuation plans in place for all residents, and these were developed and updated to reflect the abilities and support needs of residents. Staff had received appropriate training in fire safety.

Judgment: Compliant

Regulation 8: Protection

The inspector reviewed the safeguarding arrangements in place and found that residents were protected from the risk of abuse. Staff had received training in safeguarding adults. There were clear lines of reporting and any potential safeguarding risks were investigated and reported to the relevant statutory agency. There were clear safeguarding plans in place for any identified safeguarding risk.

The inspector found that residents were supported to develop knowledge and skills for self care and protection; residents received information and education in order to advocate for their own safety and keep themselves safe.

There were care plans in place that documented residents' support needs and preferences with regard to the provision of intimate care, and these plans promoted dignified care practices.

Judgment: Compliant



Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Ballymun Road OSV-0002379

Inspection ID: MON-0032129

Date of inspection: 29/03/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The Person in Charge has updated all residents contract of cares to include fees being charged. Each resident/representative will sign off on same.	

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 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	31/05/2021