



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

Issued by the Chief Inspector

Name of designated centre:	Newbrook
Name of provider:	St Michael's House
Address of centre:	Dublin 13
Type of inspection:	Announced
Date of inspection:	19 January 2022
Centre ID:	OSV-0002344
Fieldwork ID:	MON-0027342

About the designated centre

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

Newbrook is a designated centre based in a North Dublin suburban area which provides support to two residents with intellectual disabilities. The designated centre is comprised of a two story semi-detached property with a modest sized garden to the front and side. Both floors have their own private entrance in a porch area accessible through the main door. The ground floor consists of an entrance hall, a bathroom, a storage area with laundry facilities, a modest sized kitchen and dining area, a sitting room and a double bedroom. On the first floor there is a sitting room, a small kitchenette with dining space, a bedroom with en-suite facilities, a main bathroom, a toilet and wash hand basin, a staff office and sleepover room, and a small storage room with laundry facilities. The designated centre provided 24 hour residential supports to residents through a staff team of social care workers and a person in charge. Residents were supported in an individual and bespoke manner in the designated centre and attended day services on occasions and availed of one-to-one supports with support from the staff team on other occasions.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 19 January 2022	09:30hrs to 17:00hrs	Amy McGrath	Lead

What residents told us and what inspectors observed

The inspector met and spoke with one of the two residents who lived in the centre. One resident remained in their room for the duration of the inspection and did not engage with the inspector. The inspection was announced and each resident was supported to complete a resident questionnaire to ascertain their view on living in the centre. Both questionnaires were reviewed to inform a judgement on residents' experience. The inspector also spoke with two family members, the person in charge and two staff members.

On arrival the inspector was greeted by one of the residents who offered their elbow as a greeting rather than a handshake. A staff member took the inspector's temperature as part of the visitor's procedure. The resident offered to show the inspector around their home. They spoke about their daily routine and hobbies as they showed the inspector their bedroom, kitchen, bathroom and living room. The resident's bedroom was spacious and well furnished. It was decorated with personal items and photographs and there were posters and ornaments showing the resident's favourite movie characters. The design and layout of the premises had been planned to meet the resident's assessed needs and support them in managing behaviour that may put them or others at risk. The premises retained a homely feel and the resident appeared very comfortable going about their day and independently using the facilities in their home.

Later in the day the inspector visited the second resident's home on the first floor. The resident was asleep at the time and did not meet with the inspector. The staff member supporting the resident showed the inspector around the premises and discussed the resident's support needs. The first floor accommodation consisted of a resident bedroom, a bathroom, small kitchen and dining area, staff room, laundry facilities and a small living area which contained the resident's personal items such as ornaments, collectible items and magazines.

As one of the residents was asleep for most of the inspection, the inspector carried out a review of documents in the ground floor premises. Throughout the course of the inspection the resident who lived there was observed to be very comfortable in their home. The resident spoke about their daily routine and the activities they enjoyed. They attended a day service during the week and left the centre during the inspection to play tennis in a public park with a staff member. The inspector observed that the resident was confident in asking for help or support where necessary, and that this was provided promptly and in a caring manner that supported residents' personal development.

Staff members were knowledgeable in relation to residents' care and support needs and there were plans in place for residents to develop skills to become more independent and to engage in meaningful activities. The inspector witnessed staff communicating with a resident in ways that supported clear understanding, such as

with the help of pictures and visual aids.

Both residents completed questionnaires (with the support of a staff member) and reported that they enjoyed living in the centre. Residents shared that they enjoyed the meals provided in the centre, that they liked living on their own and being able to make choices about their own lives. Both residents noted they were happy with the activities they engaged in and described activities both in their home and the community that they took part in, such as baking, trips to the cinema, bowling, boxing classes and foot spas. One resident shared that they liked having space to welcome their family to visit and enjoyed having them over for meals. One resident said they had made a complaint regarding noise and was happy with how it was managed.

Family members spoken with shared that they regularly visited their relative in their home and were welcomed into the centre for visits, tea and coffee, and meals. They told how staff supported the resident to keep in touch with their family. Their relative had recently moved to the centre and they shared positive outcomes for the resident including some benefits of living alone. Relatives expressed that they would like to see their family member have more input in to the planning of meals and groceries.

Overall, it was found that good quality and safe care was being provided to residents. It was found that the centre was well resourced and that care and support was delivered in a person-centred manner.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affected the quality and safety of the service being delivered.

