



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:	Announced
Date of inspection:	27 August 2019
Centre ID:	OSV-0002390
Fieldwork ID:	MON-0022465

About the designated centre

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

Boroimhe is a designated centre operated by St Michael's House located in an urban area in North County Dublin. It provides a community residential service to six adults with an intellectual disability and low medical needs. The designated centre is a detached large two-storey house which consisted of living room, kitchen, relaxation room, utility room, staff office/sleepover room, six individual bedrooms, a toilet and a shared bathroom. There was a well maintained garden to the rear of the centre. The centre is staffed by the person in charge and social care workers.

The following information outlines some additional data on this centre.

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
27 August 2019	08:30hrs to 16:30hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with and spend time with the six residents living in the designated centre during the course of the inspection. The inspector also observed care practices and interactions on the day of inspection. In addition, feedback of the service was received through questionnaires completed by the residents and/or their representatives which reviewed matters such as accommodation, food and mealtime experience, visiting arrangements, residents' rights, activities, staffing and complaints.

Overall, residents told the inspector that they were happy living in the house. The residents informed the inspector of recent activities and how they like to spend their time. Through the residents questionnaires, the residents expressed levels of satisfaction with the care and support they were in receipt of. The inspector observed residents appearing relaxed in their home and staff were observed treating and speaking with residents in a dignified and caring manner. However, one resident expressed dissatisfaction with the current toilet and bathing facilities of the premises.

Capacity and capability

Overall, the governance and management arrangements provided effective oversight of the service and ensured that the service provided was of a good quality. However, the response to complaints and the detail in the contracts of care required some improvement.

There was a defined management structure in place. The centre was managed by a full-time person in charge who reported to the Service Manager, who in turn reported to the Director of Adult Services. The person in charge was suitably qualified and experienced and demonstrated good knowledge of the residents and their needs. There were systems in place to monitor and evaluate the quality of care provided to residents such as quality assurance audits which included annual reviews and the six monthly unannounced provider visits. These audits identified areas for improvement and developed action plans to address these areas.

The provider had identified toilet and bathing facilities in the centre required for improvement to meet the assessed needs of all residents. While there was evidence that the provider had taken some action for example, engaging with an architect, developing plans to change the footprint of the house and putting in place procedures to maintain the privacy and dignity of residents, these measures had not fully addressed the issue which had been going on for a number of years at the time

of this inspection. The provider was required to take timely action to address this ongoing issue.

The person in charge maintained a planned and actual roster. The inspector reviewed a sample of rosters which demonstrated that, on the day of the inspection, there was a sufficient number of staff to meet the health and social care needs of the residents. Continuity of care was maintained as any vacant shifts (annual leave, sick leave) were covered by the existing staff team. Throughout the inspection, staff were observed treating and speaking with residents in a dignified and caring manner.

The previous inspection identified that not all contracts had been signed by a resident and/or their representative. The inspector reviewed a sample of contracts and found that this had been addressed. However, while the contracts outlined that the residents would pay a fee for the service, it did not include the amount to be paid. For example, rent.

There was a complaints policy dated February 2018. The inspector reviewed the complaints log and found that complaints were managed and responded to. There was one open complaint, made in March 2017, in relation to the inadequate toilet and bathing facilities to meet the needs of assessed personal support needs of all residents. While the person in charge kept the complainant informed on the progress in addressing the complaint, the measures required for improvement in response to a complaint were not put in place. This is further outlined under Regulation 17: Premises.

