



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

Name of designated centre:	St Michael's House Ballygall
Name of provider:	St Michael's House
Address of centre:	Dublin 11
Type of inspection:	Unannounced
Date of inspection:	11 October 2018
Centre ID:	OSV-0005706
Fieldwork ID:	MON-0024223

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 under 18 years of age with an intellectual disability. 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 children 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:	1
--	---

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
11 October 2018	10:00hrs to 16:30hrs	Marie Byrne	Lead

Views of people who use the service

The centre was registered to accommodate two young people. However, on the day of inspection one young person was residing in the centre. The inspector met and spent some time with the young person on the day of the inspection.

During the inspection the young person appeared relaxed and comfortable with the support offered by staff. The inspector observed the young person's transition home from school and observed staff providing support in line with their wishes. Staff were observed supporting the young person to make decisions and communicate their needs and plans using pictures.

The inspector noted that the resident appeared to self-direct their day-to-day life and the activities that they took part in. As the centre was only in operation a number of months an annual review which captured the views of residents and their representatives was not yet due. However, on reviewing the minutes of meetings and the complaints and compliments folder, there were a number of compliments in relation to the care and support for the young person thus far. There were systems in place for the young person and their representative to raise any concern regarding the quality and safety of care delivered.

Capacity and capability

Overall, the inspector found that the registered provider and person in charge were ensuring a good quality and safe service for the young person. Overall, the centre was well managed and this was bringing about positive outcomes for the young person.

There were clearly defined management structures in place which identified the lines of authority and accountability. The staff team reported to the person in charge who in turn reported to the service manager. Staff meetings were held regularly and there was evidence that actions following these meetings were positively impacting on the young person's day-to-day life. The person in charge and service manager were also meeting regularly to discuss the young person's care and support needs.

A new person in charge had recently been appointed. The inspector found that they had the necessary qualifications, skills and experience to manage the centre. They were knowledgeable in relation to the young person's care and support needs and had appropriate systems in place for the day-to-day operational management of the centre.

There were quality assurance systems in place such as regular audits, which were ensuring a safe and quality service for the young person. As the centre was only in operation for a number of months the annual review of quality and safety and six monthly review by the provider were not yet due.

The inspector found that the young person was supported by a skilled and competent workforce. They appeared comfortable with the level of support offered by staff. The inspector spoke with four staff members during the inspection and found that they were all knowledgeable in relation to young person's specific care and support needs.

Staff had completed a suite of training and refreshers in line with the young persons' needs. However, one staff required fire training and a number of staff required positive behaviour support training in line with the young persons' needs. As it was a new staff team a number of staff were on probation and being supported by the person in charge. Procedures were in place for formal supervision and these were in their infancy and required further time to bed in. An area specific staff induction had been developed with the support of the speech and language therapist.

There were policies and procedures in place for the management of complaints which were on display and available in an accessible format. There was a nominated complaints officer and systems in place to investigate and respond to complaints.

The young person was protected by the policies and procedures which were in place such as the policies required by Schedule 5 of the regulations. These policies had been reviewed in line with the timeframe identified in the regulations. Area specific policies and procedures were developed as required.

The inspector reviewed the young persons' admission and found that it had been completed in line with their needs and wishes and the centres' admissions policy. There was a contract of care in place which contained the information required by the regulations.

Regulation 14: Persons in charge

The person in charge had the necessary qualifications, skills and experience to manage the centre. They were knowledgeable in relation to the young persons' care and support needs and had appropriate systems in place for the day-to-day operational management of the centre.

Judgment: Compliant

Regulation 15: Staffing

Staff were suitably qualified and had the right skills to support the young person with their care and support needs. They were observed to receive assistance in a caring, respectful and safe manner. There were planned and actual rosters in place.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training and refreshers in line with the young persons' needs. However, one staff required fire training and a number of staff required positive behaviour support training. Systems were in place for formal staff supervision but due to the centre only being open a number of months these systems were in their infancy.

Judgment: Substantially compliant

Regulation 23: Governance and management

The centre had effective leadership, governance and management arrangements in place. There were clear lines of authority and accountability and staff had specific roles and responsibilities. Plans were in place to complete the six monthly and annual review of quality and safety of care and support.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The young person had a contract of care in place which contained the information required by the regulations. The inspector reviewed their admission to the centre and found that it had been completed in line with the young persons' needs and wishes and in line with the centres' admissions policy.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all the information required by Schedule 1 of the regulations and it had been reviewed in line with the timeframe identified in the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had established effective systems to address and resolve complaints raised by young people and their representatives.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies and procedures required by Schedule 5 of the regulations were available and had been reviewed in line with the timeframe identified in the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the provider and person in charge were striving to ensure that the quality of the service provided for the young person was good. They lived in a caring environment where they had opportunities to make their own choices and decisions.

The premises was renovated and extended to meet the specific care and support needs of two young people. It was well designed and provided plenty of outdoor recreational areas and equipment for young peoples' use. The house was found to be clean throughout and well maintained. There was plenty of space and rooms were of a suitable size and layout.