Capacity and capability

The governance and management systems in place had ensured that, overall, residents received care and support of high quality. There were some improvements required that were identified throughout the inspection in relation to staff training and fire safety. There was a clearly defined management structure, which identified lines of authority and accountability. There were reporting mechanisms in place, and staff spoken with were aware of how to raise any concerns about the quality of care or safety of residents.

The provider had carried out an annual review of the quality and safety of the service, and had conducted unannounced audits every six months. These audits informed a quality enhancement plan overseen by the person in charge, and were found to affect positive change. The person in charge oversaw a range of local audits and checks, including medication audits, fires safety checks, and needs assessment reviews.

Care and support was provided by a team of social care workers, who were sufficiently skilled and experienced to meet the assessed needs of residents. There were arrangements in place to ensure continuity of care for residents, with relief staff available to cover staff absences. There were no staff vacancies at the time of inspection. The person in charge maintained a planned and actual roster that was developed to meet the emerging needs of residents. The person in charge was supervised by a service manager, who in turn was supervised by a regional director of care. Staff were observed to provide care and support in a kind, caring, respectful and safe manner throughout the inspection.

There were arrangements in place to monitor the training and development needs of staff. The provider made training available in areas that they determined to be essential, such as fire safety, safeguarding vulnerable adults and positive behaviour support. Staff had access to training in areas related to residents' care and support needs, however it was found that not all staff had completed first aid training. This was a concern as there was a health and safety risk present that included staff training in first aid as a primary control measure. One staff member did not have safeguarding training. There were systems in place that ensured relief or agency staff had the necessary skills and training to carry out their roles.

The inspector found that complaints were well managed. There were policies and procedures in place and a local complaints officer had been nominated. The complaints procedure was available in an accessible format and was observed on display. The inspector reviewed a number of complaints and found there was clear evidence that they were investigated and the actions taken as a result of complaints were clearly recorded, including the satisfaction levels of the complainant.

Regulation 15: Staffing

There were sufficient staff, with the necessary qualifications and experience to meet the assessed needs of residents. There were staff contingency arrangements in place that ensured continuity of care for residents.

Judgment: Compliant

Regulation 16: Training and staff development

While there were arrangements in place to monitor staff training needs, not all staff had the required training in order to safely carry out their roles. One staff member did not have safeguarding training. Not all staff had received first aid training, or refresher training in the required time frame.

Judgment: Not compliant

Regulation 23: Governance and management

There were clearly defined management structures which identified the lines of authority and accountability for each staff member. A suite of audits were being completed regularly and there was evidence that the actions completed following these reviews were positively impacting on residents' lives and their home.

Judgment: Compliant

Regulation 34: Complaints procedure

There were complaints policies and procedures and a local complaints officer in place. Complaints were logged and progressed in a timely manner. The satisfaction levels of the complainant was recorded. Residents were supported to make complaints where they chose to and there was a clear and accessible version of the complaints procedure available to them.

Judgment: Compliant

Quality and safety

The governance and management arrangements were found to ensure that a good quality and person centred service was delivered to residents. Residents were central to decisions made about their care and were supported to develop their abilities and capacities. There were a range of systems in place to keep residents safe, which were effective for the most part. Some improvement was required in relation to fire safety management and positive behaviour support in order to fully comply with the regulations.

Each resident had an assessment of need that ascertained their support needs on an annual basis. Support plans were developed in line with their assessed needs. There was evidence that residents and their representatives were involved in the development and review of personal plans. Residents' goals were developed with the support of assigned keyworkers. Residents' progress with their personal goals was recorded and reviewed to identify and overcome any obstacles or barriers.

Residents were supported to manage their behaviour where it had the potential to pose a risk to themselves or others. There were positive behaviour support plans in

place that clearly guided staff in supporting residents in this area. There was evidence that these plans were reviewed and updated regularly in line with residents' changing needs. Residents had access to the support of relevant allied health professionals to help them to manage their behaviour and emotional well-being.

There were a number of restrictive practices in place, for example in one home some presses were locked in response to a known safety risk. There was a system in place to record and review restrictive practices to monitor their impact and ensure that the least restrictive option was used for the shortest duration. It was found however that not all restrictive practices had been identified and therefore some were not subject to review or risk assessment.

The inspector found that the provider and person in charge were proactively protecting residents from abuse. They had appropriate policies and procedures in place and staff had access to training to support them to carry out their roles and responsibilities in relation to safeguarding residents. One staff member did not have safeguarding training at the time of inspection, this is addressed in the regulation associated with training and development.

