



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:	Announced
Date of inspection:	11 August 2021
Centre ID:	OSV-0002371
Fieldwork ID:	MON-0026288

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 social care leader who is the person in charge and a team of social care workers, with access to nursing support if required.

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
Wednesday 11 August 2021	09:50hrs to 16:30hrs	Louise Renwick	Lead

What residents told us and what inspectors observed

The inspector met all five residents who lived in the designated centre, and spent time talking to some residents about their experience living in the centre. The inspector also received four questionnaires completed by residents which gave their views on areas such as the premises, the support given by staff, the food available, care planning and complaints.

On arrival to the designated centre, two residents were spending time in their room, one resident had gone to an external day services and two other residents were out getting the morning papers.

Some residents showed the inspector their bedroom which were colourful and uniquely decorated with items that they had collected of interest to them. From reviewing the questionnaires, the majority of residents expressed that they were happy with their own bedrooms and the space they had for their own belongings.

All questionnaires outlined that residents were comfortable in their centre, and that staff were easy to talk to, listened to them and knew their likes and dislikes. Residents told the inspector that staff were very good, that they had fun and they enjoyed the conversations and relationships that they had with the staff team. The inspector observed positive and warm interactions between residents and staff which were jovial and pleasant and demonstrated a good rapport between staff and residents.

Some residents who lived in the centre used aids to assist their mobility. The inspector observed residents using their environment with ease. For example, coming in and out of their bedrooms and using the kitchen independently to make tea and sandwiches for themselves. While the kitchen was spacious and functional for residents, it required some minor decorative works to repaint the areas where the heating systems had been upgraded. Residents told the inspector that they would like the kitchen changed as it is quite old.

The designated centre was a single level building, with all residents staying in a ground floor bedrooms and an accessible wet room. Entry in and out of the building was promoting accessibility for residents and visitors, with a ramped side entrance and hand rails, and level exit off into the back garden.

The designated centre had two communal living rooms, one larger room with patio doors into the back garden, and a smaller living room on the other side of the house. Both living rooms had televisions for residents to use. There was a karaoke machine in one of these rooms which residents enjoyed using, and the inspector read in some support plans that this was noted as a proactive way to help residents express emotion.

During the inspection, some residents were spending time in the living rooms,

watching television or reading newspapers. Staff told the inspector that some residents enjoyed watching sport on television, especially GAA matches and they had recently stopped at nearby grounds to watch a local match which residents really enjoyed.

Some residents told the inspector that they enjoyed doing jigsaws and art and crafts. The inspector saw some clay art work that residents had made on display in the living room. Residents had a weekly meetings to decide what meals to have for the week ahead and to discuss other things such as fire safety and their rights. The agreed menu was written on a white board in the kitchen area, and residents contributed to the household chores around the house. There was fresh fruit in the kitchen, and information on display to promote healthy eating.

Residents told the inspector they had painted the garden wall out the back and had done work planting pot plants and finding garden decorations to make it nice, they enjoyed using the patio area to sit out and especially liked having barbecues. The garden was large with bird feeders, colourful pot plants and outdoor dining furniture.

In the last year, the provider had installed new windows and external doors and had improved the insulation in the building, along with installing a new heating system. Residents liked the way the centre looked, and the enhancements had improved the energy rating of the building.

Resident questionnaires demonstrated that residents knew who to speak to if they were unhappy with something in the centre, and for residents who had made a complaint before, they indicated that they were happy with the way that it was dealt with.

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

Capacity and capability

The provider and person in charge demonstrated that they had the capacity and capability to operate the designated centre in a manner that ensured residents were safe, and receiving a good quality service that met their individual and collective needs.

The provider had ensured there was effective leadership and oversight arrangements in place in the designated centre. There was a full-time person in charge, who reported to a services manager, who in turn reported to a Director of Services. Along with a clear management structure and lines of reporting and responsibility, there were effective oversight systems in place. For example, the

person in charge reported monthly to the services manager on areas such as adverse events, compliments or complaints or risk areas for residents.

