



## Office of the Chief Inspector

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

Name of designated centre:	Boroimhe
Name of provider:	St Michael's House
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	05 March 2019
Centre ID:	OSV-0002390
Fieldwork ID:	MON-0025904

## About the designated centre

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

Boroimhe is a detached large two-storey house located near a town in North County Dublin. Boroimhe can provide care for up to six residents with intellectual disabilities and low medical needs. The centre can also support people with a dual diagnosis of intellectual disability and mental health support requirements. Boroimhe offers support to residents in activities of daily living including support in personal care, meal preparation, organising, planning and participating in social activities. Multi-disciplinary allied health professional support is available to assess and support residents' changing needs. Care is provided by qualified social care workers with responsibility for medication, personal care, meeting individual needs, money management and household duties. Nursing support is available from nurse manager on-call if required.

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

Current registration end date:	26/02/2020
Number of residents on the date of inspection:	6

## How we inspect

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
05 March 2019	10:00hrs to 17:45hrs	Ann-Marie O'Neill	Lead

## Views of people who use the service

The inspector met and spoke with all residents present in the designated centre on the day of inspection. Residents spoken with were complimentary of the service they received but were dissatisfied with the toilet and bathing facilities in the centre. They told the inspector that they sometimes had to wait to use these facilities and the downstairs toilet facilities were too small to accommodate residents' personal care needs should they require supports from staff.

Residents discussed their jobs, hobbies, plans they had for the evening and also upcoming special events they were preparing for. A number of residents showed the inspector their bedrooms, new clothes they had bought for an upcoming event and also their pet gold fish during the course of the inspection.

Staff were observed interacting with residents in a patient, respectful and caring manner throughout the inspection. It was also noted residents enjoyed jovial interactions with staff and spoke of fun times they had experienced with staff on different holidays or special occasions, for example.

## Capacity and capability

The registered provider was effective in ensuring residents were receiving a good quality service in this designated centre. Overall, the inspector found evidence of a responsive, fit provider capable of monitoring its own governance arrangements and where necessary taking responsive action to improve services.

Governance and management systems and oversight by the provider and person in charge had ensured these findings which in turn were having positive impacts for residents living in this designated centre.

The person in charge was employed on a full time basis, worked directly with the residents and had administration time during the week. They were also supported by a deputy manager that participated in the overall operational management of the centre. At the time of the inspection the person in charge had recently returned from extended pre-planned leave. In their absence the provider had ensured appropriate governance and management arrangements were in place, the deputy manager for the centre had performed the role of the person in charge in their absence. The provider had notified the Office of the Chief Inspector of this change of management as per their regulatory responsibilities.

A review of incidents in the centre demonstrated improvement was required in

relation to the notification of safeguarding incidents within the required time line to the Office of the Chief Inspector, a regulatory responsibility of the person in charge. The person in charge and senior manager for the centre made arrangements to submit notifications retrospectively the day following the inspection.

Overall, good levels of compliance with the regulations and standards were found on this inspection. There were a number of quality assurance audits in place to ensure the service provide was safe, effectively monitored and appropriate to residents' needs. These included a quality enhancement plan, an annual review and the six monthly unannounced provider visits. Further audits carried out in the centre included medication management audits and health and safety audits. These audits identified areas for improvement and there was evidence of self-identified issues being addressed in a timely and effective way by the person in charge and persons participating in management.

Since the previous inspection the provider had revised residents' contracts of care. Each resident had been issued a contract however, not all contracts had been signed by a resident and/or their representative at the time of inspection.

Staff working in the centre were afforded mandatory and additional training to meet the assessed needs of residents. Additional training provided to staff included diabetes and epilepsy management, food hygiene, safe administration of medication and first aid. Appropriate arrangements were also in place to ensure staff received supervision from their line manager at regular intervals. All staff working in the centre had received supervision meetings with their line manager over the previous year. A copy of staff supervision meetings were maintained in the centre.

