



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

Name of designated centre:	A Bettystown Ave
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Announced
Date of inspection:	05 April 2018
Centre ID:	OSV-0002365
Fieldwork ID:	MON-0021044

About the designated centre

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

A Bettystown Ave provides full-time residential care to male and female adults with an intellectual disability who require low to high levels of support to manage their daily needs. The centre provides a holistic approach to residents' needs, goals and choices and is based on social care approach model. A Bettystown Ave is located in a city and is close to local amenities such as shops and leisure facilities. The centre is in addition close to public transport links which enable residents to access additional amenities in both the city centre and neighbouring areas. The centre is a two-storey house in a residential area and comprises of two sitting rooms, a kitchen/diner, utility room and seven bedrooms of which six are used by residents. The centre also has two bathrooms and a shower room, with one of the bathrooms being wheelchair accessible. The centre further provides a patio area to the rear of the house and a garden to the side which are both accessible to residents. Residents are supported by a staff team of social care workers. Residents are supported during the week by a minimum of two social care workers with this increasing to three at certain times of the day to meet individuals' assessed needs and planned activities. At the weekend, residents are supported by two social care workers during the day and evening. At night-time, residents' needs are met by one staff member who undertakes a sleep over duty and is available to provide additional support during the night when needed. In addition, the provider's has arrangements in place outside of office hours and at weekends to provide management and nursing support if required.

The following information outlines some additional data on this centre.

Current registration end date:	27/10/2018
Number of residents on the date of inspection:	6

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
05 April 2018	09:00hrs to 17:44hrs	Stevan Orme	Lead

Views of people who use the service

The inspector had the opportunity to meet all six residents during the inspection. Three residents told the inspector about the care and support they received at the centre. Residents said they were happy and liked living at the centre. Residents said that staff helped them with their daily lives and they got on well with them. Residents also told the inspector that if they were unhappy with any aspect of the care and support they received, they would tell either the person in charge or any of the staff working at the centre.

Residents told the inspector that they participated in weekly house meetings where they decided the menu and activities they would like to do. Residents also said that they liked their bedrooms at the centre and were able to personalise them to reflect their interests and tastes.

Residents had completed questionnaires on the centre which further reflected that they were happy with the care and support provided. Where residents were unable to tell the inspector about the quality of the support they received, the inspector observed that they appeared comfortable and relaxed throughout the inspection. The inspector also observed that residents were supported by staff in a timely and dignified manner which was in-line with their assessed needs.

Capacity and capability

The provider's governance and management arrangements ensured that residents received a good quality of care and support at the centre. The care and support provided to residents ensured that they were kept safe and protected from harm, and assisted in all aspects of their daily living in-line with their assessed needs. However, some improvements were required by the provider to ensure both compliance with the regulations and meeting agreed actions within set time frames.

The provider had ensured that staffing arrangements were sufficient and available at all times to meet residents' needs in a timely manner following the last inspection. Staffing arrangements ensured that residents were able to enjoy planned activities of their choice and achieve their personal goals. The person in charge ensured that staffing arrangements were subject to regular review to ensure that they met residents' assessed needs with additional resources being made available during the day to meet individuals' manual handling and personal care requirements.

Since the previous inspection, the provider had improved its governance and management arrangements at the centre and ensured that the care and support provided to residents was regularly reviewed and audited. The provider had put arrangements in place to ensure that both unannounced six monthly visits occurred at the centre and an annual review of the care and support provided were undertaken and completed. The person in charge also completed a range of management audits on the centre's practices, with the outcomes discussed at staff team meetings and any recommended changes to practices were updated. However, the provider's governance arrangements had not ensured compliance in all aspects of personal planning for residents. Furthermore, the provider had not ensured that one of the last inspections agreed actions which involved the upgrading of fire safety equipment was completed. The inspector also found that the provider had not ensured that internal time frames for the reviewing of organisational policies were adhered to in some instances.

Staff at the centre received regular supervision from the person in charge and had access to both mandatory and resident specific training. Throughout the inspection, staff who spoke with the inspector were knowledgeable on all aspects of residents' needs and the operational running of the centre. Staff were especially knowledgeable in relation to the management of behaviours that challenge and safeguarding interventions.