Regulation 15: Staffing

The person in charge maintained a planned and actual roster for the centre. There was a sufficient number of staff to meet the needs of the residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined management structure in place. There were systems in place to monitor and evaluate the quality of care provided to residents such as quality assurance audits which included annual reviews and the six monthly unannounced provider visits. These audits identified areas for improvement and developed action plans to address these areas. While there was evidence that the provider had taken some action to address an area of improvement in relation to bathroom and toilet facilities, this issue remained ongoing.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The contracts for the provision of services did not include the fee to be paid for the service.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The Statement of Purpose contained all of the information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

All adverse incidents were notified to the Office of the Chief Inspector as required by regulation 31.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy dated February 2018. The centre maintained a complaints log which demonstrated that complaints were managed and responded to. There was one open complaint, made in March 2017, in relation to the inadequate toilet and bathing facilities to meet the needs of assessed personal support needs of all residents. The measures required for improvement in response to a complaint were not put in place for a prolonged period of time.

Judgment: Substantially compliant

Quality and safety

The inspector found that there were systems in place to ensure that residents received a safe, quality and person centred service. However, improvements were required in the premises and the arrangements in place for the safe evacuation of all residents.

The inspector completed a walk-through of the centre and found that the house was homely. The designated centre was two storey house which consisted of sitting room, kitchen, utility room, staff office/sleep over room, six bedrooms and a number of shared bathrooms. The residents proudly showed the inspector their rooms which were decorated in line with their individual style and preference. There was a well maintained garden to the rear of the house. However, improvements were required in the premises to provide appropriate toilet and bathing facilities to meet the assessed needs of all residents. While residents had access to a toilet on the ground floor, those with additional support needs, could not use this facility due to the limited space. At times, this meant residents waiting to use the other bathroom or personal hygiene being attended to in their bedroom. This impacted on the residents privacy and dignity during these times. Residents spoken with on the day of the inspection said that they would like to change this aspect of the premises. While this had been self-identified by the provider and possible changes to the floor plan explored, it was not clear what the provider's plans were to address this issue to ensure the premises provided appropriate toilet and bathing facilities to meet the assessed needs of all residents. In addition, the provider had also self-identified areas of the premises which required some upkeep including the kitchen presses and painting.

There were systems in place for fire safety management. However, as identified on the previous inspection, the arrangements in place to ensure the safe evacuation of all residents required improvement. The provider demonstrated that they were in the process of addressing this issue. The residents' evacuation plans had been reviewed and plans were in place to add an additional exit to ensure all residents could evacuate safely. The centre had suitable fire safety equipment in place including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Centre records demonstrated the fire drills were carried out regularly. Each resident had a Personal Emergency Evacuation Plan (PEEP) in place which outlined the supports for each resident to evacuate the designated centre.

The inspector reviewed a sample of residents' personal files and found that an up-to-date assessment of need had been completed for each resident. The assessment of need identified residents' health and social care needs and informed residents' personal support plans. Personal plans reviewed were up-to-date and guided the staff team in supporting the residents with their assessed needs.

The residents informed the inspector of how they like to spend their time. The residents were actively engaged in their local community through work, day services and memberships in local clubs. The residents enjoyed a number of past-times and had opportunities to participate in activities in accordance with their interests. This

included running, bowling, music, reading the newspaper and horse riding. Residents were supported to develop and maintain positive personal relationships with the community and family.

There were systems in place to safeguard residents. Staff spoken with demonstrated they had the knowledge of what to do in the event of an adverse incident or allegation occurring in the centre and the appropriate reporting procedures. Residents informed the inspector that they liked living in the house, appeared comfortable in the house and positive interactions were observed between staff and residents. The inspector reviewed a sample of residents finances and found that there were appropriate systems in place to ensure that residents finances were protected.

There were suitable practices in place in relation to the ordering, administration and disposal of medicines. There were appropriate practices in place for the storage of medication. A sample of prescription and administration sheets were viewed and found to contain appropriate information.

Regulation 12: Personal possessions

A sample of residents finances were reviewed and demonstrated that there were appropriate systems in place to ensure that residents finances were protected.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were actively engaged in their local community through work, day services and memberships in local clubs. The residents enjoyed a number of past-times and had opportunities to participate in activities in accordance with their interests.

