



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

Name of designated centre:	Baldoyle Residential Services
Name of provider:	St Michael's House
Address of centre:	Dublin 13
Type of inspection:	Announced
Date of inspection:	15 June 2018
Centre ID:	OSV-0002340
Fieldwork ID:	MON-0021654

About the designated centre

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

The centre is located in a seaside residential suburb of Co. Dublin and is located on the first floor of a large three storey building. The ground floor of this building comprises of a primary school for children with disabilities, a day care facility for adults and a swimming pool. Administration offices are located on the second floor where outpatient clinics are also held. Access to the designated centre is through a large reception area for the entire building and there is a lift and stairs available to residents. The entire property is owned by St. Michael's House (SMH). The designated centre is made up of twelve single bedrooms and two double bedrooms. It is divided into two areas, each with their own living areas and kitchen facilities. Fourteen residents reside in the centre. Residents are supported by a team of nurses and care staff. The centre is closed to admissions from external agencies as it is classified as a congregated setting and the provider intends to move residents to community based settings.

The following information outlines some additional data on this centre.

Current registration end date:	22/11/2018
Number of residents on the date of inspection:	14

How we inspect

To prepare for this inspection the inspector or 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
15 June 2018	09:55hrs to 17:30hrs	Amy McGrath	Lead
15 June 2018	09:55hrs to 17:00hrs	Michelle McDonnell	Support

Views of people who use the service

This centre is home to fourteen residents. Inspectors met with all residents, and six residents interacted with inspectors on their own terms. While not all residents spoke with inspectors, they seemed content and comfortable in their home. Throughout the duration of the day inspectors observed residents attending their day service, enjoying meals and meeting with family members.

Staff were observed to interact with residents in a respectful and caring manner. Residents appeared content and happy in the company of staff. One resident spoke to the inspectors and showed them photos of recent social events such as boat trips and musicals. The resident discussed a recent complaint they had made, and the response to same. The complaint was handled promptly and the resident was satisfied with the outcome. A resident spoke about how they would like to see improvements in choice at mealtimes.

Inspectors spoke with a family member of one resident who expressed that they were extremely satisfied with the service. The family member was supported to visit the resident and contribute to the delivery of care and support.

Capacity and capability

Overall the inspectors found the provider and the person in charge were ensuring that a safe service was being received by residents. The provider had responded appropriately to all actions from the previous inspection.

Arrangements were in place to ensure effective leadership, governance and management. There were clear lines of accountability and authority within the centre. The person in charge was full-time and supernumerary with sufficient time allocated to engage with administration duties. The person in charge demonstrated a strong knowledge of all residents currently availing of the service, and their regulatory responsibilities with regard to their post. There was a clinical nurse manager 2 (CNM2), and two CNM1's in the centre to support the person in charge with their role. There were a team of two nurses and six care assistants available to meet the assessed needs of residents throughout the day, and the skill mix in the centre was sufficient to ensure safe and responsive care for residents.

The management of the centre had systems in place to ensure oversight and accountability, such as six monthly audits, team meetings, managements meetings, and a schedule of internal audits for the centre. The centre had monthly staff

meetings, however the attendance of staff at meetings was sporadic; some meetings had an attendance of 10% of staff members. Some staff members were repeatedly absent from team meetings and there was no record to evidence that updates in relation to the centre or care of the residents were shared with each staff member.

The provider had conducted an annual review of the quality and safety of care in the centre, and an action plan had been developed in relation to this. The statement of purpose accurately reflected the service being provided at the centre and contained the required information as outlined in Schedule 1 of the regulations.

The complaints process was available in an accessible format for residents, and staff spoken with were fully aware of how they could support a resident to make a complaint. The centre had a log of all complaints made and inspectors observed that complaints had been managed promptly with the satisfaction of the complainant recorded.

The centre is closed to admissions as it is a designated centre, although can accommodate residents on an emergency basis, as set out in their statement of purpose and function. The centre had admitted two residents on an emergency basis. This process was not clearly documented and therefore it was not possible to determine if the residents were admitted on the basis of transparent criteria in accordance with the statement of purpose. Furthermore, the residents have been residing at the centre for ten months in the absence of a transition plan.

