Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Michael's House Ballygall
Name of provider:	St Michael's House
Address of centre:	Dublin 11
Type of inspection:	Short Notice Announced
Date of inspection:	09 October 2020
Centre ID:	OSV-0005706
Fieldwork ID:	MON-0027691

About the designated centre

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

Ballygall is a residential service for two young people with an intellectual disability, one of which is over the age of 18 years of age. The service can support both males and females. The centre is located in County Dublin and is a two-story home which has been renovated and extended to meet the needs of two young people with autism support needs. The house has its own bus and is also located in close proximity to public transport and a wide variety of social, recreational, educational and training facilities. Each young person has their own bedroom and bathroom. There is a shared kitchen and dining room, two living rooms, one of which is upstairs. There is a large back garden with separate areas including a zip line, circular cycle track and other equipment for play. The house is led by a social care leader and is staffed by a mix of social care workers and health care assistants who are supported by a multidisciplinary team.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

How we inspect

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
Friday 9 October 2020	10:00hrs to 16:00hrs	Andrew Mooney	Lead

What residents told us and what inspectors observed

In response to the assessed needs of residents, the inspector did not engage with residents during the inspection. The inspectors findings relied on observations, speaking with staff, management and reviewing documentation.

Residents appeared very happy in their home. The centre had been adapted to meet residents individual needs and preferences. During the inspection, the inspector observed how staff created a low arousal environment which supported residents with their daily routine.

The layout of the centre promoted a safe environment for residents, with access to age appropriate activities. This included a very well designed back garden with ample space for residents to engage in stimulating activities.

Capacity and capability

Overall the centre was well managed and there were appropriate oversight mechanisms in place. However, some improvements were required in training and the notification of certain events.

There was a suitably qualified and experienced person in charge who demonstrated that they could lead a quality service and develop a motivated and committed team. There were clearly defined management structures which identified the lines of authority and accountability within the centre. Staff 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. There were arrangements in place to monitor the quality of care and support in the centre. The person in charge conducted appropriate audits and the provider had ensured that an unannounced visit to the centre was completed as per the Regulations. An annual review of quality and care was conducted. However, this review required some improvement to clearly demonstrate how residents and/or their representatives were consulted.

There was enough staff on duty to meet the assessed needs of residents. There was a planned and actual roster maintained that accurately reflected the staffing arrangements within the centre. During the inspection the inspector spoke with staff and found them to be caring and genuinely interested in their role. The inspector observed staff interacting in a very positive way with residents and it was clear they knew residents well.

There was a schedule of staff training in place that covered key areas such as

safeguarding vulnerable adults, fire safety, infection control and manual handling. The person in charge maintained a register of what training was completed and what was due. However not all staff had received appropriate training to meet the assessed needs of residents. For instance not all staff had received positive behaviour support training.

A review of supervision practices noted that staff were supervised appropriate to their role. The centre utilised individual and group staff supervision to reflect on staff practice and this enabled staff to support residents safely with their assessed needs.

The inspector completed a review of a sample of adverse incidents within the centre. This review demonstrated that the person in charge had ensured all appropriate incidents were notified to the Office of the Chief Inspector as required by the Regulations. However, not all quarterly notifications had been notified as required, for example not all restrictive practices had been notified.

Regulation 15: Staffing

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

Judgment: Compliant

Regulation 16: Training and staff development

A training programme was in place for staff, which included refresher training. However, not all staff had received training that was required to support residents with their assessed needs. For example not all staff had received positive behaviour support training.

Staff were supervised appropriate to their role.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management structure was clearly defined and identified the lines of authority and accountability, it specified roles and detailed responsibilities for all areas of service provision.

An annual review of quality and care had been completed but there was no evidence that residents or their representatives had been consulted.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of all incidents occurring in the centre was maintained.

However, not all restrictive practices had been notified to the Chief Inspector quarterly as required by the regulations.

Judgment: Not compliant

Quality and safety

There were systems and procedures in place to protect residents and promote their welfare, including robust arrangements to protect residents during the COVID-19 pandemic. However, improvements were required with how restrictive practices were reviewed.

The provider had adopted a range of infection prevention and control procedures to protect residents from the risk of acquiring a healthcare associated infection. The provider demonstrated their capacity to communicate with residents, their families and visitors to promote and enable safe infection prevention and control practices. There were appropriate hand washing and hand sanitising facilities available throughout the centre. There were suitable arrangements for clinical waste disposal. Staffing arrangements were reviewed and staff rosters had been designed to limit any potential outbreak of COVID-19.

