



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

## Issued by the Chief Inspector

Name of designated centre:	B Bettystown Avenue
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Unannounced
Date of inspection:	18 February 2020
Centre ID:	OSV-0002364
Fieldwork ID:	MON-0026537

## About the designated centre

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

B Bettystown Avenue is a designated centre operated by St. Michael's House. The centre is a community based semi-independent home for up to three adult residents with an intellectual disability. Residents are supported to become as independent as possible in the centre. The premises consists of a two-storey three bedroom house with a kitchen/dining room, a sitting room and two bathrooms. A small garden area and driveway is available to the front of the premises, with a larger garden area to the rear of the premises. The centre is situated in a suburban area close to a range of community amenities and public transport links. Staff encourage residents to be active members in their communities and to sustain good relationships with their family and friends. Staff are primarily available to support the residents in the afternoon, evening and at weekends. Outside of these times, if they require support, residents can utilise an on-call facility or make contact with staff in another centre within close proximity of their home. The centre is managed by a person in charge and a staff team of social care workers.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
--	---

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 18 February 2020	09:30hrs to 15:00hrs	Maureen Burns Rees	Lead

## What residents told us and what inspectors observed

As part of the inspection, the inspector met separately with two of the three residents living in the centre. Both these resident indicated that they were happy living in the centre and got on well with the other two residents and staff. The residents met with appeared to be in good spirits and comfortable in the company of the person in charge who was on duty on the day of the inspection.

Each of the residents had their own bedroom which had been personalised to their own taste. One of the residents had only moved to the centre the week before but appeared to have settled in well to their new home. Residents living in this centre required a low level of support and were independent in the majority of the activities of daily living.

There was evidence that residents and their family representatives were consulted with and communicated with about decisions regarding the running of their home and any support required. Residents were actively encouraged to maintain connections with their families through a variety of communication resources and facilitation of visits. The inspector did not have an opportunity to meet with the relatives of any of the residents but it was reported that they were happy with the level of care and support provided.

A record was maintained of a small number of compliments received from family members indicating that they were happy with the level of care that their loved ones received in the centre. The provider had held a family Christmas party in the centre in the preceding period which family members had fed back to the centre that they had enjoyed. Family members had recently completed a satisfaction survey and the results of which were reported to be positive.

## Capacity and capability

There were management systems in place to promote the service provided to be safe, consistent and appropriate to the residents' needs. Some improvements were required in relation to staff supervision arrangements.

The centre was managed by a suitably qualified, skilled and experienced person who had an in-depth knowledge of the needs of each of the residents. The person in charge had taken up the full-time position in 2019 and was responsible for one other centre which was located beside this centre. He held a certificate in management and degree in social care. The person in charge had been working with the provider for more than 20 years and had more than three years management experience. He was found to have a sound knowledge of the requirements of the regulations and

standards.

There was a clearly defined management structure in place that identified lines of accountability and responsibility which ensured staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the service manager who in turn reported to the director of adult services.

An annual review of the quality and safety of care had been completed for 2018 and was in the process of being completed for 2019. Unannounced visits on a six-monthly basis to assess the quality and safety of the service had been completed. There was evidence that actions were taken to address issues identified on these visits. A limited number of other audits had been undertaken and included finance and medications

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. However, there was one part time staff vacancy at the time of inspection but recruitment was underway for this position. A number of relief, and on occasions agency staff, were used to cover staff absences. Overall there was a good consistency of care for the residents in the centre.

Training had been provided to staff to support them in their role and to improve outcomes for the residents. There was a staff training and development policy.. A training programme was in place which was coordinated by the provider's training department. Training records available on the day of inspection indicated that staff had attended all mandatory training requirements. There were no volunteers working in the centre at the time of inspection.

There were staff supervision arrangements in place. However, in the preceding period it was evident that formal supervision was not always undertaken in line with the frequency proposed in the providers policy. The inspector reviewed a sample of staff supervision records and found that supervision undertaken was of a good quality. The person in charge had a proposed schedule in place with proposed dates for supervision with staff for the remainder of the year.

A directory of residents was maintained in the centre and found to contain all of the information as required by the regulations.

Each of the residents had a contract of care in place which detailed the services to be provided and the fees payable in line with the requirements of the regulations.

#### Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre.

Judgment: Compliant

### Regulation 15: Staffing

The staff team were considered to have the required skills and competencies to meet the needs of the residents living in the centre. There was one part-time staff vacancy at the time of inspection but recruitment for position was underway and being covered by regular relief staff.