Regulation 15: Staffing

There was an actual and planned staff roster in place. There was sufficient staff rostered with the appropriate skill mix to meet the assessed needs of residents. There was sufficient nursing staff available to meet the nursing needs of residents. Previous actions under this regulation were found to have been adequately addressed.

Judgment: Compliant

Regulation 23: Governance and management

For the most part, there were adequate arrangements in place to ensure sufficient monitoring and oversight of the centre. Improvements were required in relation to team meetings to ensure that the staff team have sufficient knowledge of their responsibilities in providing support to residents.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The documentation related to the recent admissions was not sufficiently clear to show that residents were admitted on an emergency basis, and the process did not ensure that the protection of other residents was taken into account. Furthermore, there was an absence of transition plans for residents.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose in place accurately reflected the service provided in the centre, and contained all of the information set out in the associated schedule.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints process within the centre was accessible to residents and displayed throughout the centre. Residents had been supported to make complaints, and complaints were managed promptly.

Judgment: Compliant

Quality and safety

The inspectors found that overall the residents were happy living at the centre. Residents were supported to maintain and develop their personal relationships with family members. There was evidence that residents' families visited the centre regularly, and residents were supported to visit their family homes as appropriate. However, there were improvements required in relation to supporting residents to exercise their rights, and promoting residents' participation in their own care and support.

The centre had abundant space for residents, with large communal areas,

bathrooms and bedrooms, as well as landscaped balconies. The provider had moved residents who were sharing bedroom spaces to individual rooms, although two residents returned to sharing a large space as this was their preference; this was also discussed with residents advocates and determined to be in their best interests. The shared room was significant in size, with two clearly defined separate bedroom areas and contained a privacy screen in the centre to preserve residents' privacy and dignity.

The inspectors reviewed the arrangements in place to support residents with their food and nutrition. The centre had two kitchen facilities, although main meals were cooked in the central kitchen on the ground floor. The kitchen also catered for the school and day service using the building, and the menu was planned in advance in four week periods. The large volume of meals prepared meant that it was not possible to cater for individual resident's preferences, and was institutional in nature. While there was evidence that the kitchen staff were aware of any dietary requirements of the residents, the arrangement did not allow for sufficient choice for residents. Residents were not supported to be involved in the preparation of food, and while there were some snacks available in the centres kitchen, there was a limited selection of food items available when the central kitchen was closed.

Residents were supported to access facilities for recreation in the community, in line with their own preferences and support needs. Inspectors observed photos of residents at events in the community, such as beach trips, holidays and concerts.

Residents were supported with managing their health and well-being. Residents' health-care needs were attended to by a multi-disciplinary team, and recommendations from allied health care professionals were implemented by staff in the centre. Residents had access to a general practitioner within the centre and to external health care services.

Inspectors reviewed how residents' rights were upheld in the centre. Throughout the inspection, staff members were observed to interact with residents in a pleasant and respectful manner. Staff appeared knowledgeable of residents' support needs and preferences. Improvement was required as residents were not always supported to exercise choice and autonomy in their daily routine, for example in choosing what they wear.

The provider stated in their statement of purpose and function that residents would be supported to move onto community based services as part of their plan to decongregate. There were improvements required in relation to this planning, as inspectors did not see evidence of clear transition plans for residents despite a time frame being identified by the provider. Some residents expressed uncertainty with regards to their future accommodation.

Overall the provider had ensured that residents were safeguarded, and any incident relating to safeguarding was appropriately screened and managed in line with national policy. Staff were aware of their responsibilities in relation to safeguarding and could identify their designated officer.

While overall residents received care that supported positive behaviour and well-

being, improvements were required. One resident with identified support needs in relation to behaviour did not have a positive behaviour support plan. The centre utilised some restrictive procedures as safety measures for residents, such as bed rails and lap belts. The use of restrictive procedures were reviewed regularly and risk assessed for effectiveness.

