



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

Issued by the Chief Inspector

Name of designated centre:	Binn Eadair
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Unannounced
Date of inspection:	03 March 2020
Centre ID:	OSV-0002371
Fieldwork ID:	MON-0026115

About the designated centre

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

Binn Eadair is a designated centre operated by St. Michael's House. The centre comprises a six bedroom bungalow in a small North Dublin suburb. Each of the residents have their own bedroom and there are two sitting rooms and a kitchen come dining room. There is a large spacious garden to the rear of the centre. It provides residential care and support to up to five adults with mild to moderate intellectual disabilities. The centre is located in close proximity to a range of local amenities and services. These include public transport, pharmacy, church, shops, coffee shops, restaurants and pubs. The staffing arrangements for the centre consists of a team of social care workers.

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 - 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
Tuesday 3 March 2020	11:00hrs to 18:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what residents told the inspector and what was observed, it was evident that residents had a good quality of life in which their independence was promoted. Although some areas for improvement are highlighted later in this report, overall governance and management systems in place ensured that residents received positive outcomes in their lives and the delivery of a safe and quality service.

The inspector met with each of the five residents living in the centre. The residents were met with on the afternoon of the inspection on their return from their respective day services. One of the residents had been admitted to the centre in August 2019 but the other residents had lived together for a long time. Residents were happy to share with the inspector their views of the centre. Residents views were also attained from the centres annual review which detailed a survey of residents' views, the residents' weekly meetings and other records which detailed residents' opinions. The inspector did not have an opportunity to meet with the relatives of any of the residents. The inspector observed elements of their daily lives and their engagement with staff who supported them. Residents living in the centre required a low level of support from staff with their activities of daily living.

The centre was found to be comfortable and homely. Residents had their own bedroom which had been personalised to their own taste and choices. This promoted residents' independence, dignity and recognised their individuality and personal preferences. One of the residents proudly showed the inspector their bedroom and vast collection of jewellery and key rings. Another resident had a collection of their favourite western movies and memorabilia on display in their room. There were two separate sitting rooms in the centre where residents could relax and entertain guests in addition to the kitchen come dining area.

There was an atmosphere of friendliness in the centre and warm interactions between the residents and staff was observed. Residents told the inspector that they were happy and enjoyed living in the centre. Residents were observed to enjoy conversations with staff regarding events of their day. The inspector observed one resident leaving the centre with a staff member on an activity whilst other residents were content to relax in their home watching television, reading the newspaper and television guides. Residents each told the inspector that they enjoyed living with the other residents and of some of the activities that they engaged in together. For example, going out for dinner. A number of the residents spoke of a staff members dog who visited the centre on regular occasions with the staff member which the residents all appeared to enjoy.

Staff were observed to be kind and respectful towards residents through positive caring and mindful interactions. For example, staff were observed to knock and seek permission before entering resident's bedrooms. Each of the residents appeared to be in good spirits, and comfortable in the company of staff. The majority of the staff team had worked in the centre for an extended period. This meant that there was

consistency of care for residents and enabled relationships between residents and staff to be maintained. The inspector noted that residents' needs and preferences were well known to staff and the person in charge.

Residents were supported to exercise choice and to be involved in decisions about their care and support. Each of the residents had regular one-to-one meetings with their assigned key workers and a residents' meeting was held on a weekly basis. Residents were enabled and assisted to communicate their needs, preferences and choices at these meetings in relation to activities, meal choices and household chores. During the inspection, the inspector observed a staff member engage in discussion with a resident around a matter which was of concern to the resident. The inspector observed the staff member being mindful, fair and considerate in their discussion. A resolution was reached and the staff member took an action to resolve the matter for the resident. It was evident that the resident was satisfied with the outcome of the discussion.

Residents were involved in the running of the house with each of the residents assigned meaningful household roles. Household chores were agreed with each of the residents at their weekly residents meeting.

Residents told the inspector that they enjoyed the choice of meals provided to them and informed the inspector of their favourite dishes. The inspector observed residents helping with lunch time preparation and making tea and snacks for themselves on other occasions. Residents spoken with told the inspector that they preferred for staff to make their dinner in the evening but were happy to prepare their own breakfast and lunch with minimal assistance from staff. Weekly menus for dinners were agreed between the residents at their weekly meeting.