#### Regulation 14: Persons in charge

The person in charge appointed had the required experience and qualifications to perform their role. Good levels of compliance were found on this inspection.

Judgment: Compliant

#### Regulation 16: Training and staff development

The provider had ensured staff working in the had received mandatory training and training in areas specific to meet the assessed needs of residents, for example training in diabetes, first aid and epilepsy management. Refresher training was also available.

All staff had received supervision meetings with their line manager over the previous year. Documented records of these meetings were maintained in the centre.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place in the designated centre. The provider had arrangements in place to meet their regulatory responsibilities for regulation 23. Provider led audits had been carried out twice each year. The provider was in the process of completing the annual report for 2018 at the time of the inspection.

The provider had put in place appropriate management arrangements for an extended pre-planned absence of the person in charge.

Judgment: Compliant

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

Each resident had received an updated contract of care for the provision of services in the centre. However, not all contracts had been signed by the resident and/or their representative.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The person in charge had not ensured all notifications relating to safeguarding incidents had been notified to the Office of the Chief Inspector. The person in charge and person participating in management made arrangements to retrospectively notify these safeguarding incidents the day following the inspection.

Judgment: Substantially compliant

### Regulation 32: Notification of periods when the person in charge is absent

The provider had made arrangements to notify the Office of the Chief Inspector of pre-planned absence, greater than 28 days, for the person in charge.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

The provider had addressed a non compliance from the previous inspection. The provider had created the Schedule 5, staff training and development policy.

Judgment: Compliant

#### Quality and safety

The provider had ensured residents living in Boroimhe designated centre were provided with good quality, person centred care. Personal planning was maintained to a good standard, residents' healthcare needs were also well supported in this designated centre. Residents told the inspector they liked their home and the staff and said they felt safe. Residents also led interesting and active lives. Actions from the previous inspection, in the main, had been addressed effectively. However, there were still improvements required in relation to a long standing issue relating to inadequate toilet and bathing facilities in the centre. This had also been identified on the previous inspection.

Boroimhe designated centre is a detached two storey property which consists of a comfortable living room space, a kitchen/dining area and a staff sleep over room/office. Each resident has their own bedroom, decorated to their personal style and preference. The premises presented as homely and comfortable throughout. Residents told the inspector they liked their home and their bedrooms however, they expressed dissatisfaction with the toilet and bathing facilities in the centre. They told the inspector that they sometimes needed to wait to use the shower or toilet.

While residents had access to a toilet on the ground floor, those requiring additional staff support needs, could not use the facility as there was not enough space. This resulted in residents waiting to use facilities upstairs or engaging in personal hygiene in their bedroom. This inadequate arrangement also impacted on residents' privacy and dignity during these times. The provider had self-identified this was an issue which was negatively impacting on residents. However, at the time of inspection it was not clear what the provider's plans were to address this long standing non compliance to ensure the premises provided appropriate toilet and bathing facilities to meet the assessed needs of all residents.

Fire safety systems, in the main, were robust and in line with the regulations. The centre had suitable fire equipment in place including a fire alarm, emergency lighting and fire extinguishers. There was evidence to demonstrate this equipment had been serviced as required and servicing records were up-to-date. Fire



evacuation drills had also occurred and of the sample reviewed they demonstrated residents could be evacuated in a timely manner. The provider had also made improvements to the containment measures in the centre. Actions from the previous inspection had been addressed in an effective way.

The inspector did note the evacuation route for some resident's, with a bedroom located on the ground floor of the premises, required review. The inspector brought this to the attention of the provider during the feedback meeting of the inspection. The provider was required to engage an appropriately skilled fire safety engineer to review the current evacuation route arrangements and put in place any additional measures and improvements where necessary following this review.

The inspector also reviewed a sample of residents' personal files and found that there was an up-to-date comprehensive assessment of need in place for each resident which in turn informed their care plan. Support needs in areas such as social supports, behaviour support and health care were identified, and support plans had been developed to reflect residents' health and social care needs and guide staff in how to implement good quality care.

