Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	B Middle Third
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Unannounced
Date of inspection:	07 January 2020
Centre ID:	OSV-0003719
Fieldwork ID:	MON-0025314

About the designated centre

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

B Middle Third is a community based semi-independent residential house operated by St. Michael's House. The designated centre provides services for residents with an intellectual disability and other needs. Residents are supported to become as independent as possible whilst living here. This service supports people over 18 years of age, and at the time of inspection was home to two ladies. The centre is situated in a suburban area close to a range of community amenities and public transport. The premises consists of a two bedroom bungalow with a kitchen/dining room, a sitting room and two bathrooms. A small garden area is available to the front, with a larger one located to the rear of the premises. The centre operates under the Social Care model and is staffed by social care workers. 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 evening period and at weekends. Outside of these times, residents if required, can utilise an on-call facility or make contact with staff in another centre in their locality.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

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
Tuesday 7 January 2020	09:00hrs to 14:30hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

As part of the inspection, the inspector met with the two residents living in the centre. The residents proudly provided the inspector with a full tour of their home, including each of their bedrooms which had been personalised to their individual tastes. The residents told the inspector that they enjoyed living in the centre and spending time with each other and the staff team. The inspector observed warm interactions between both residents and a staff member who was providing support for them on the morning of this inspection.

There was evidence that residents and their family representatives were consulted and communicated with, about decisions regarding their care and the running of the house. Residents were actively supported and encouraged to maintain connections with their families. The two residents were very independent requiring minimal support from staff. Each of the residents accessed the community independently. The inspector did not have an opportunity to meet with the relatives of any of the residents to attain their views of the quality and safety of care provided. However, it was reported by staff, that residents' family representatives were happy with the care their loved ones received in the centre.

Capacity and capability

There were management systems in place to promote the service provided to be safe, consistent and appropriate to the residents' needs. However, some improvements were required in relation to the directory of residents.

The centre was managed by a suitably qualified, skilled and experienced person. The person in charge had been working with the provider in management positions for more than 20 years and had been person in charge in this centre since the centre opened more than 3 years before. They were in a full-time position as person in charge of this centre with responsibility for one other designated centre located a short distance away. They held a certificate in management and a diploma in applied social studies, this demonstrated compliance with regulation 14. The person in charge had an in-depth knowledge of the needs of each of the residents and 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. There was evidence that the service manager visited the centre at regular intervals. This demonstrated clear lines of reporting and accountability systems for the operational

management of the centre.

An annual review of the quality and safety of care and 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. Other audits completed included finance and medication audits. An overall quality improvement plan was maintained in the centre which included actions from any audit or inspection undertaken in the centre. The person in charge submitted governance and safety data reports to the service manager on a monthly basis. These included information on items such as complaints, finances, incident reports, risks, safeguarding, staff absences and person centred plans.

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. The full complement of staff were in place. The staff team were shared between the other centre managed by the person in charge. The majority of the staff team had been working in the centre for a prolonged period. This meant that there was consistency of care for the residents from their care givers. A review of the staff rosters had been completed in the preceding period. Staff had received appropriate training, including refresher training, as part of a continuous development programme.

A directory of residents was maintained in the centre. However, it was found that some of the information required by the regulations was not recorded in the directory. This included the next of kin name and address for one of the residents. the date of admission for either of the residents and the general practitioner address for one of the residents.

Each of the residents had a written contract of care in place which outlined the services to be provided and fees.

There was a written statement of purpose in place which contained all of the information set out in schedule 1 of the regulations. It had been reviewed in July 2019.

Regulation 14: Persons in charge

The person in charge was found to be an effective manager, 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.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had received appropriate training, including refresher training, as part of a continuous development programme.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre. However, it was found that some of the information required by the regulations was not recorded in the directory. This included the next of kin name and address for one of the residents. the date of admission for either of the residents and the general practitioner address for one of the residents.

Judgment: Substantially 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

Each of the residents had a written contract of care in place which outlined the services to be provided and fees.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written statement of purpose in place which contained all of the information set out in schedule 1 of the regulations. It had been reviewed in July 2019.

Judgment: Compliant

Quality and safety

The residents living in the centre received care and support as required which was of a good quality and person centred.

The two residents were independent and required minimal support from staff. Both residents attended a day service and one of the residents also had a work position within the community. Residents engage in meaningful activities in the centre and within their local community. Activities residents enjoyed included, trips to shows, gym, exercise classes, shopping, cinema and dinners out. One of the residents had received an award at a ceremony, in the preceding November for a short story that she had written.

Residents' well-being and welfare was maintained by a good standard of evidence-based care and support. 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 and social needs and choices. Each of the resident's personal plans had been reviewed within the last 12 months, in line with the requirements of the regulations, with the involvement of the individual resident and their respective family representatives.

The centre was found to be comfortable and homely. However, there were some areas identified for maintenance and repair. These included worn paint on walls and wood work in some areas, stained grouting in one of the bathrooms and the work surface and cupboards in the kitchen were worn and broken in areas. 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.

Both of the residents told the inspector that they enjoyed shopping for and preparing their own meals in the centre. The centre had a fully equipped kitchen come dining area. This was observed to be an adequate space to make meal times a social occasion. There was a food safety policy in place. Residents individually decided on their own menus for the week and prepared their own meals with

minimal support from 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. There were arrangements in place for investigating and learning from incidents and adverse events involving residents. This promoted opportunities for learning to improve services and prevent incidences. There were a low level of incidents in this centre.

Suitable arrangements were in place for the management of fire. Since the last inspection, suitable fire containment arrangements had been put in place with the installation of suitable fire doors. A fire risk assessment had been completed. There was documentary evidence that fire fighting equipment and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks in the centre. There were adequate means of escape and a fire assembly point was identified in an area to the front of 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. Staff had received appropriate training. Fire drills involving residents were undertaken at regular intervals.

There were safeguarding measures in place to protect residents from suffering from abuse. There had been no allegations or suspicions of abuse in the previous 12 month period. Residents were provided with appropriate emotional and behavioural support.

There were systems in place to ensure the safe management and administration of medications. A medication management policy was in place. There was a secure cupboard for the storage of all medicines in each of the residents bedrooms. A self administration assessment had been completed with each of the residents to assess their capacity to take responsibility for their own medication. As a result each of the residents were responsible for their own medication administration. All staff had received appropriate training in the safe administration of medications. Individual medication management plans and guidelines for as required (PRN) medications were in place. There were systems in place to review and monitor safe medication management practices which included medication audits on a weekly basis by staff with each resident.

Regulation 17: Premises

The centre was found to be comfortable and homely. However, there were some areas identified for maintenance and repair. These included worn paint on walls and wood work in some areas, stained grouting in one of the bathrooms and the work

surface and cupboards in the kitchen were worn and broken in areas.

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 the safe management and administration of 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 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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	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
Quality and safety	
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 Middle Third OSV-0003719

Inspection ID: MON-0025314

Date of inspection: 07/01/2020

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 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: • The PIC will review and update the Directory of Residents as required in line with Regulation 19 to ensure all information contained within the directory is up to date.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The PIC will co-ordinate with St.Michael's House Housing Association to ensure the list of repairs is carried out in a timely manner. The Housing Manager has assessed the work required and has requested the Technical Service Department to complete the work. • Painting walls and woodwork • Re-grouting in bathroom • Refurbishment of cupboards and surfaces in the kitchen.	

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	31/07/2020
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	10/01/2020