



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

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:	24 July 2018
Centre ID:	OSV-0002371
Fieldwork ID:	MON-0021670

About the designated centre

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

Binn Eadair is a six bedroom house in a small North Dublin suburb, providing residential care and support to up to five adults with mild to moderate intellectual disabilities. The centre delivers care to residents under a social care model, with nursing support available when required. The centre is located in close proximity to local amenities and services.

The following information outlines some additional data on this centre.

Current registration end date:	24/01/2019
Number of residents on the date of inspection:	5

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
24 July 2018	09:30hrs to 16:50hrs	Amy McGrath	Lead

Views of people who use the service

The inspector met with each of the five residents in the centre. Each resident engaged with the inspector, and were observed engaging in their daily activities in the centre. Two residents spoke with the inspector, and shared their views on living there. Residents views were also elicited from three resident questionnaires received.

It was observed that residents were engaged in the daily running of the centre; there were regular residents' meeting where residents discussed their plans and expressed preferences, including food shopping/meal planning. Residents were observed preparing their own snacks and drinks, and coming and going from the centre independently.

Residents spoken with were complimentary of the service, and expressed that they were happy living there. One resident spoke about holidays and trips that they had experienced, and happily discussed their interests and the support they received to pursue these. Residents spoke with the inspector about their fellow peers and told the inspector that they all got on well, and considered each other to be friends.

Residents spoken with were confident in how they would report any concerns they had, and knew how to make a complaint. Residents expressed that they felt safe in their home and knew who to speak with if they ever felt this was an issue. Residents were satisfied with the level of staffing and stated they felt that their needs were well catered for.

Capacity and capability

Overall, the provider had ensured that a high quality, safe and effective service was being delivered to residents. There were effective governance structures in place, with clear lines of accountability. There was a statement of purpose in place that outlined the services and facilities provided; however it did not indicate that the centre provided full-time residential care. Furthermore, the description of the centre did not match the floor plans provided. The statement of purpose also stated that there was one person availing of a respite service; this was amended on the day of inspection as the inspector was informed that the person was on a phased admission to the centre. There were also improvements required in the areas of admissions and notifications.

The centre was managed by the person in charge, who was actively engaged in the running of the centre. The person in charge was a qualified social care worker, with

further qualifications in management. Staff spoken with stated that the person in charge was responsive and knowledgeable. The person in charge reported directly to a service manager, who in turn reported to a regional director of care.

There were measures in place to ensure effective oversight of the delivery of the service. The provider carried out unannounced six monthly reviews of the quality and safety of care in the service, as well as an annual review. The person in charge conducted a series of scheduled audits within the centre, such as financial audits, and training needs analyses. The findings from these reviews and audits, as well as findings from previous HIQA inspections, informed a quality enhancement plan for the centre, which brought about positive change to the operational management of the centre.

The person in charge supported a team of social care workers, who were sufficiently experienced to meet the assessed needs of the residents. There was a nurse on call service available, and evidence that this was utilised to good effect when necessary. The roster was well maintained, and the actual and planned roster matched. There was some use of relief and agency staff, however there were efforts made to ensure continuity of care for residents, for example using relief staff who had worked previously in the centre, and use of consistent agency staff. Staff had all received mandatory training, and there was a schedule in place for refresher training. Documents required under Schedule 2 of the regulations were available for all staff.

The inspector reviewed the admissions practices within the centre. It was found that for some residents, the admissions process was well managed. For these residents, admissions were determined on the basis of transparent criteria, and in line with the statement of purpose. However, staff were not clear in all cases of the pathway for admission for residents, and the provider had not followed their own respite admissions procedure in all cases. Not all residents had a contract of care in place.

The provider had ensured that there were policies and procedures in place for the matters set out in Schedule 5 of the regulations, and these were made available to staff. The centre kept a log of adverse incidents, however not all incidents were notified to the chief inspector as outlined in the regulations.

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced, and actively engaged in the running of the centre.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staff, with appropriate experience and qualifications, to meet the assessed needs of residents. There was a well maintained roster in place.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had all received mandatory training, as well as additional training specific to their role. The centre had copies of the Act and associated regulations available for staff.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure, and systems in place to ensure that the service was effectively monitored. The provider had ensured that an unannounced audit of the centre was carried out on a six monthly basis, as well as an annual review of the safety and quality of care and support in the centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

While there was evidence that the provider had admitted some residents on the basis on transparent criteria, and in line with their statement of purpose, there were improvements required in this area. For one person, the admissions procedure was not followed in line with the providers own policies, and statement of purpose.

Judgment: Not compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place, that was reviewed regularly, however

there were some inaccuracies in relation to the facilities and admissions. Some of the necessary corrections were made on the day of the inspection.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

There was a record of incidents maintained in the centre, however not all incidents were notified to the Chief Inspector as required.

Judgment: Not compliant

Regulation 4: Written policies and procedures

The provider had prepared policies and procedures on the matters set out in Schedule 5 of the regulations; these were reviewed regularly and made available to staff.

Judgment: Compliant

Quality and safety

The care and support provided to residents in the centre was person-centred, promoted the rights and autonomy of residents, and was delivered in a safe and effective manner. The centre had risk management systems in place that, for the most part, protected residents from harm and encouraged positive risk taking. There were some improvements required in relation to risk management and premises.

