



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

Issued by the Chief Inspector

Name of designated centre:	Marley Court
Name of provider:	St Michael's House
Address of centre:	Dublin 14
Type of inspection:	Announced
Date of inspection:	26 July 2024
Centre ID:	OSV-0002402
Fieldwork ID:	MON-0035770

About the designated centre

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

Marley Court is designated centre operated by St. Michael's House. The centre comprises a six bedroom, two storey house, located in a busy South Dublin suburb. The designated centre is located in close proximity to a large shopping centre, restaurants, wooded areas, and other amenities. Marley Court designated centre provides residential care and support to six adults with intellectual disabilities, and can support residents who have additional physical or sensory support needs. The centre is managed by a person in charge and person participating in management as part of the provider's governance oversight arrangement for the centre. The centre is staffed by a team of 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 (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
Friday 26 July 2024	10:30hrs to 16:20hrs	Jennifer Deasy	Lead

What residents told us and what inspectors observed

This inspection was an announced inspection carried out in response to the provider's application to renew the centre's registration.

The inspector had the opportunity to meet with all of the residents who lived in the centre, many of whom spoke with the inspector regarding their experiences of living there. Overall, the inspector saw, and was told by residents, that they were in receipt of a very good service which was meeting the requirements of the regulations and going beyond these to meet the national standards. Residents were in receipt of a person-centred and rights-informed service which was ensuring that they had autonomy, freedom and privacy in their everyday lives.

The designated centre is located in a busy Dublin suburb and is close to many public amenities including parks, community centres, shops and good public transport links. The centre was seen to be very clean and well-maintained both internally and externally. The inspector saw colourful flower pots outside the front door. Inside the front door, there were framed photographs of residents celebrating special occasions. Residents' art work and framed jigsaw puzzles were also displayed in communal areas.

The centre was designed and laid out in a manner suitable to meet the assessed needs and the number of residents. Residents had access to a large kitchen and dining room, a sitting room, utility room, an accessible wetroom and a shower room, as well as their own individual bedrooms. All areas of the premises were seen to be very well-maintained and homely. Painting had recently been completed and one resident told the inspector how their bedroom had been painted in their chosen colour and that they were happy with this. The designated centre also had a large, accessible back garden which had garden furniture, flowers, garden ornaments and bird feeders.

All of the residents were at day services when the inspector arrived. All of the residents had completed a resident feedback questionnaire which were reviewed by the inspector before they returned to the centre from their day service. Some of the questionnaires were completed with the support of the residents' family members or the staff team. The questionnaires documented that residents were happy in their home and that they were supported by familiar and kind staff. In particular, the questionnaires complimented the staff team and how the staff upheld residents' rights. For example, one questionnaire documented staff "listen to me when I communicate what I don't like". The questionnaires also documented that staff cooked residents' preferred meals and supported residents to make choices and to have control over their day.

The inspector spoke with the staff on duty over the course of the day and found that they were well-informed regarding the residents' assessed needs and the provider's policies and procedures. Staff in this centre had received human rights

training and gave the inspector examples of how they ensured that residents' rights were upheld. For example, staff told the inspector of how they had recently reviewed the local operating procedures for managing residents' finances and had amended these to ensure that residents had autonomy and control over their money. Staff also told the inspector of how they ensured that residents' communication needs were supported and how residents with assessed communication needs were empowered to make informed decisions regarding the running of the centre.

In the afternoon, the inspector met with the residents on their return from day services. Two of the residents greeted the inspector and then chose to continue with their usual routines while the other residents chose to speak with the inspector in more detail over a cup of tea. These residents told the inspector that they loved living in the designated centre and liked how close it was to shops, the bus stop and nearby parks. Residents told the inspector of their preferred activities including going swimming, attending arch clubs and going out for coffee. Some of the residents had holidays planned and told the inspector that they were looking forward to these.

Residents were complimentary of the staff team. They told the inspector that staff helped them with cooking and with laundry. Residents also spoke of their weekly house meetings and how they planned their week and their meals at these meetings. Residents were informed of the complaints procedure and the fire evacuation procedures.

The inspector saw positive and friendly interactions between staff and residents. Staff were seen assisting residents to make cups of tea and discussing plans for the evening. Staff were also observed using sign language to assist residents' communication. Residents were seen to be comfortable in their home and used their bedrooms and the communal facilities. For example, one resident chose to listen to music in their bedroom and look through photographs, while other residents sat in the sitting room and watched television in the evening.