Residents were supported to choose meaningful goals for themselves. Achievements were celebrated with photos taken and displayed in residents bedrooms and personal plans. Residents talked about different goals and activities that they were supported to take part in and enjoy. Each of the residents attended a day service which was suitable to meet their needs. Residents were each supported to engage in meaningful activities in the centre and within their local community. Activities some residents enjoyed included, walks, drives, cinema, shows football and rugby matches, hairdressers, beauticians, overnight stays and visits to their family homes, and . A record was maintained of activities residents engaged in. A number of the residents spoke with the inspector about holidays they had been on and planned which they were really looking forward to.

There was evidence that residents and their family representatives were consulted with and communicated with about decisions regarding the resident's care and support, and the running of their house. Residents were supported as required to maintain connections with their families through facilitation of visits. As mentioned previously, the inspector did not have an opportunity to meet with the families of any of the residents but it was reported that they were happy with the level of care and support that their loved one was receiving in the centre.

Capacity and capability

There were management systems in place to promote the service provided to be safe, consistent and appropriate to the residents' needs. However, some improvements were required in relation to contracts of care and procedures for the notification of incidents to the office of the chief inspector.

The centre was managed by a suitably qualified, skilled and experienced person who had an in-depth knowledge of the needs of each of the residents and the requirements of the regulations. The person in charge had been working in the centre for two and a half years. She was in a full-time position and was not responsible for any other centre. She held a certificate in applied management and a degree in applied social studies. She had been working with the provider for more than 14 years and had more than three years management experience. Staff members spoken with told the inspector that the person in charge supported them in their role and encouraged a culture of openness where the views of all involved in the service were sought and taken into consideration.

There was a clearly defined management structure in place that identified lines of accountability and responsibility which ensured staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the service manager who in turn reported to the director of adult services. There was evidence that the service manager visited the centre at regular intervals. This demonstrated clear lines of reporting and accountability systems for the operational management of the centre.

An annual review of the quality and safety of care had been completed for 2019 and involved consultation with residents and their families. Unannounced visits on a six-monthly basis to assess the quality and safety of the service had been completed. There was evidence that actions were taken to address issues identified on these visits. A number of other audits had been undertaken and included finance, medications, personal plans and hygiene. The person in charge completed monthly governance and safety data reports which were submitted to the service manager for assurances. These included information on the centres residents personal plans, restrictive practices, incident reports, safeguarding referrals, complaints and staffing. The centre had a quality enhancement plan in place which included actions required to address issues identified.

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. The full complement of staff were in place and the majority of the staff team had been working in the centre for a prolonged period. This meant that there was consistency of care for the residents in the centre.

Training had been provided to staff to support them in their role and to improve outcomes for the residents. There was a staff training and development policy. A training programme was in place which was coordinated by the provider's training

department. Training records available on the day of inspection indicated that staff had attended all mandatory training requirements. There were no volunteers working in the centre at the time of inspection.

Each of the residents had a contract of care in place which detailed the services to be provided. However, the fees payable were not clear as they did not state the frequency of when the fees were payable. This was rectified for one of the contracts on the day of inspection and there were plans to revise all of the contracts.

A record of all incidents occurring in the centre were maintained and reviewed in a timely manner. There was evidence that learning from incidents were used to inform practice and prevent a re-occurrence. However, on the day on inspection an incident was identified which had not been reported to the office of the Chief Inspector of Social Services in line with the requirements of the regulations.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre.

Judgment: Compliant

Regulation 15: Staffing

The staff team were considered to have the required skills and competencies to meet the needs of the residents living in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Supervision undertaken had not always been completed in line with the frequency proposed in the providers policy. For example, for a small number of staff members it had been more than six months since their last formal supervision session.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was in place and found to contain all of the information required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place promoted the delivery of a high quality and safe service.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Contracts of care in place did not clearly state the fees payable in line with the requirements of the regulations.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

An incident was identified to have occurred in the preceding period which had not been notified to the office of the chief inspector in line with the requirements of the regulations.

Judgment: Substantially compliant

Quality and safety

Overall, the residents living in the centre received care and support which was of a good quality and person centred. However, some improvements were required to ensure that the residents personal plans were reviewed in line with the requirements of the regulations and in relation to fire drill procedures.