There were established lines of escalation and information to ensure the provider was aware of how the centre was operated and if it was delivering a good quality service. There had been unannounced visits completed, on behalf of the provider on a six month basis, along with an annual review on the quality and safety of care. Feedback from these monitoring tools demonstrated a good level of compliance with the regulations and standards, and offered positive feedback from residents and their family members and representatives. When areas for improvement had been identified through the annual review and unannounced provider visits, these had been quickly acted upon and arranged. For example, increasing the formal supervision of staff to be in line with the provider's policy, updating of risk assessments regarding particular health risks and ensuring refresher training for staff was planned and booked in advance. This demonstrated that the monitoring systems in place were effective at bringing about improvements and ensuring the centre was operating in a manner in line with the regulations and national standards. Some minor decorative work was required in areas of the designated centre, which had been identified by the person in charge. For example, painting and plastering repair in the kitchen following the removal of the boiler.

The provider was adequately resourced to deliver a residential service in line with the written statement of purpose. For example, there was sufficient staff available to meet the needs of residents each day and night, there was transport available, adequate premises and facilities and supplies. The provider had carried out significant upgrade works to the premises since the previous inspection. For example, installing new windows and external doors, improving the insulation in the building and replacing the heating systems.

There was a stable and consistent staff team identified to work in the designated centre and rosters were maintained to demonstrate the planned and actual hours worked. Staff were qualified in social care and were provided with routine and refresher training to ensure they had the skills required to meet the needs of residents. There was oversight of the training needs of staff, and training needs were identified in advance and planned for by the person in charge. For example, training for staff in a particular health support for residents had been arranged and was being carried out in the following week. This would ensure the staff working in the designated centre could support residents with their individual health care needs, and continue to monitor their health at home.

The provider and person in charge had ensured good practice in relation to the admissions process and ensuring residents got on well with each other and would enjoy sharing a home environment. The most recent admissions into the designated centre had been done in a slow and staged manner, with proposed residents visiting and staying for short overnight visits over a period of months. This ensured that residents liked each other, and would be suitable to share their home and encouraged positive relationships between peers. Resident questionnaires answered that residents were happy with the relationship that they had with other residents.

Overall, the provider and person in charge had effective governance and management systems in place, which ensured the service provided was safe and residents were receiving good quality care and support in line with their needs.

Regulation 15: Staffing

The staffing resources in the designated centre were well managed to suit the needs and number of residents.

Planned leave or absenteeism was covered from within the permanent staff team or by temporary staff employed by the provider, to ensure continuity of care for residents.

The person in charge maintained a planned and actual staff roster for the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training as part of continuous professional development. There was good oversight of the training needs of staff, and arrangements were made to plan for training, as required.

Staff were appropriately supervised, both formally and informally by the person in charge in the designated centre.

Information on the Health Act (2007) as amended, regulations and standards, along with guidance documents on best practice were available in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had put in place a management structure in the designated centre, with clear lines of reporting and responsibility.

There was effective oversight arrangements and monitoring systems place, and pathways for information and escalation from the person in charge to the provider. For example, through monthly information reviews with the services manager.

The provider had completed unannounced visits to the centre on a six-monthly basis, and had completed an annual review of the quality of care and support.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The written statement of purpose outlined the clear and transparent criteria for admission to the designated centre, and promoted residents safety and choice in relation to their peers.

Residents had opportunity to visit the designated centre for meals, or short overnight stays prior to their admission to the designated centre.

Residents had written agreements outlining the terms on which they resided in the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the adverse events such as incidents and accidents, and found that the provider had notified the Office of the Chief Inspector, when required for anything that should be notified.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had ensured an effective complaints procedure was in place for residents in an accessible and age-appropriate format. For example, there was an easy-to-read version of the complaints policy, and posters to signpost how to make a complaint.