The provider had ensured that all staff members were trained in fire safety, and all staff spoken with were aware of their roles and responsibilities in relation to fire safety. A review of the centre had been completed by a fire safety officer as well as an external specialist; recommendations following this review were implemented including the purchasing of specialist equipment. All residents' personal evacuation plans accurately reflected recommendations, and the provider had conducted regular fire drills, including one with minimum staff numbers.

Regulation 13: General welfare and development

Residents were supported to avail of recreation facilities in the community in accordance with their interests and preferences. Staff in the centre supported residents to maintain and develop their personal relationships with family members.

Judgment: Compliant

Regulation 17: Premises

The centre design and layout promoted residents' safety and independence. There were wide doors to facilitate wheelchair users, accessible bathrooms, and lifts were available to access the ground floor. The centre had ample storage space and large communal areas. Residents bedrooms were decorated to a high standard. Actions from a previous inspection had been implemented; the designated centre was clearly identifiable within the building as a private residence.

Judgment: Compliant

Regulation 18: Food and nutrition

While there were adequate amounts of food and drink available in the centre, the arrangement of preparation in a central kitchen, with a predetermined menu, did not provide sufficient choice to residents. Residents who required additional support received this in a sensitive and appropriate way. All recommendations by specialists were implemented into residents' care plans, and reflected in observed practice.

Judgment: Substantially compliant

Regulation 25: Temporary absence, transition and discharge of residents

Improvements were required in the planning of discharge of residents from the centre as it decongregates, to ensure that they take place in a planned and safe manner.

Judgment: Not compliant

Regulation 28: Fire precautions

Actions from a previous inspection relating to this regulation had been completed. All staff were trained in fire safety and there were regular fire drills involving residents. Specialist advice had been sought in relation to evacuating residents with additional needs, and these recommendations were clearly identified in the residents' personal evacuation plans; staff spoken with were aware of these measures also.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Guidance in relation to administration of PRN medicines (medicines only taken as the need arises) was not consistent, and did not guide staff appropriately in administering medication as prescribed.

Judgment: Substantially compliant

Regulation 6: Health care

The action required from a previous inspection had been addressed adequately. Residents had access to health-care services both within the centre and in the wider community, having regard to their own personal health-care plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

Actions from a previous inspection had been completed. There were some restrictive procedures used within the centre, such as bed-rails, and use of these procedures was reviewed regularly.

Improvements were required in relation to positive behavior support as one resident did not have a positive behavioural support plan in place to guide staff, despite documentary evidence identifying significant risks in relation to behaviour that challenges.

Judgment: Not compliant

Regulation 8: Protection

There were adequate safeguarding measures in place to ensure that residents were kept safe from all forms of abuse. Staff received appropriate training, and all staff spoken with were aware of their responsibilities in relation to keeping residents safe.

Judgment: Compliant

Regulation 9: Residents' rights

Staff members were observed speaking with residents, and attending to their needs, in a respectful manner. Residents' support plans were sufficiently detailed to guide personal care practices that respected residents' dignity and privacy. Some practices within the centre did not promote residents' autonomy or choice and were institutional in nature.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Baldoyle Residential OSV-0002340

Inspection ID: MON-0021654

Date of inspection: 15/06/2018

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The designated centre will continue to be resourced to ensure all residents support needs are met. • There is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability. • There are management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. • Annual reviews of the quality and safety of care and support are completed on a yearly basis and as part of this there is a consultation process with residents and their representatives. • A copy of the annual review is available to residents and is held in the centre. • Six monthly unannounced visits are completed in the centre. These reports are contained in the centre and are available for review. • A Quality Enhancement Plan (QEP) has been developed for the centre and this allows the PIC and Service Manager to monitor progress of actions needed to improve the quality and safety of service provision. • Staff Meeting minutes are now signed by all staff to evidence communication of items discussed with the staff team. • A tracker system will be in place by 31/07/2018 to record staff attendance. 	