The young persons had a personal plan and assessment of need in place. Support plans were developed in line with their assessed needs and they were clearly guiding staff in relation to the supports they required. Goals were developed in line with their likes, dislikes and preferred activities. As the centre was only open a few months the young persons' plans and goals were in their infancy and required time to develop and progress. Plans were in place to review the effectiveness of the

personal plan and support plans.

The young persons' healthcare needs were appropriately assessed and support plans were in place in line with these assessed needs. They had access to appropriate allied health professionals in line with their assessed needs.

The young persons' communication needs were appropriately assessed and they had access to support of the relevant allied health professionals. Plans were in place which outlined how they liked information to be presented, how they received information, how they made decisions and how staff could support them to understand. They had a communication passport and a transfer information booklet which contained essential information should they require transfer to hospital. Pictures were in use throughout the centre to assist residents to make decisions. They had access to communication aids and assistive technology in line with their assessed needs.

It was evident that the young person was supported to make decisions about their day-to-day life and that they were listened to with care and respect by staff. Their views were taken into account and they were free to choose how they spent their day. They had access to activities in line with their interest, capabilities and developmental needs. There was evidence that efforts were being made to support and develop relationships in the local community such as accessing local services such as the shops and hairdressers. The young person had plenty of opportunities to play and to be alone. Staff were working with them to develop goals and working towards further developing life skills.

The young persons' positive behaviour support plan clearly guided staff practice to support them. They had the support of the relevant allied health professionals to help them to manage their behaviour. There were a number of restrictive practices and evidence that they were logged and regularly reviewed to ensure the least restrictive measures were used for the least amount of time.

The inspector found that the provider and person in charge were proactively protecting the young person from abuse. They had appropriate policies and procedures in place and staff had access to training to support them to carry out their roles and responsibilities in relation to keeping children safe.

A clear and detailed transition plan was in place in line with the young persons' needs and wishes. The transition was completed at a pace that suited them. All the relevant members of the multidisciplinary team were involved in supporting them to transition into their new home.

The young person was protected by appropriated risk management policies, procedures and practices. There was a system for keeping people safe while responding to emergencies. There was a risk register and risk assessments which was reviewed and updated regularly in line with incidents.

There were suitable arrangements to detect, contain and extinguish fires in the centre. Plans were in place to ensure equipment was maintained and regularly serviced in line with the requirement of the regulations. The young person had a

personal emergency evacuation procedure and there was evidence that it was reviewed regularly and changes made in line with learning from fire drills.

The young person was protected by appropriate policies and practices in relation to the ordering, receipt, storage, disposal and administration of medicines. Medication audits were completed regularly.

Regulation 10: Communication

The young person was supported to communicate in line with their needs and wishes. They had access to assistive technology and communication aids in line with their assessed needs.

Judgment: Compliant

Regulation 13: General welfare and development

The young person had access to appropriate facilities for play in line with their interests. They were supported to develop and maintain relationships and links with their local community. They had opportunities to partake in activities in accordance with their likes and dislikes.

Judgment: Compliant

Regulation 17: Premises

The house was warm, comfortable, clean and well maintained. The design and layout was meeting the number and needs of residents in line with Schedule 6 of the regulations.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

There were policies and procedures in place for transition and discharge of children in the centre. The young person had recently transitioned into the centre and there was a clear and detailed transition plan in place in line with their needs and wishes.

Judgment: Compliant

Regulation 26: Risk management procedures

The young person was protected by appropriate risk management policies, procedures and practices. General risk assessments, individual risk assessments and a local risk register were in place and reviewed regularly in line with learning following incidents.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable arrangements to detect, contain and extinguish fires. The young person had a personal emergency evacuation plan which were reviewed and updated as required.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The young person was protected by appropriate policies and procedures relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines. Audits were completed regularly in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The young persons' personal plan was found to be person-centred and they had access to a keyworker to support them to develop their goals. They had an assessment of need and support plans in place in line with their identified need.

Judgment: Compliant

Regulation 6: Health care

The young person was being supported to enjoy best possible health. They had the relevant assessments in place and access to allied health professionals in line with their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The young persons' positive behaviour support plan outlined proactive and reactive strategies. They had access to allied health professionals as required. There was evidence that restrictive practices were reviewed regularly with the relevant members of the multidisciplinary team.

Judgment: Compliant

Regulation 8: Protection

The young person was protected by safeguarding policies, procedures and practices in the centre. 100% of staff had completed safeguarding training.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	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	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

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

Inspection ID: MON-0024223

Date of inspection: 11/10/2018

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The staff member identified as needing refresher fire training is due to attend on November 30th 2018.</p> <p>In total there are 8 staff including the PIC in Ballygall. Two have completed PBS training and one is in the process of completing the course. The PIC is in the process of registering the remaining staff to complete the course in 2019.</p> <p>Supervision for all staff will be fully established in line with the organisations policy by 31ST December 2018</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	30/11/2018