The provider's risk management practices ensured that procedures were in place to effectively respond to adverse incidents which might occur. Staff were knowledgeable on all risks identified at the centre and the associated interventions as well as measures to be taken in the event of an emergency such as the outbreak of fire. Arrangements were further in place for the recording and analysis of accident and incidents which occurred at the centre, with the findings being discussed with staff and incorporated into residents' individual risk assessments such as personal emergency evacuation plans and eating and drinking support guidelines.

Regulation 14: Persons in charge

The person in charge worked full-time at the centre and had the experience and management qualifications required for the post.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that an appropriate number of staff were employed, which enabled residents to participate in activities of their choice, achieve their personal goals and have their assessed needs met in a timely manner.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that staff had received up-to-date training in-line with its policies and procedures which ensured their practices reflected current developments in areas such as fire safety, the safe administration of medication and manual handling.

Judgment: Compliant

Regulation 21: Records

Staff personnel records maintained by the provider contained all information and documentation required by the regulations such as national vetting disclosures and references.

Judgment: Compliant

Regulation 23: Governance and management

The provider's governance and management arrangements ensured that residents were safe and supported with their assessed needs and to achieve personal goals. However, the provider and person in charge's monitoring systems had not effectively identified gaps in the quality of documentation and ensured regulatory compliance in personal planning arrangements for residents. Furthermore, the provider had not ensured that an action from the last inspection on fire safety was fully completed within agreed time frames, and the review of some organisational policies had been achieved within their own set deadlines.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was subject to regular review, reflected the services and facilities provided at the centre and contained all information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies as required under Schedule 5 of the regulations were available to staff at the centre.

Judgment: Compliant

Quality and safety

During the course of the inspection, the inspector found that residents were happy with the care and support provided at the centre, kept safe from harm and supported in-line with their assessed needs. Residents were facilitated by staff to access activities of their choice and, where able too, were encouraged to be involved in positive risk taking. However, improvements were required to ensure compliance with the regulatory requirements which related to personal planning arrangements for residents.

The centre's premises was maintained to a good standard and fully accessible to residents. Residents told the inspector that they liked living at the centre and were able to personalise their bedrooms to reflect their interests and tastes.

Residents were supported to access a diverse range of activities both at home and in the local community which reflected their needs and personal interests. Some residents told the inspector about part-time jobs they had, and activities they enjoyed doing either with staff support or independently such as attending educational classes, doing personal shopping both at local shops and the city centre and enjoying trips to the theatre and cinema.

Residents were aware of their rights and knew how to make a complaint about the care and support they received if they were unhappy. Furthermore, residents were involved in making decisions about the day-to-day running of the centre through their participation in weekly house meeting, where they planned the weekly menu and social activities.

Residents' personal plans were comprehensive in nature and following the last inspection, the provider and person in charge had developed health care support plans to clearly guided staff on how to support each resident with their assessed needs. Furthermore, personal plans were regularly updated and reflected staff knowledge on residents' needs. However, residents were not provided with an accessible version of their personal plan to increase their knowledge on the supports they could expect to receive, although some residents did have a pictorial summary

of their personal goals for the year.

Personal plans were reviewed annually and residents actively participated in their review meetings. However, records did not consistently record residents' attendance as well as the named supports and expected time frames for the achievement of personal goals. In addition, review meeting documentation for some residents did not illustrate whether all aspects of their personal plan's effectiveness had been assessed, with a focus on mainly health care needs and annual goals.

Since the last inspection, the provider had improved medication arrangements at the centre. The provider ensured that all staff had received up-to-date training in the safe administration of medication. All documentation which related to residents' medication was up-to-date and clearly guided staff on when medication should be administered, especially 'as and when required' medications. Staff were knowledgeable on residents' medication needs as well as practices such as the secure storage of medication and arrangements for the disposal of out-of-date or discontinued medications. Furthermore, the provider had put arrangements in place following the last inspection to effectively review incidents of medication errors and reduce their re-occurrence.

The inspector found that the provider's risk management arrangements ensured that risks were assessed and control measures put in place which ensured that residents were protected from harm and kept safe. Staff had received up-to-date training and were knowledgeable on the centre's risk management arrangements and spoke with confidence about fire safety, behaviour management and safeguarding arrangements which were in place.

