



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

## Issued by the Chief Inspector

Name of designated centre:	Ardbeg
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Short Notice Announced
Date of inspection:	19 May 2021
Centre ID:	OSV-0002352
Fieldwork ID:	MON-0032233

## About the designated centre

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

Ardbeg is a designated centre operated by St. Michael's House. The designated centre consists of a terraced house in a suburban area of North Dublin. It provides 24 hour residential care and support to six adult residents with intellectual disabilities. On the ground floor of the building there is an entrance hallway, a modest sized kitchen space, a large dining room, two living rooms, a side entrance with a small toilet, a utility room, a large shared bathroom, and two bedrooms. On the first floor there are four bedrooms, one staff office area which also acted as a sleep over room and contained en suite facilities, a main bathroom, and a small storage space. Exterior to the building there is a small driveway to the front with space for parking one vehicle while at the rear of the building there is a large enclosed garden with patio and outdoor dining space. The staff arrangement for the centre consists of a person in charge and a staff team of social care workers.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

5

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
Wednesday 19 May 2021	10:00hrs to 16:30hrs	Andrew Mooney	Lead
Wednesday 19 May 2021	10:00hrs to 16:30hrs	Micheal Kelly	Lead

## What residents told us and what inspectors observed

In line with public health guidance the inspectors did not spend extended periods with residents. However, inspectors did have the opportunity to meet a resident briefly and observe staff supporting them.

Inspectors observed a homely environment, that was stimulating and engaging. Inspectors noted from a review of feedback documentation, that residents said they loved living in the centre. Other feedback from residents included that they enjoyed having their own bedrooms and participating in cooking meals within the centre. Inspectors observed residents preparing food during the inspection, it was very clear that this was meaningful to residents and it strengthened their participation in the running of the centre. Resident reported that they were looking forward to a reduction in COVID-19 restrictions, in particular the reopening of day services.

Residents appeared very comfortable with staff. During the inspection, inspectors observed staff supporting residents in a kind and respectful manner. This included staff spending time with residents and facilitating low arousal play activities and these interactions contributed to a friendly and homely environment.

During the inspection, inspectors observed good infection control practices in place, which included appropriate COVID-19 precautions. In line with national guidance, visitors access was limited to essential access only. However, the provider did have contingency arrangements in place, to ensure where appropriate, visitors could meet residents in a safe manner. These arrangements were under review in line with new visitors restriction guidance. There was appropriate hand sanitising facilities and staff wore appropriate personal protective equipment (PPE).

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 positively impacted on the quality and safety of the service being delivered.

## Capacity and capability

Overall inspectors found that the governance and management arrangements within the centre enhanced its capacity and capability. These systems ensured residents' quality of life was supported and enhanced. However, some improvements in the maintenance of rotas and the frequency of supervision was required.

There were clearly defined management structures which identified the lines of authority and accountability within the centre. Staff spoken with could clearly identify how they would report any concerns about the quality of care and support in the centre and highlighted that they would feel comfortable raising concerns if they arose. Staff reported directly to the person in charge, who in turn reported to a service manager. The centre had good oversight arrangements in place, including the completion of six monthly unannounced inspections of quality and safety of care. Additionally, an annual review of the quality and safety of care within the centre was completed in consultation with residents.

Staffing arrangements at the centre were appropriate to meet the needs of residents and reflected what was outlined in the statement of purpose. From a review of the roster it was clear that there was an appropriate skill mix of staff employed at the centre. The person in charge had ensured that there was both a planned and actual roster which was maintained. However, these required some improvement to ensure the hours staff worked within the centre were accurately recorded. Staff spoken with were knowledgeable and informed of key areas such as residents' needs, safeguarding and infection prevention and control. The inspector observed staff supporting residents in a caring and dignified manner during the inspection.

There was a schedule of staff training in place that covered key areas such as safeguarding vulnerable adults, infection control, fire safety and manual handling. The person in charge maintained a register of what training was completed and what was due. This training enabled staff to provide evidence based care and enabled them to support residents with their assessed needs. Staff supervision was provided but the frequency of this supervision was not in line with the providers policy on supervision.

The statement of purpose accurately reflected the facilities and services provided within the centre. A copy of it was readily available and it had been reviewed as per the Regulations.

The provider had ensured that all appropriate schedule 5 written policies and procedures were in place and reviewed as required.

## Regulation 15: Staffing

There was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times.

There was a planned and actual roster in place. However, these required improvement to clearly identify the times staff worked within the centre.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

Staff received training in line with the provider's requirement and although some gaps were apparent at the time of inspection, the provider had scheduled the required training, some of which had been delayed due to COVID-19.

Staff received supervision, however, the frequency of this supervision was not in keeping with the providers own policy.

Judgment: Substantially compliant

## Regulation 23: Governance and management

There were clearly defined management structures which identified the lines of authority and accountability within the centre. An annual review was in place and it clearly captured the views and input of residents.

Judgment: Compliant

## Regulation 3: Statement of purpose

The statement of purpose accurately reflected the facilities and services provided within the centre. A copy of it was readily available and it had been reviewed as per the Regulations.

Judgment: Compliant

## Regulation 4: Written policies and procedures

All schedule 5 written policies and procedures were in place and reviewed as required.