The provider had ensured adherence to standard precautions and there were ample supplies of personal protective equipment (PPE).The provider had developed a COVID-19 contingency plan that was in line with public health guidance and best practice. This plan was enacted where required and residents received access to appropriate testing as required. During the inspection, the inspector observed staff engaging in social distancing and wearing appropriate PPE. These arrangements helped protect residents and staff from unnecessarily acquiring or transmitting COVID-19.

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 were assisted in finding activities to enrich their lives and maximise their strengths and abilities. However, due to the national COVID-19 pandemic, opportunities to engage in these activities had been limited in line with public health advice.

Residents received regular and timely review with their General Practitioner (GP) and were supported to engage with allied healthcare professionals as required, including speech and language therapy, psychology and psychiatry. Residents that required supports in relation to dysphagia received timely assessments and reviews.

Appropriate supports were in place to support and respond to residents' assessed support needs. This included the on-going review of behaviour support plans. Staff were very familiar with residents needs and any agreed strategies used to support residents. Restrictive procedures were implemented when assessed as required. This included the use of environmental restrictions, such as locked doors and mechanical restraints, such as magnetic harnesses for bus safety. Most restrictions were implemented in line with the providers policy on restrictive practices, which included the authorisation of their use from the Positive Approaches Monitoring Group (PAMG). However, some improvements were required in the maintenance of these documents. Furthermore, it was unclear if the use of all restrictions was for the shortest duration possible, as records of their use had not been clearly maintained.

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. Allegations or suspicions of abuse were reported and escalated in line with requirements of the organisation's and national policy. 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.

There was a risk management policy in place which outlined the measures and actions in place to control risk. There were systems in place for the assessment, management and ongoing review of risk; the person in charge maintained a risk register that accurately reflected the known risks in the centre and there were records of incidents and accidents that occurred. The person in charge had ensured that risks pertaining to residents were identified and that there were appropriate control measures in place.

The provider had ensured that there were fire safety measures in place, including detection and alarm system, fire fighting equipment and containment measures. There were personal evacuation plans in place for all residents and staff understood what to do in the event of a fire. Regular fire drills were conducted within the centre, however they were not reflective of all possible scenarios. For example there had been no recent fire drill competed that simulated the maximum number of residents being evacuated by the minimum number of staff. Therefore, it was unclear if the centre could be effectively evacuated when these staff ratios were in

place.

Regulation 26: Risk management procedures

There was an appropriate system in place for the assessment, management and review of risk within the centre.

Judgment: Compliant

Regulation 27: Protection against infection

There were arrangements in place to protect residents from the risk of acquiring a healthcare associated infection, including hand wash facilities, clinical waste arrangements and laundry facilities. The provider had introduced a range of measures to protect residents and staff from contracting COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that there were fire safety measures in place, including detection and alarm system, fire fighting equipment and containment measures. There were personal evacuation plans in place for all residents.

Fire evacuation drills were carried out regularly but required improvement as they did not simulate the least number of staff and maximum number of residents.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive assessment of need, the outcome of this assessment was used to inform an associated plan of care,which was recorded in the resident's personal plan.

Judgment: Compliant

Regulation 6: Health care

Appropriate healthcare was made available for each resident, having regard to each residents' personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

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

However, some improvements were required in the maintenance of these documents. Furthermore, it was unclear if the use of all restrictions was for the shortest duration possible, as records of their use had not been clearly maintained.

Judgment: Not compliant

Regulation 8: Protection

The person in charge had initiated and put in place an investigation in relation to any incident, allegation or suspicion of abuse and took appropriate action where a resident was harmed or suffered 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
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 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for St Michael's House Ballygall OSV-0005706

Inspection ID: MON-0027691

Date of inspection: 09/10/2020

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: The PIC in is liaising with St. Michael's Training Department and St. Michael's House Open Training College to ensure that staff complete any outstanding training in a timely manner. Some training had to be rescheduled because of COVID 19 restrictions and the organisation is working to provide as many courses as possible on line.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Systems are now in place to ensure that there is written record of the engagement with the two families in relation to the Annual Report for 2020 and has clarified commentary in 2019 Report with families. The service manager had regular contact with both families throughout the year.	
Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The PIC has carried out a review of restrictive practices with the clinic team and where necessary systems have been improved. The consultant psychiatrist and psychologist are in the process of amending current guidelines in relation to medication.

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire Drills with the minimum number of staff on the roster at any given time have been completed.	

Regulation 7: Positive behavioural support	Not Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Due to COVID 19 some courses had to be postponed because of COVID 19. A new online Positive Behavior course has recently been developed and the PIC is working to ensure that all staff complete the training.	

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.	Substantially Compliant	Yellow	30/01/2021
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	04/12/2020
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	Substantially Compliant	Yellow	04/12/2020

	so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	31/01/2021
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Not Compliant	Orange	04/12/2020