Residents were aware of how to raise a complaint, and who to speak to if they were unhappy about something in the designated centre.

The person in charge maintained a log of all complaints raised by residents along with details of the outcome and if residents were satisfied with the outcome.

Judgment: Compliant

Quality and safety

This inspection found that the provider and person in charge were operating the centre in a manner that ensured residents were in receipt of a service that was safe, person-centred and meeting their individual needs. Residents had a comfortable and homely place to live, and were supported by a team that knew them well.

Residents had been supported through national restrictions to understand the pandemic and the protective measures to be taken to keep people safe. During national restrictions, attendance at formal day services stopped and residents were supported to keep occupied at home through different activities. For example, spending time in the garden, potting plants, doing online activity classes and keeping connected with family and friends through telephone and video calls. The provider's annual review for 2020 noted comments from family members complimenting the support and care given to residents during this time. In recent weeks, some residents had returned to their day services for certain days of the week, and were happy to attend again and see their peers and friends outside of their home. Some residents had decided that they no longer wished to attend day services and alternative daily activities had been chosen by residents and supported by the staff team.

Residents were provided with a homely and accessible bungalow to live which was maintained to a good standard. There were two communal living rooms, a kitchen/dining room, large back gardens, individual bedrooms for residents and adequate number and type of toileting and washing facilities. The provider had recently upgraded the insulation, heating system and windows and external doors in the building. Some minor improvements were noted on inspection that required attention following these upgrades. For example, painting in the kitchen following removal of the boiler. The wetroom also had some areas for minor improvement, for example there was rust on bathroom handrails.

The designated centre was located on a main road, close to local amenities and community facilities such as churches, coffee shops, local parks and public transport links. The designated centre had its own vehicle that was driven by some of the staff team to support residents to get to day services, appointments, drives or other places of interest.

Resident questionnaires received by the inspector showed that people felt safe living in the designated centre. Residents' health and safety was promoted through effective risk management policies and procedures, incident recording and management systems and effective infection control measures. The person in charge reviewed all incidents or adverse events and took action to prevent incidents from occurring again. For example, referring residents to occupational therapists for

review of mobility aids following slips or trips.

There was a formal system of identifying, assessing and managing any environmental or personal risks in the designated centre, and the person in charge maintained a risk register of all known risks and their ratings. This register was reviewed periodically, or following any incident or accident to ensure control measures were effective. The provider had a written emergency plan to be followed in the event of an emergency, for example if there was loss of power. The designated centre had a vehicle that was serviced regularly and properly insured.

Residents appeared relaxed and happy in their home and in each other's company, and the designated centre was operated in a way that promoted every residents' safety. There were policies, procedures and pathways in place to identify and respond to any safeguarding concerns or risks, and staff had received training in safeguarding vulnerable adults. Safeguarding plans were put in place, if required, to promote residents' safety.

The centre was managed in a way that identified and promoted residents' good health, personal development and well-being. Residents' needs were noted and assessed in a comprehensive manner using an assessment tool implemented by the provider. Based on these assessments, personal plans or care plans were written up to outline how each individual need would be met and supported. Residents had access to their own General Practitioner (GP) and other health and social care professionals, and were supported to keep healthy through attending regular health appointments and follow-up appointments. Residents with specific health care needs had clear support plans in place, and staff were aware of the associated risks and signs if residents required additional medical support. While the statement of purpose outlined that the designated centre was providing social care support, the provider had nursing care support available to the designated centre if it was required. Arrangements had been made for additional guidance and training from nursing staff to support staff in caring for particular health care needs within the designated centre.