The person in charge reviewed accidents and incidents regularly, and therefore could identify potential risks to residents, and implement appropriate control measures. For example, one resident had a number of falls in a short time frame, and was supported to access appropriate allied health professionals to support their changing mobility needs. This resident was satisfied that they could continue to be independent in the community with appropriate control measures in place to protect their safety. There was some improvement required in the area of risk management, as there were some risks identified that did not have risk assessments in place.

Each resident had a suite of needs assessments carried out and reviewed regularly, including for example; communication needs, social supports, general health, emotional well-being, and intimate care supports. There were associated care plans

for residents' identified needs, and evidence of multi-disciplinary input where necessary. Residents had intimate care plans that detailed their preferred level of support, and promoted residents' dignity. Personal plans for residents identified goals and aspirations, and were reviewed with the resident and their family regularly. The progress of goals was monitored and evaluated, and plans were tailored to each persons' needs and abilities.

The inspector reviewed residents' health-care plans, and found that residents were assisted to maintain good health. Residents had access to a general practitioner of their choosing, and also to other allied health professional services as required, such as physiotherapy, chiropody and neurology.

Residents were supported to access opportunities for recreation and occupation in the community. Each resident attended a day service during the week. Residents were supported to be active consumers in their local community, and utilised local services such as hairdressers, grocers and restaurants. Residents went on holidays and trips throughout the year and were encouraged to develop their own interests.

There were measures in place to ensure that residents were safe. The centre had a policy on safeguarding residents, and all staff had received training in relation to safeguarding residents. Staff spoken with were aware of their responsibilities in relation to safeguarding, and there was evidence that where there were any concerns about a residents safety, the appropriate measures were taken in line with national policy.

The centre had measures in place to protect residents from the risk of fire. There were adequate containment measures in place, as well as measures for detecting and extinguishing fires. All staff had suitable training in fire prevention and emergency procedures. Each resident had a personal evacuation plan in place, and there was evidence that these were reviewed and updated when necessary. Residents took part in regular fire drills, and could verbalise the arrangements for evacuation in the event of a fire.

Regulation 13: General welfare and development

Residents received care and support in accordance with their assessed needs. The centre supported residents to access facilities for recreation and occupation, and engage in activities in accordance with their preferences.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the premises met the needs of residents. It was in a good

state of repair, and generally well maintained. There was an area that required attention to remove mildew, and this was attended to on the day of inspection.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Overall, the centres risk management procedures ensured that residents were kept safe, and also encourage to take positive risks in accordance with their choices and abilities. There were some gaps in documentation on the day of inspection, as some risks identified did not have a risk assessment in place.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were adequate fire protection systems in place in the centre. There was a procedure for safe evacuation in the event of a fire, and residents took part in regular fire drills.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were comprehensive assessments of need carried out for each resident, and appropriate support plans in place to guide staff in meeting residents' identified needs.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to access allied health professionals in accordance with their individual needs. There were detailed care plans in place to support residents in managing their health.

Judgment: Compliant

Regulation 8: Protection

All staff had received appropriate training in safeguarding residents, and there were measures in place to ensure residents were kept safe.

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 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially 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-0021670

Date of inspection: 24/07/2018

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 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> <p>The registered provider has an Admission, Transfer and Discharge policy for residential services and all applications for admission is determined on the basis of transparent criteria in accordance with the statement of purpose.</p> <p>St Michael's House will continue to promote and ensure full consultation process which involves the person and or their representative, the other residents in the house and this process is fully supported by multi disciplinary team in a person centred approach.</p> <p>The admission policies and practices take account of the need to protect residents from abuse by their peers.</p> <p>Each prospective resident and their family or representative are provided with an opportunity to visit the designated centre, as far as is reasonably practicable, before admission to the designated centre.</p> <p>On admission, there is an agreement in writing with each resident, stating the terms on which that resident shall reside in the designated centre, including the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, the fees to be charged.</p> <p>In response to the area of non-compliance found under regulation 24:</p> <p>In line with St Michael House Policy and the statement of purpose for the designated centre, respite may be offered where there is a current vacancy in the centre.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p>	

The registered provider has prepared in writing a statement of purpose containing the information set out in Schedule 1.

The registered provider has reviewed and revised the statement of purpose at intervals of not less than one year.

The registered provider has made a copy of the statement of purpose available to residents and their representatives.

In response to the area of non-compliance found under regulation 3;

The 2018 version of the Statement of Purpose has been submitted to HIQA on the 24th July 2018. |

Regulation 31: Notification of incidents

Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

The PIC will ensure that all required notification will be given in writing, following any adverse incidents to the authority within the required timeframe.

In response to the area of non-compliance found under regulation 31;

Retrospective NF06 completed and submitted 22nd August 2018 |

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: |

The design and layout of the designated centre is suitable to meet the needs of the residents.

All outstanding maintenance work has been completed.

All equipment is kept in good working order and serviced regularly.

The premises is designed and laid out to meet the current residents needs and decorated in a manner of their choosing.

In response to the area of non-compliance found under regulation 17;

Mildew was removed on the day of the inspection, 24th July 2018. |

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

There is a Risk Management policy in place. The PIC is trained in the management of risk and will continue to develop systems in the centre for the assessment, management and ongoing review of risk, which include a system for responding to emergencies.

In response to the area of non-compliance found under regulation 26;

Required Risk Assessment was completed on the 24th July 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 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	24/07/2018
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	05/07/2018
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Not Compliant	Orange	05/07/2018

Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	24/07/2018
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	24/07/2018
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	22/08/2018