Person centred planning meetings occurred with residents and these provided residents with an opportunity to identify goals to work towards for the coming year. Residents discussed with the inspector their plans for holidays and birthday party arrangements they were planning. Some residents had achieved their long term goal to go horse riding which they told the inspector they enjoyed a lot.

Residents' healthcare provision was to a good standard. Residents' were afforded timely healthcare reviews by allied health professionals and medical practitioners in line with their assessed and presenting needs. Residents were also afforded the option to avail of National healthcare screening programmes and documentary evidence of this was maintained in their personal plans. Actions from the previous inspection report in relation to the support planning for specific healthcare conditions, for example diabetes management, had also been addressed.

Positive behaviour support plans were in place for residents where required. These plans were up-to-date and provided information and guidance to staff in a manner which promoted proactive management and de-escalation techniques. A system for review of restrictive practices was in place. All potential restrictions used in the centre had been reviewed by the provider's 'Positive Approaches Management Group'. While some restrictions were in place it was demonstrated they were required to manage personal risks for some residents. Residents were informed of the rationale for the restrictions and systems were in place to ensure they were the least restrictive option.

Residents spoken with told the inspector that they felt safe and were observed to appear comfortable and content in their home throughout the inspection. The provider had ensured a safeguarding policy and associated procedures were in place. Some improvement was required in relation to staff training in safeguarding vulnerable adults. While all staff had received this mandatory training a number of staff had not received refresher training in this area to ensure their skills and

knowledge were up-to-date.

An action from the previous inspection in relation to the management of residents' personal finances had been adequately addressed. The person in charge had created financial passports for residents that required supports in managing their finances.

The provider had created a risk management policy as per their regulatory requirement under regulation 26. There was evidence of its implementation within the centre. The person in charge maintained a risk register and risk assessments were up-to-date. Identified risks were assessed using a risk analysis framework and corresponding control measures were documented to mitigate and manage those risks identified. At the time of the inspection the provider was reviewing aspects of the risk management policy as part of its ongoing review of risk management systems within St. Michael's House services.

Effective infection control management systems were in place in this centre. It was noted that aspects of infection control best practice were implemented as required, for example colour coded chopping boards, mops and buckets were used. Appropriate management and disposal of sharps used for the monitoring of residents' blood sugars, was also in place. A regulatory non compliance from the previous inspection had been addressed.

### Regulation 26: Risk management procedures

The provider had developed a risk management policy and associated procedures in line with their regulatory responsibilities for regulation 26. Evidence of the implementation of this policy was found on this inspection. A risk register had been created and personal risk assessments for residents were maintained in residents' personal plans.

Judgment: Compliant

### Regulation 27: Protection against infection

A regulatory non compliance from the previous inspection had been addressed. Appropriate infection control arrangements were in place for the management and disposal of sharps used for the monitoring of diabetes.

Judgment: Compliant

## Regulation 28: Fire precautions

Regulatory non compliances from the previous inspection had been addressed by the provider in full. However, it was not demonstrated that all appropriate arrangements had been put in place by the provider to ensure all residents could safely evacuate from the designated centre. The provider did provide further information with regards to the current fire safety and evacuation measures in place to the Office of the Chief Inspector which provided assurances but improvements were still required.

Judgment: Not compliant

## Regulation 5: Individual assessment and personal plan

Each resident had received an up-to-date comprehensive assessment of need with corresponding support planning in place for each need identified. Person centred planning was also in place to support residents in identifying personal goals and work plans in place to meet those goals.

Judgment: Compliant

## Regulation 6: Health care

An action from the previous inspection in relation to healthcare support planning had been addressed. Detailed healthcare support planning was now in place for identified healthcare needs of residents. Residents were supported to access allied health professional supports if and when required and engage in healthy eating and exercise programmes. Each resident was also supported to avail of National health screening in line with their age and personal plan.