Residents were protected against the risk of fire in the designated centre through fire safety systems and local procedures, and residents knew what to do in the event of an emergency. Fire containment measures were in place along with fire fighting equipment, emergency lighting, a fire detection and alarm system and clear exit points. These systems and equipment were tested regularly by the staff team and checked and serviced by a fire professional on a periodic basis. Fire exits had easy turn locks and the plan to follow in the event of an fire was on display. Residents and staff took part in regular drills at different times of the day and night, based on different scenarios to ensure everyone was clear on how to evacuate safely and quickly in the event of an emergency.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19 through formal risk assessments and self assessment questionnaires. Personal protective equipment was available along with hand-washing facilities and hand sanitiser and staff were observed to use these

throughout the day. The provider had plans in place, should a resident require self-isolation and clear procedures to follow in the event of staff members or residents presenting with symptoms.

Overall, residents were supported to have a safe and good quality life in the designated centre and their health, social and personal needs were met.

Regulation 13: General welfare and development

Residents were provided with appropriate care and support in line with their individual needs and wishes.

Residents were supported to remain active and occupied during national restrictions, with staff ensuring residents had meaningful activities to take part in, access to outdoor community amenities and services that were accessible.

Residents had been supported to return to formal day services in a staged manner. Similarly, residents' wishes to not return to a formal day services had been respected, and alternative daily activities supported.

Judgment: Compliant

Regulation 17: Premises

The premises were designed and laid out to meet the aims of the service, and in line with residents' needs. The building was of sound construction and for the most part the premises were well maintained. The requirements of Schedule 6 were provided for, for example there was sufficient communal and private accommodation for residents, adequate heating and lighting and waste removal services.

Some minor decorative repair works were required in the bathroom and kitchen area of the designated centre. Such as repainting following removal of a boiler and replacing of worn hand rails.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents could choose to be involved in buying grocery supplies if they wished, and chose their meals each week at a residents' meeting. Residents were seen to be easily using their environment during the day to make refreshments and light meals

at a time of their choosing and there was adequate facilities to store food in hygienic conditions.

Residents' dietary needs were known through assessments and dietary plans, and residents were encouraged to understand healthy eating, in line with their individual needs and requirements. There was information available in the designated centre on different dietary requirements.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents' safety was promoted through effective risk management systems in the designated centre. For example, there was a policy in place outlining how risks were identified, assessed, managed and reviewed and the person in charge maintained a risk register of known personal and environmental risks.

The provider had written plans in place to follow in the event of an emergency. For example, if there was a flood or loss of power.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had put in place procedures for the management of the risk of infections in the designated centre, which were guided by public health guidance and national standards. The risk of COVID-19 was assessed and reviewed regularly, and the provider had plans in place to support residents to isolate if they were required to.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety systems in place in the designated centre. For example, a fire detection and alarm system, emergency lighting system, fire containment measures and fire fighting equipment. There was a written plan to follow in the event of a fire or emergency during the day or night, and fire drills had taken place in the designated centre. Residents had a written personal evacuation plan which was reviewed following each fire drill or evacuation practice.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a system in place to assess and plan for residents' needs and these documents were reviewed regularly. Where a need had been identified, there was a written personal plan in place outlining how each resident would be supported.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with appropriate health care as outlined in their personal plans.

Residents had access to their own general practitioner (GP) along with access to health and social care professionals through referral to the primary care team, or to additional professionals made available by the provider.

Advice or recommendations from health and social care professionals was incorporated into residents' personal plans, and put into practice by the staff team.

Residents' health was proactively monitored by the staff team, and there was timely response to any change in health.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured there were policies, procedures in place to identify, report and respond to safeguarding concerns in the designated centre. The person in charge was aware of their responsibilities in this regard and staff had received training in the protection of vulnerable adults.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Binn Eadair OSV-0002371

Inspection ID: MON-0026288

Date of inspection: 11/08/2021

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Tendering process in place for total kitchen renovation. PIC meeting with St. Michaels House Housing association manager on 16th September 2021.</p> <p>New handrails for main shower room were ordered on 2nd May but there have been delays in delivery due to COVID-19 and Brexit. PIC followed up with the company on 8th September 2021 and will continue to follow up with the company until there is a confirmation date for delivery.</p>	

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 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	20/12/2021