Overall, the inspector saw, and was told, that residents were in receipt of a high standard of care and support which was ensuring that their human rights were upheld. The next two sections of the report will describe the oversight 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 these arrangements were in ensuring that a good quality and safe service was being provided. Overall, the inspector found that there were effective leadership arrangements in place, and that these were ensuring that residents were in receipt of a good quality and safe

service.

The centre was staffed by a stable team of social care workers, many of whom had been in their roles for a number of years. The inspector spoke with two of the staff members on duty and found that they were familiar with the residents' assessed needs and their preferences in respect of their care. Staff members were all up-to-date with mandatory training and had also completed additional training in areas specific to residents needs and in respect of residents' rights. Staff were well-informed of their roles and responsibilities in meeting residents' needs and in ensuring that residents' autonomy and dignity were upheld.

The staff team reported to a person in charge who in turn, reported to a service manager. Staff were in receipt of regular support and supervision from the person in charge. Regular meetings were held between the person in charge and the service manager to ensure that risks relating to the quality and safety of care could be escalated to the provider level. The provider also had in place a series of audits which were designed to identify and respond to any presenting risks. The inspector reviewed a number of these audits, including the most recent six-monthly audits, and saw that they were comprehensive and that actions were progressed, demonstrating that they were effective in driving service improvement.

The provider submitted all of the required information to support their application to renew the centre's certificate of registration. This information was reviewed on inspection, including the floor plans and statement of purpose. These were found to be an accurate reflection of the designated centre and of the services and care provided. The provider also had effected a contract of insurance against injury to the residents.

Overall, the inspector found that there were defined management systems which were effective in driving service improvement and ensuring that residents were in receipt of good quality care and support in their home. This inspection found that the centre was meeting the requirements of all of the regulations which were assessed on the day, and in many cases was going beyond these requirements to meet the national standards.

Registration Regulation 5: Application for registration or renewal of registration

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

Judgment: Compliant

Regulation 14: Persons in charge

The provider had employed a person in charge to have oversight of the designated centre. They were employed in a full time capacity and had oversight of this centre only. The person in charge had designated management hours as seen on a review of the roster. The inspector was told by the person in charge that they had sufficient management hours to ensure they could fulfill their regulatory responsibilities.

The person in charge was suitably qualified and experienced in line with the regulations. They had a clear vision for the service and an in-depth understanding of the residents' needs.

Judgment: Compliant

Regulation 15: Staffing

The centre was staffed by team of social care workers. The inspector reviewed the statement of purpose and the rosters for June and July 2024 and saw that staffing levels on the roster were in line with the statement of roster. Staffing levels were seen to be suitable to meet the number of residents and their assessed needs.

The inspector had the opportunity to speak with two staff members on the day of inspection. They were found to have a clear understanding of the residents' needs and preferences and were informed of their roles and responsibilities in meeting these needs and ensuring the delivery of a safe service.

There were no vacancies in the staff team at the time of inspection. This meant that there was a very low reliance on relief or agency staff to fill gaps in the rosters and was ensuring continuity of care for the residents. The inspector saw that residents and staff were familiar with each other and engaged in friendly and meaningful conversations during the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

There was a very high level of compliance with mandatory and refresher training among the staff team. The inspector reviewed the staff training matrix and saw that all staff were up to date with training in mandatory areas including, for example, safeguarding, infection prevention and control and medication administration. Staff spoken with were knowledgeable regarding the policies and procedures to be followed in instances such as emergency situations, adverse incidents and in allegations of abuse involving residents. Staff members told the inspector that they were allocated specific time to attend refresher training and that this was effective

in ensuring that they were informed of their roles and responsibilities.

Staff in this centre had received additional training specific to the residents' assessed needs. For example, staff had received training in administering insulin through a pen device and their competency in this was documented. Staff had also received training in strengthening rights. Staff told the inspector of how they ensured that residents' rights were upheld. For example, they described providing education and support to one resident to enhance their autonomy in managing their finances. Other staff described how they used visual supports to ensure that all residents were supported to make choices and to communicate these in respect of the day to day running of the service.

The inspector was told by staff that they felt well supported in their roles. Staff were in receipt of regular supervision and support through individual supervision meetings with the person in charge and monthly staff meetings. The inspector reviewed the most recent quarterly supervisions for two staff members and saw that these covered key areas related to their roles including training needs, residents' needs and the provider's policies and guidelines.