Judgment: Compliant

## Quality and safety

This inspection found that there were good systems in place which enhanced the quality and safety of the centre. Effective systems and procedures were in place to protect residents, promote their welfare and recognise and effectively manage the service when things went wrong. However, improvements were required in how the provider implemented some systems aimed at limiting the spread of COVID-19.

For the most part the provider demonstrated their capacity to communicate with residents, their families and visitors to promote and enable safe infection prevention and control practices. The provider had adopted a range of infection prevention and control procedures to protect residents from the risk of acquiring a healthcare associated infection. There were hand washing and hand sanitising facilities available throughout the centre. There were suitable arrangements for clinical waste disposal. The provider had ensured adherence to standard precautions and there were ample supplies of personal protective equipment (PPE). There were clear arrangements in place to protect residents and staff from acquiring or transmitting COVID-19. However the arrangements for staff taking meal breaks, required some improvement, to ensure that this was done in line with the centres' COVID-19 contingency plan. For instance, staff were observed taking breaks together, during these times staff were not wearing face coverings as they were eating and they were not sufficiently socially distancing. This risked undermining the other positive COVID-19 precautions in place and this increased the risk of staff contracting COVID-19. This practice required review.

Inspectors found the the living environment stimulating and it provided residents with the appropriate opportunity for rest and recreation. The design and layout of the premises ensured that each resident could enjoy living in an accessible, safe, comfortable and homely environment. The centre was clean and well maintained.

There were appropriate arrangements in place to ensure that residents had a personal plan in place that detailed their needs and outlined the supports required to maximise their personal development and quality of life. The service worked together with residents and their representatives to identify and support their strengths, needs and life goals. Residents were supported to access and be part of their community in line with their preferences and assessed needs. Residents personal plans were designed in a person centred way which made them accessible to residents. A review of residents assessment of needs, noted that while each resident had a comprehensive assessment completed, not all had been reviewed annually as required by the regulations.

A positive approach to responding to residents' assessed needs was developed. Staff were familiar with the strategies adopted to support residents. Appropriate support plans were in place to guide staff in supporting residents.

Residents were protected by the policies, procedures and practices relating to safeguarding and protection in the centre. Safeguarding plans were developed and safeguards put in place as required. Most allegations or suspicions of abuse were reported and escalated in line with requirements of the organisation's and national



policy. However, a review of documentation noted that some allegations had been reported outside the organisations maximum time frame. While this did not impact on the safety of residents, this process did require review. Staff who spoke with the inspector were knowledgeable in relation to their responsibilities in the event of a suspicion or allegation. Residents also had intimate care plans developed as required which clearly outlined their wishes and preferences. These measures ensured residents were protected at all times.

The inspectors observed good fire safety measures in place, including a fire detection and alarm system, fire fighting equipment and fire doors with self closing mechanisms throughout. There were personal evacuation plans in place for all residents and staff understood what to do in the event of a fire.

### Regulation 17: Premises

The premises allowed for residents to have adequate private and communal accommodation with bedrooms of a suitable size and layout.

Judgment: Compliant

### Regulation 27: Protection against infection

Staff were observed to engage in good hand hygiene practices, wore appropriate PPE and were observed to socially distance where possible. However, the arrangements for staff taking meal breaks, required some improvement, to ensure that this was done in line with the centres' COVID-19 contingency plan. For instance, staff were observed taking breaks together, during these times staff were not wearing face coverings as they were eating and they were not sufficiently socially distancing. This risked undermining the other positive COVID-19 precautions in place and this increased the risk of staff contracting COVID-19. This practice required review.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

There was appropriate fire fighting and detection equipment in place that was serviced as required. There was a procedure for the safe evacuation of residents and staff. Appropriate fire drills were completed.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

There were appropriate arrangements in place to ensure that residents had a personal plan in place that detailed their needs and outlined the supports required to maximise their personal development and quality of life.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Appropriate supports were in place for residents with behaviours that challenge or residents at risk from their own behaviour.

Judgment: Compliant

### Regulation 8: Protection

The person in charge initiated and put in place an investigation in relation to any incident, allegation or suspicion of abuse. However, these were not all reported in line with the timeliness outlined in the providers policy.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

# Compliance Plan for Ardbeg OSV-0002352

Inspection ID: MON-0032233

Date of inspection: 19/05/2021

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Person in Charge will review the staff roster. The roster will identify the start and finish times for staff.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The PIC will schedule staff supervision four times a year to comply with the St.Michael's House Supervision Policy.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: The Person in Charge communicated to all staff that the Infection Prevention and Control Guidelines are to be adhered to at all times.  The Person in Charge will update and implement St. Michael's House Covid 19 guidelines	

as required.

The Person in Charge will monitor the training requirements of all staff regarding Covid 19 Refresher Training and ensure time is scheduled to complete the on line modules.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:  
The Person in Charge in consultation with the Designated Officer, Principle Social Worker and Service Manager will ensure all documentation regarding any allegations or suspicions of abuse are submitted and actioned within the specified time frame.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	20/05/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	20/05/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated	Substantially Compliant	Yellow	20/05/2021

	infections published by the Authority.			
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	20/05/2021