Regulation 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <ul style="list-style-type: none"> • The organisation has a policy which details the admission procedure in detail, which was reviewed in June 2016 and is due for review again in June 2019. • Documents which demonstrate the emergency nature of the admissions are being sourced from respective departments - to be completed by 17/08/2018. • A Residents meeting took place on the 17th July 2018 to record resident's opinions and views in relation to the current situation regarding the emergency admissions. There were no issues raised. 	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <ul style="list-style-type: none"> • Residents, where they wish to do so, shall be supported to shop for sundries which shall be available to residents in all kitchen areas. • Residents in the centre can store food in hygienic conditions. • All food is safely prepared, cooked and served. • Meals are wholesome and nutritious, and are in line with each resident's individual dietary needs and preferences. Where a resident indicates they do not like any particular dish, another shall be made available to them. • Residents preferences are discussed at resident meetings, • Where residents require assistance with eating or drinking, there is a sufficient number of trained staff present when meals and refreshments are served to offer assistance in an appropriate manner. • Residents have access to meals, refreshments and snacks at all times 	
Regulation 25: Temporary absence, transition and discharge of residents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents:</p> <ul style="list-style-type: none"> • The organisation has a policy which details the admission and transfer procedure in detail, which was reviewed in June 2016 and is due for review again in June 2019. 	

- Where a resident is temporarily absent from the designated centre, relevant information about the resident is provided to the person taking responsibility for the care, support and wellbeing of the resident.
- When a resident returns from another designated centre, hospital or other place, staff ensure that relevant information about the resident is obtained from the person responsible for the care, support and wellbeing.
- The person in charge ensures that residents receive support as they transition between residential services or leave residential services.
- All planned discharges from this designated centre shall be determined on the basis of transparent criteria in accordance with the statement of purpose and the organisational policy document.
- All planned discharges from the designated centre, shall take place in a planned and safe manner, in accordance with the resident's assessed needs and the resident's personal plans;
- All planned discharges from this designated centre shall be discussed, planned for and agreed with the resident and, where appropriate, with the resident's representative.
- When decongregation recommences, all the above requirements will be implemented to support the residents transition to a new home.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

- The Organisation has a policy & procedure in place for the Safe administration of Medication, which is underpinned by national policy. This policy guide practices relating to the management of medication: ordering/ receipt/ prescribing/ storing/disposal and administration of medication is in line with best practice.
- The organisation ensure that all staff receive training in the safe administration of medication.
- All residents in the designated centre have access to a pharmacist of their choice.
- There is a system of recording for each resident of prescribed and administered medication and these are kept in a secure location within the designated centre.
- Identified protocol for PRN medication has been revised and is comprehensive to guide the administration of PRN Medication - completed 20/07/2018.

Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> • The organization has a positive Behaviour Support Policy; the Positive Approaches Management Group (PAMG) has been set up to promote best practice used within the Organisation. • Systems are currently in place to monitor / review and evaluate all restrictive practices to ensure they are fit for purpose. • Psychiatric and PBS review took place for one resident (19/07/2018). 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • The designated centre will continue to accept and respect the rights of all residents. • Each resident, is supported to make decisions about his or her care and support. • Residents have access to advocacy services and information about their rights; and are consulted and participate in the organisation of the designated centre. • Each resident's privacy and dignity is respected at all times. • Practice highlighted during inspection impacting on resident's autonomy and choice has ceased (07/07/2018). 	

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 18(2)(c)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which offers choice at mealtimes.	Substantially Compliant	Yellow	21/07/2018
Regulation 18(4)	The person in charge shall ensure that residents have access to meals, refreshments and snacks at all reasonable times as required.	Substantially Compliant	Yellow	21/07/2018
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent	Substantially Compliant	Yellow	31/07/2018

	and effectively monitored.			
Regulation 24(1)(a)	The registered provider shall ensure that each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.	Not Compliant	Orange	17/08/2018
Regulation 24(1)(b)	The registered provider shall ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.	Not Compliant	Orange	17/07/2018
Regulation 25(4)(b)	The person in charge shall ensure that the discharge of a resident from the designated centre take place in a planned and safe manner.	Not Compliant	Orange	28/12/2019
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is	Substantially Compliant	Yellow	20/07/2018

	administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Not Compliant	Orange	19/07/2018
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	07/07/2018