Judgment: Compliant

Regulation 17: Premises

Overall, the centre was homely and residents proudly showed the inspector their rooms which were decorated in line with their individual style and preference. However, the premises did not provide residents with adequate toilet and bathing facilities to meet the assessed personal support needs of all residents. This impacted on the residents privacy and dignity during these times. This regulatory non-

compliance was also identified on the two previous inspections. In addition, some aspects of the premises required some upkeep including the kitchen and paint-work in some areas.

Judgment: Not compliant

Regulation 28: Fire precautions

It was not demonstrated that all appropriate arrangements were in place to ensure that all residents could safely evacuate from the designated centre. This regulatory non compliance was also identified on the previous inspections.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There were suitable practices in place in relation to the ordering, administration and disposal of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was an up-to-date assessment of need had been completed for each resident. The assessment of need identified residents' health and social care needs and informed residents' personal support plans. Personal plans reviewed were up-to-date and guided the staff team in supporting the residents with their assessed needs.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents. Residents informed the inspector that they liked living in the house, appeared comfortable in the house and positive interactions were observed between staff and residents.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Boroimhe OSV-0002390

Inspection ID: MON-0022465

Date of inspection: 27/08/2019

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The existing Governance Management systems will remain in place including regular Management Meetings between the PIC and Service Manager, quarterly Supervision Meetings, twice yearly Quality Assurance Audits and Annual Review.</p> <p>In response to non-compliance in Regulation 23 (1) (c) the outstanding issue in this area is the requirement for additional downstairs bathroom facilities. A meeting was held with the Director of Adult Services, the PIC, the Architect and the Service Manager on 12th Aug 19 to further discuss planning and needs of the Resident group. A clear plan is now in place. On foot of this meeting the Architect has:</p> <ul style="list-style-type: none"> • submitted an application for Planning Permission • has sought building quotes for the extension required • on receipt of the quotes an application for funding will be sent to the HSE • once funding is secured an accurate timeline for completion of works will be drawn up 	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>In response to non-compliance in Regulation to 24 (4) (a) the PIC has revised the Contracts of Care to include the amount of rent paid by Residents on a weekly basis.</p>	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The PIC and staff team will continue to manage and progress complaints in the satisfactory fashion as was acknowledged in the course of Inspection.</p> <p>In response to non-compliance in Regulation 34 (2) (e) the outstanding complaint relates to the requirement for additional downstairs bathroom facilities which was progressed as far as possible by the PIC and is being addressed by the Provider.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>In response to non-compliance in Regulation 17 (1) (b) and Regulation 17 (7) the Provider is addressing the bathroom facilities requirement as set out in response to Regulation 23:</p> <p>The outstanding issue in this area is the requirement for additional downstairs bathroom facilities. A meeting was held with the Director of Adult Services, the PIC, the Architect and the Service Manager on 12th Aug 19 to further discuss planning and needs of the Resident group. A clear plan is now in place. On foot of this meeting the Architect has:</p> <ul style="list-style-type: none"> • submitted an application for Planning Permission • has sought building quotes for the extension required • on receipt of the quotes an application for funding will be sent to the HSE • once funding is secured an accurate timeline for completion of works will be drawn up <p>The PIC has submitted a number of maintenance requests for routine painting and decoration of the house including the kitchen and communal areas.</p> <p>A new suite of furniture, new table and chairs, side tables, soft furnishings etc are being selected by the Residents and will be purchased in the near future.</p>	
Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The existing suitable fire precaution measures in place, as acknowledged in the course of Inspection, will continue.

In response to non-compliance in Regulation 28 (2) (b) (i) the Architect has forwarded a quote for the building of a new fire exit from one downstairs bedroom. Capital funding has been approved and this project and is expected to be completed by end of Dec 19.

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)(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	31/12/2019
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2020
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2020
Regulation 24(4)(a)	The agreement referred to in	Substantially Compliant	Yellow	12/09/2019

	paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.			
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 34(2)(e)	The registered provider shall ensure that any measures required for improvement in response to a complaint are put in place.	Substantially Compliant	Yellow	31/12/2020