Judgment: Compliant

## Regulation 7: Positive behavioural support

A regulatory non compliance from the previous inspection in relation to behaviour support planning had been addressed. Up-to-date behaviour support planning was in place for residents where required and reviewed by appropriately qualified allied health professionals. Mental health supports and appointments for residents were also facilitated and supported. Where restrictions were in place they had been

discussed with residents and their agreement for such restrictions was also recognised. Measures were in place to ensure the least level of restriction was utilised and due consideration for its impact on residents in the centre was also considered at each review.

Judgment: Compliant

### Regulation 9: Residents' rights

The person in charge had addressed non compliances from the previous inspection. A financial passport had been devised for residents to support them to manage their finances more effectively.

Judgment: Compliant

### Regulation 8: Protection

Not all staff had received up-to-date refresher training in safeguarding vulnerable adults.

Judgment: Substantially compliant

### Regulation 17: Premises

Overall the premises was well maintained and homely. However, it did not provide residents with adequate toilet and bathing facilities to meet the assessed personal support needs of all residents. This was a regulatory non compliance found on the previous inspection also.

Judgment: Not 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>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 17: Premises	Not compliant

# Compliance Plan for Boroimhe OSV-0002390

Inspection ID: MON-0025904

Date of inspection: 05/03/2019

## 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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: <ul style="list-style-type: none"> <li>• Two contracts of care that were found to be unsigned by family members have been signed as of 15/03/2019.</li> </ul>	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: <ul style="list-style-type: none"> <li>• Three incidents were retrospectively reported (NF06) on the day of inspection 05/03/2019.</li> <li>• The PIC will ensure any alleged, suspected or confirmed incidents of abuse will be notified to the authority as NF06 within the agreed timeframe</li> </ul>	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"> <li>• The Person in Charge of the centre and SMH Fire Safety Officer have reviewed and</li> </ul>	

updated Personal Evacuation Plan for one resident clearly outlining the assisted rescue procedures required in the event of a fire.

- The assisted rescue procedure is now reflected in the centres fire Evacuation plan.
- The Registered Provider has installed a smoke detector in the utility room and a carbon monoxide alarm.
- The Registered Provider has fitted the centre with a fire detection and alarm system providing LD1 coverage and the only exception would be toilet and shower areas and St Michaels House Fire Safety Officer has identified there is no risk in this area.
- The Registered Provider has an alarm bell \ sounder, linked to the fire detection and alarm system in the centre. Sound levels are deemed to be sufficient as the system is tested by external contractor to St Michaels House. All residents can hear the alarm and there have been no issues following night time drills.
- Since the inspection the Registered Provider has changed the cylinder on the utility door to a thumb turn lock.
- St Michaels House Fire Safety Officer has confirmed that the identified bedroom during the inspection complies with the requirements for escape windows as described in Technical Guidance Document.
- The SMH Head of Technical Service Department and an external architect will revisit the extension/alterations proposals that were drawn up in 2011.
- The insertion of a single door to the side of the identified bedroom during the inspection will be explored and this proposal has gone to an external architect for review and consideration.
- The Provider in conjunction with an external architect and internal stakeholders will review the existing ground floor layout of the property and to consider options to swap rooms around.
- The Provider will convene a meeting with the architect and all internal stakeholders by the end of April 2019 to review the above options.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

- All outstanding staff have received safeguarding training as of 01/04/2019



Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"><li>• A meeting with the architect and all internal stakeholders will be convened by 30/04/2019 to review extension/alterations proposals that were drawn up in 2011.</li><li>• This meeting will also look at the schedule of works required in providing residents with adequate toilet and bathing facilities to meet the assessed personal support needs of all residents. All works will be subject to capital approval and through SMH procurement procedures.</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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2019
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.	Substantially Compliant	Yellow	15/03/2019
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/12/2019
Regulation 31(1)(f)	The person in charge shall give the chief inspector	Substantially Compliant	Yellow	05/03/2019

	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.			
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.	Substantially Compliant	Yellow	01/04/2019