Residents had communication support plans in place which outlined how they liked information to be presented, how they received information and how they made decisions.. They had communication passports in place with a summary of their communication support needs. Pictures were in use throughout the centre such as picture menus, routines, and picture versions of staff rosters. Residents had access to a range of media such as televisions, radios, tablets and magazines and newspapers, in line with their likes and interests.

Since the previous inspection, a previous resident had transferred to another service and the centre had admitted a resident to Newbrook by transfer from another designated centre. A review of the transfer procedures and arrangements for both residents found that these had been carried out in a planned and safe manner. In both cases, the previous service provider and proposed new centre had engaged in a consultation process that ensured all necessary information was shared, that transfers were planned and agreed with residents (and where appropriate, residents' representatives) and that residents received any necessary support in their transition to a new home. For example, a resident was supported by a number of staff members from their previous centre for a period while they settled into their new home.

The inspector reviewed the arrangements in place to protect residents from infection prevention and control risks. 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. Staff had received training in infection control and hand hygiene. There was adequate and suitable personal protective equipment (PPE) available and guidance was provided to staff in relation to its use. Residents were supported to avail of immunisation programmes according to their will and preference. The premises was observed to be clean and tidy and there were monitoring systems in place to ensure that adequate hygiene

levels were maintained.

There were suitable arrangements in place to detect and extinguish fires. While there was evidence that fire safety equipment was serviced at planned intervals, not all fire extinguishers had been included on the last recorded service. There were fire containment measures in place throughout the centre that were overseen by a competent person. One fire door was found not to close when tested as it was obstructed by the carpet underneath. The person in charge escalated this issue to the maintenance department on the day of inspection for action. Each resident had a personal emergency evacuation procedure and there was evidence that these were reviewed regularly and changes made in line with learning from fire drills. Staff had training in fire safety and evacuation.

Residents were protected by appropriate risk management policies, procedures and practices. There was a system for keeping residents safe while responding to emergencies. There was a risk register and risk assessments which were reviewed and updated regularly. Incident review and tracking was evident in residents' monthly reports and there was evidence of learning following incidents.

Regulation 10: Communication

Each resident was supported to communicate in line with their needs and wishes. They had communication passports and support plans in place and access to the support of allied health professionals if required.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

A review of documentation found that discharges from the centre were comprehensively planned and ensured continuity of care for residents. Transition and discharge arrangements ensured that residents' preferences were considered and upheld in any potential move from the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

There were risk management arrangements in place, including a risk management policy and procedures. Risk in the centre was assessed and there were

comprehensive control measures in place.
Judgment: Compliant
Regulation 27: Protection against infection
There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. The centre was maintained in a clean and hygienic condition throughout, hand-washing and sanitising facilities were available for use, infection control information and protocols were available to guide staff and staff had received relevant training.
Judgment: Compliant
Regulation 28: Fire precautions
Service records were not available for all extinguishers and it could not be determined if all fire-fighting equipment had been serviced appropriately. While there were fire containment measures in place, such as fire doors with self-closing devices, one fire door did not close when tested.
Judgment: Substantially compliant
Regulation 5: Individual assessment and personal plan
Residents' personal plans were found to be person-centred and each resident had access to a keyworker to support them to develop their goals. They had an assessment of need and support plans in place in line with their identified support needs. There was evidence that these were reviewed as necessary and in line with residents' changing needs.
Judgment: Compliant
Regulation 7: Positive behavioural support
Not all restrictive practices had been identified. Consequently, some environmental restrictions had not been subject to the same system of review and assessment that

others benefited from to ensure that they were carried out in accordance with best practice.

Judgment: Substantially 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant

Compliance Plan for Newbrook OSV-0002344

Inspection ID: MON-0027342

Date of inspection: 19/01/2022

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	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • One staff member is doing First Aid training on 23/3/22. • The two remaining staff that needs to do the training is on the list to do it. • The risk assessment stating that all staff has first aid training has been reviewed . • The staff member who required Safeguarding training completed this on 19/1/22. 	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"> • The fire door that would not close on the day of inspection was fixed on 20/1/22. On 11/2/22 the SMH fire officer advised that their records show that the fire extinguishers in Newbrook were serviced on 21/6/21.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: <ul style="list-style-type: none"> • PAMG was contacted in February in relation to the identified restrictive practice. This 	

will be completed by PAMG by 10/4/2022

- Snacks are available to the resident.

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)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	23/03/2022
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	20/01/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	21/06/2021
Regulation 07(4)	The registered provider shall ensure that, where restrictive	Substantially Compliant	Yellow	10/04/2022

	procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			
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