Judgment: Compliant

### Regulation 16: Training and staff development

Training had been provided for staff to improve outcomes for residents. However, in the preceding period formal supervision had not always been undertaken in line with the frequency proposed in the providers policy.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

A directory of residents was in place and found to contain all of the information required by the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

The governance and management systems in place promoted the delivery of a high quality and safe service.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

Judgment: Compliant

## Quality and safety

The residents living in the centre received minimal support as appropriate for their needs and it was considered to be of a good quality and person-centred. Some improvements were required in relation to the maintenance of the premises.

Residents' well-being and welfare was maintained by a good standard of evidence-based care and support. Comprehensive assessments of needs had been completed for each of the residents. Care plans and personal support plans reflected the assessed needs of the individual residents and outlined the support required to maximise their personal development in accordance with their individual health, personal, communication and social needs and choices. Each of the personal plans had been reviewed with the involvement of the resident's family representatives and key workers within the last year. Specific goals for individual residents had been identified. There was evidence that progress in achieving goals set were monitored and recorded.

Each of the residents were very independent and consequently required a low level of care and support. Two of the residents independently attended a day service and also had paid employment. The other resident had access to a day service but chose not to attend and was enrolled in a number of courses within the community. Activities residents enjoyed included, meals out together once a week, trips to theatre and sporting events, cinema, walks, and overnight stays and visits to their family homes. A record was maintained of activities residents engaged in.

Overall, the centre was found to be in a good state of repair. However, there was some staining of the ceiling in the bathrooms and the surface of the kitchen presses was broken in a number of areas. This had been identified on the last inspection but had not yet been addressed. Otherwise, the centre was found to be comfortable and homely. Each of the residents had their own bedroom which had been personalised to their tastes and choices. This promoted residents' independence, dignity and recognised their individuality and personal preferences. One of the residents told the inspector his plans for re-decorating his room which would be supported by staff.

The health and safety of residents, visitors and staff were promoted and protected. There were risk management arrangements in place which included a detailed risk management policy, and environmental and individual risk assessments for residents. These outlined appropriate measures in place to control and manage the risks identified. A local risk register was maintained in the centre.

Suitable arrangements were found to be in place for the management of fire. A fire risk assessment had been completed. Since the last inspection a self closing hinge had been applied to the kitchen door and smoke retardant seals had been replaced



on doors throughout the centre. Upgrade works for the fire alarm system were planned. There was documentary evidence that fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks.

There were adequate means of escape and a fire assembly point was identified at the main entrance gate to the centre. A procedure for the safe evacuation of residents in the event of fire was prominently displayed. Each resident had a personal evacuation plan in place which adequately accounted for the mobility and cognitive understanding of the resident. Fire drills involving residents were undertaken at suitable intervals and indicated that residents could be evacuated in an independent and timely fashion in the event of fire.

There were safeguarding measures in place to protect residents from suffering from abuse. None of the residents presented with challenging behaviours and appeared to get on well together.

There were systems in place to ensure the safe management and administration of medications. Each of the residents had completed an assessment to assess their capacity to administer their own medications which had found that it was suitable for residents to be responsible for the administration of their own medications. Residents had a secure locked cupboard in each of their individual bedrooms. Staff had received training in the safe administration of medications. Residents medications were delivered from pharmacy on a weekly basis. Systems were in place to review and monitor safe medication management practices which included medication audits on a weekly basis with individual residents.

### Regulation 17: Premises

Overall the centre was found to be in a good state of repair. However, some staining of the ceiling in the bathrooms and the surface of the kitchen was broken in a number of areas. This had been identified on the last inspection but had not yet been addressed.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The health and safety of residents, visitors and staff were promoted and protected.

Judgment: Compliant

### Regulation 28: Fire precautions

Suitable arrangements were found to be in place for the management of fire.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were systems in place to ensure that residents safely managed and administered their own medications.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents' well-being and welfare was maintained by a good standard of evidence-based care and support.

Judgment: Compliant

### Regulation 8: Protection

There were some measures in place to protect residents from being harmed or suffering from abuse.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially 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 8: Protection	Compliant

# Compliance Plan for B Bettystown Avenue OSV-0002364

Inspection ID: MON-0026537

Date of inspection: 18/02/2020

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"><li>• Staff supervision schedule in place for 2020.</li><li>• Supervision meeting records on file in centre.</li></ul>	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"><li>• Housing Association contacted to seek update on upgrade of kitchen on 03.03.2020.</li><li>• Housing Association Manager visited premises 10.03.2020 and completed a detailed inspection of work required. Housing Association confirmed work will be completed by quarter 4 of 2020.</li></ul>	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/03/2020
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/12/2020