Residents' well-being and welfare was maintained by a good standard of evidence-based care and support. However, a number of the resident's personal plans had

not been reviewed within the last 12 months in line with the requirements of the regulations. Comprehensive assessments of needs had been completed for each of the residents. Care plans and personal support plans reflected the assessed needs of the individual residents and outlined the support required to maximise their personal development in accordance with their individual health, personal, communication and social needs and choices. Specific goals for a number of the residents had been identified. There was evidence that progress in achieving goals set were monitored and recorded in goal update and tracker sheets for individual residents.

The residents' healthcare needs appeared to be met. Each of the residents had their own general practitioner (GP) and there was evidence that they were seen by their general practitioner at regular intervals. Specific health plans were in place for residents identified to require same.

The health and safety of residents, visitors and staff were promoted and protected. There were risk management arrangements in place which included a detailed risk management policy, and environmental and individual risk assessments for residents. These outlined appropriate measures in place to control and manage the risks identified. A local risk register was maintained in the centre.

Overall, suitable arrangements were in place for the management of fire. However, improvements were required in relation to the fire drill procedures. There was evidence that fire drills involving residents were undertaken at regular intervals and indicated that residents involved could be evacuated in a timely fashion. The inspector identified that the records of the last three fire drills recorded that four of the five residents had attended each of the drills. However, as the names of residents were not recorded it was unclear which resident had attended and or if the most recent admission to the centre in August 2019 had attended a fire drill since admission. This was verified by the person in charge on the day of inspection. A fire risk assessment had been completed.

There was documentary evidence that fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks in the centre. There were adequate means of escape and a fire assembly point was identified in an area to the front of the centre. A procedure for the safe evacuation of residents in the event of fire was prominently displayed. Each resident had a personal evacuation plan in place which adequately accounted for the mobility and cognitive understanding of the resident. Staff who spoke with the inspector were familiar with the fire evacuation procedures and had received appropriate training.

There were safeguarding measures in place to protect residents from suffering from abuse. Safeguarding plans were in place for residents identified to require same. There were safeguarding policies in place to guide staff practice. A staff member spoken with was knowledgeable about the signs of abuse and what they would do in the event of an allegation, suspicion or disclosure of abuse. All staff had attended appropriate safeguarding training.

Residents were provided with appropriate emotional and behavioural support. There were minimal behaviours that challenge presented by residents living in this centre. Assessment of need in relation to behaviours and emotional well being support plans, and psychology support plans were in place for residents identified to require same. These provided a good level of detail to guide staff in meeting the needs of the individual resident. There was evidence that plans in place were regularly reviewed by the provider's psychologist.

Regulation 18: Food and nutrition

A range of healthy, nutritious and appetising meals were consumed by residents in the centre. Feeding and eating guidelines were in place and being complied with for residents identified to require same.

Judgment: Compliant

Regulation 26: Risk management procedures

The health and safety of residents, visitors and staff were promoted and protected.

Judgment: Compliant

Regulation 28: Fire precautions

As a result of the procedure in place to record fire drills undertaken, it was not clear if each of the residents, including the newest admission to the centre in August 2019, had attended a fire drill in the past 12 months.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

A number of resident's personal support plans had not been reviewed in the last 12 months in line with the requirements of the regulations. For example, the last formal review for one of the resident's personal support plans was in April 2018.

Judgment: Substantially compliant

Regulation 6: Health care

The residents' healthcare needs were being met.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were provided with appropriate emotional support.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect residents from being harmed or suffering from abuse.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Binn Eadair OSV-0002371

Inspection ID: MON-0026115

Date of inspection: 03/03/2020

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Supervision plan is in place for all staff for 2020. Supervision date records are kept by PIC. Supervision up to March 2020 is completed for all staff.	
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: Contracts of Care for all residents updated on day of inspection to clearly state fees payable in line with regulations.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Retrospective NF06 sent to the office of the chief inspector on day of inspection.	

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire drill completed on 7th March 2020 with all residents' participation.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: PIC to ensure wellbeing reviews to be organized for residents every year. PIC to ensure that if a resident does not want to participate in yearly wellbeing review, the staff and MDT will meet to review the residents care and support requirements.	

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/03/2020
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	03/03/2020
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are	Substantially Compliant	Yellow	07/03/2020

	aware of the procedure to be followed in the case of fire.			
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Substantially Compliant	Yellow	03/06/2020
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.	Substantially Compliant	Yellow	30/05/2020
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum	Substantially Compliant	Yellow	30/05/2020

	participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	30/05/2020
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	30/05/2020