Judgment: Compliant

Regulation 22: Insurance

The provider had submitted a copy of their insurance certificates along with their application to renew the centre's certificate of registration. The inspector saw that the provider had effected an insurance policy against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in the designated centre. The staff team reported to the person in charge, who in turn reported to a services manager, who then reported to a director of services. Staff spoken with were informed of the management arrangements and of how to escalate concerns or risks to the provider level. Staff were performance managed through regular supervision sessions and it was evident that staff were supported to maintain a high level of competency in relation to the skills and knowledge required to meet residents' assessed needs.

The person in charge was in receipt of six-weekly formal support from the service manager. Records of their meetings were maintained and the inspector reviewed the records from the two most recent meetings. These demonstrated that meetings

were used as a forum for the person in charge to discuss the service needs, their own professional development and to review issues such as adverse incidents and complaints.

The person in charge and provider also had in place a suite of audits at both local and provider level to ensure oversight of the quality and safety of care. For example, at a local level, quarterly health and safety audits and medication audits were completed which identified related risks. These were then reflected on quarterly data reports which were reviewed by the person in charge and service manager and action plans were implemented if required.

At a provider level, the provider had systems in place to complete specific audits such as infection prevention and control (IPC) as well as wider audits required by the regulations such as the six-monthly reviews of the quality and safety of care. The inspector reviewed the most recent IPC audit and the last two six-monthly audits. These were found to be comprehensive and informed action plans to address specific risks. The inspector saw that actions were completed which demonstrated that audits were effective in driving service improvement.

The provider had completed an annual review of the quality and safety of care of the service for 2023 which was reviewed by the inspector. This audit was completed in consultation with the residents, their families and the staff team. The inspector saw that residents and family members communicated that they were happy with service and the standard of care. In particular, family members complimented the staff team on their communication skills.

Overall, the inspector found that there were clearly defined management structures and systems in place to oversee the quality and safety of care in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was readily available in the designated centre. This had been reviewed and updated within the past 12 months and contained all of the information as required by the regulations. For example, a detailed description of the services and facilities provided for in the designated centre was included.

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 service which was promoting and upholding their rights. Residents were supported to have choice and control in their everyday lives and to develop autonomy in managing their finances.

The premises of the centre was clean, homely and well-maintained. Residents had access to a variety of communal spaces as well as their own bedrooms. The house had recently been painted and residents told the inspector that they were happy with how it looked. Residents also told the inspector that they were happy with their bedrooms and with the accessible bathrooms. There was information readily available to the residents regarding the services, facilities and complaints procedure through an easy-to-read residents' guide.

The inspector saw that there were appropriate fire risk management systems in place in the centre. The centre was fitted with equipment to detect, contain and extinguish fires. Servicing records for this equipment showed that the equipment was maintained in good working order. Residents were informed of the fire evacuation arrangements and all staff were up to date with mandatory fire safety training.

Two of the residents' files were reviewed. These were seen to contain a comprehensive individual assessment which identified residents' needs. These assessments were reviewed regularly and these reviews were informed by the residents, their representatives and the multi-disciplinary team. The assessments were used to inform care plans which were person-centred and clearly reflected the residents' preferences in respect of their care and support needs.

The provider had in place measures to safeguard residents from abuse. Staff had completed required safeguarding training and those spoken with were informed of the pathways by which to report suspected cases of abuse. Residents were provided with education and support by the staff team to develop the skills required for self-protection. For example, staff told the inspector of how they had provided education to one resident to safeguard their finances when using money independently in the community.

Staff had received training in strengthening rights and discussed how this was informing the delivery of care and support in the centre. Staff told the inspector of how the residents were placed at the centre of all decisions regarding the day to day running of the centre. Weekly residents' meetings were held and these were used to inform residents of issues arising in the centre and to facilitate residents' decision making in respect of the menu for the week and the activities for the weekend and evenings. Some residents required support with communicating their decisions and the inspector was shown by the staff team how they used pictures and photographs to facilitate residents' participation in the residents' meetings. This was effective in ensuring that residents' had choice and control in their everyday lives and that they were fully informed of important decisions in respect of the running of the centre.

Regulation 17: Premises

The premises of the designated centre was very clean and well-maintained. Residents had access to a shared kitchen and dining room, a large sitting room, utility room, two shower rooms and their own individual bedrooms. The centre also had a well-maintained and accessible back garden which contained garden furniture, bird feeders and garden ornaments. The communal areas of the designated centre were homely and displayed residents' photographs and artwork. Furniture was clean, comfortable and well-maintained and residents had access to televisions, DVD players and their preferred activities for recreation. For example, one resident enjoyed completing jigsaws and the inspector saw that a special table had been set up in the living room for their jigsaws. Some of the residents' jigsaws had been framed and were displayed in the centre.