Risk management arrangements supported residents to undertake positive risk taking such as accessing the local community, using public transport and staying at the centre for short periods of time unsupported by staff. Residents were also supported to become more independent with their health care needs through arrangements in place to assist them to self administer medication and complete daily health monitoring.

Regulation 12: Personal possessions

Residents were supported to manage their own finances and had access to their personal money as and when required.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to participate in a range of activities which they enjoyed

and reflected their assessed needs capabilities and interests. The provider ensured that support was provided in-line with residents' personal plans and included for some residents, measures to increase their independence while accessing activities in the local community.

Judgment: Compliant

Regulation 17: Premises

The centre's premises were well-maintained and decorated to a high standard. The design and layout of the centre ensured that all areas were accessible to residents and met their assessed needs.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified and effectively managed to ensure that residents were kept safe from harm. In addition, risk assessments showed that residents were supported to embark on positive risk taking such as accessing the community independently, self administering medication and being unsupported at the centre for short periods of time.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire safety equipment and arrangements were in place at the centre. Residents and staff were knowledgeable about actions to be taken in the event of a fire and regular simulated evacuation drills were carried out.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had improved medication practices following the last inspection with medication being securely stored and administered by suitably qualified staff.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans were comprehensive and reflected residents' assessed needs and staff knowledge. However, the provider had not ensured that residents had an accessible version of their personal plan available to them

Residents participated in their annual personal plan review meetings; however associated documentation did not consistently record their participation in said meeting, as well as named staff supports and expected time frames for the achievement of personal goals. Furthermore, not all residents' review meetings had looked at the effectiveness of all aspects of the individuals' personal plan in meeting their assessed needs.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to access health care professionals as and when required, which ensured that they maintained a good quality of health in-line with their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents had behaviours that challenge, the provider had ensured that positive behavioural interventions were in place to support the person and reduce any risk to others. Staff were knowledgeable on residents' behavioural support plans and had received positive behaviour management training.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents from abuse which included clear reporting arrangements and up-to-date training for staff.

Where incidents of this nature had occurred, subsequent actions taken by staff were in-line with the provider's policy and ensured that residents were kept safe from harm.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for A Bettystown Ave OSV-0002365

Inspection ID: MON-0021044

Date of inspection: 05/04/2018

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. • A template is now being used by all keyworkers to ensure annual personal planning meetings are detailed and include a review of the quality and safety of care and support in the designated centre (as of 10/04/18). • The use of this template ensures documentation of personal plan meetings are SMART and all relevant information is captured and reviewed effectively. • The support meeting template in use in the centre will be amended to ensure personal planning and associated documentation is reviewed by the PIC and keyworker every 8 weeks (by 30/07/18). • Training is being provided to the staff team in August to update staff skills in the area of personal planning (by 31/08/18). • Fire doors in place in the centre will be upgraded by SMH technical services dept. within the agreed timeframe (30/09/18) 	

- 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.
- All policies and procedures referred to in schedule 5 are updated and available within the centre.

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

- The designated centre will continue to ensure that a comprehensive assessment, by an appropriate health care professional, of health, personal and social care needs of each resident is carried out prior to admission or as required to reflect changes in need and circumstances.
- The centre will continue to meet the needs of each resident, as assessed in accordance with their needs.
- The person in charge shall continue to ensure that the designated centre is suitable for the needs of each resident
- Personal plans will be made available in an accessible format respecting the individual's wishes and requirements, in line with SMH Personal Planning Policy
- The personal plan will continue to be reviewed annually or more frequently if there is a change in needs of the resident. This review and any required changes to the personal plan will be recorded. All relevant stakeholders will be documented as being present.
- A template is now being used by all keyworkers to ensure annual personal planning meetings are detailed and include a review of the quality and safety of care and support in the designated centre (as of 10/04/18).
- The use of this template ensures documentation of personal plan meetings are

SMART and all relevant information is captured and reviewed effectively.

- The support meeting template in use in the centre will be amended to ensure personal planning and associated documentation is reviewed by PIC and keyworker every 8 weeks (by 30/07/18).
- Training is being provided to the staff team in August to update staff skills in the area of personal planning (by 31/08/18).

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 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 and effectively monitored.	Substantially Compliant	Yellow	30.09.18
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	31.08.18
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there	Substantially Compliant	Yellow	31.08.18

	is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31.08.18
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.	Substantially Compliant	Yellow	31.08.18