Residents' bedrooms were personalised in line with their individual preferences. One resident told the inspector that their bedroom had recently been painted and that they were happy with the colour. Residents' bedrooms were large enough to store their personal possessions and equipment required by their assessed needs, including, for example, mobility aids.

The bathrooms were seen to be accessible to residents and were very clean. A large wet room was located downstairs and a shower room was upstairs in the centre. Residents also had access to a utility with suitable facilities to launder clothes. Residents told the inspector that they received support from staff with their laundry and that they were happy with this support.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was available in the centre. This was reviewed by the inspector and was found to contain all of the information as required by the regulations. For example, it detailed the procedure to make a complaint and the terms and conditions of tenancy. The residents' guide was written in an easy-to-read manner which enhanced the accessibility of it for residents.

Judgment: Compliant

Regulation 28: Fire precautions

There were appropriate fire risk management systems in place in the service. The inspector saw that that designated centre was fitted with equipment to detect,

contain and extinguish fires. For example, an addressable fire panel, fire doors and automatic door closers, emergency lighting and fire extinguishers were installed in the centre. Records of the servicing of this equipment were maintained and were reviewed. These records showed that equipment was maintained in good working order.

All staff had received and were up to date with training in fire safety. Residents spoken with were informed of the fire evacuation arrangements and told the inspector what to do in the event of the fire alarm being activated. Regular fire drills were held which assessed the emergency evacuation plan. The inspector reviewed the records of the most recent day time and night time fire drills and saw that all residents could be evacuated with the minimum staffing arrangements in a timely manner.

Monthly and quarterly fire safety checks were completed along with a fire safety overview report which was completed in November 2023. These identified any areas for improvement in respect of the fire management systems. The inspector saw that actions required to ensure the safety of residents in the event of fire were progressed. For example, the fire safety report recommended the installation of visual aid devices to alert residents who struggled to hear the fire alarm. These had been installed by the time of the inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the individual assessment and associated care plans for two of the residents who lived in the centre. The inspector saw that each resident had a comprehensive assessment of their needs which was reviewed and updated on an annual basis. This review was informed by the resident, their family members, the staff team and the multi-disciplinary team. Staff described to the inspector how residents were consulted with as part of the review and were central to updating the assessment and informing their care plans.

The inspector saw that the individual assessment was used to inform person-centred care plans. Care plans detailed residents' preferences in respect of their care and included information on how staff should maintain residents' autonomy, dignity and privacy in the delivery of care and support.

Judgment: Compliant

Regulation 8: Protection

This inspection found that residents in this designated centre were protected from abuse and were supported to develop the skills required for self-protection. For example, residents were provided with education and support to manage and use their finances safely while in the community independently. All staff in this centre were up to date with training in safeguarding vulnerable adults and Children First. The inspector spoke with two staff regarding this training and found that staff were informed of their safeguarding roles and responsibilities.

Suspected or confirmed incidents of abuse were notified to the Chief Inspector and to the local safeguarding office. Safeguarding plans were implemented in order to protect residents in response to these incidents. Staff spoken with were informed of the safeguarding plans and of the measures to protect residents.

The inspector reviewed two of the residents' files and saw that each resident had an up-to-date intimate care plan. These care plans detailed residents' preferences in respect of their care and support and the steps required to ensure their autonomy in their daily care.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the service was working to strengthen and uphold the rights of residents. Staff clearly put residents at the centre of the service and ensured that residents had choice and control in respect of their daily lives. Staff had received training in human rights and gave numerous examples of how residents were consulted with and of how they upheld residents' rights. For example:

- the person in charge and staff team had reviewed the procedures in place to support residents with managing their finances. They had consulted with residents and provided education and support to enhance residents' autonomy in respect of their finances. The person in charge had linked with multi-disciplinary professionals to ensure that residents' were supported to understand and communicate their choices in relation to managing their finances.
- staff told the inspector of the procedures in place to maintain residents' autonomy and dignity when delivering care and support to residents
- regular house meetings were held and these were used to inform residents of important issues relating to the quality and safety of care. For example, records showed that residents were informed of infection prevention and control measures during an outbreak of an infection. On another date, the residents' meeting was used to inform residents of the status of a complaint that they had made.
- Staff showed the inspector the visual supports that they had implemented to support residents with communication needs to make informed decisions

about their daily lives. For example, pictures were used to help residents to choose meals and also to inform residents of upcoming medical appointments. The inspector also saw staff members using sign language to support residents' communication during conversations.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant