



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

## Issued by the Chief Inspector

Name of designated centre:	Binn Eadair
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Unannounced
Date of inspection:	19 October 2023
Centre ID:	OSV-0002371
Fieldwork ID:	MON-0040260

## About the designated centre

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

Binn Eadair is a designated centre operated by St. Michael's House. The centre comprises a six bedroom bungalow in a small North Dublin suburb. Each of the residents have their own bedroom and there are two sitting rooms and a kitchen come dining room. There is a large spacious garden to the rear of the centre. It provides residential care and support to up to five adults with mild to moderate intellectual disabilities. The centre is located in close proximity to a range of local amenities and services. These include public transport, pharmacy, church, shops, coffee shops, restaurants and pubs. The staffing arrangements for the centre consists of a social care leader who is the person in charge and a team of social care workers, with access to nursing support if required.

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

Number of residents on the date of inspection:	5
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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 (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
Thursday 19 October 2023	09:30hrs to 13:30hrs	Jennifer Deasy	Lead

## What residents told us and what inspectors observed

This inspection was an unannounced inspection of the designated centre, scheduled to monitor ongoing regulatory compliance. Overall, the inspector saw that residents in this centre were in receipt of person-centred, quality care which was striving to go beyond the Regulations in order to meet the National Standards.

The centre is located in a busy suburb of Dublin close to many amenities. It was home to five residents and the inspector had the opportunity to meet all of these residents over the course of the inspection. The inspector saw that residents were supported to maintain their autonomy and independence and were busy coming and going from the centre over the course of the day. Some residents required staff support to access the community. The inspector saw that there were sufficient staff on duty to meet the needs of those residents.

The inspector saw, on arrival, that the centre was well-maintained and was welcoming. A staff member greeted the inspector and introduced her to some of the residents who were having their breakfast. The inspector saw that the house was very clean and tidy. One resident was eating a cooked breakfast and the food looked and smelled appetising. There was ready availability of fresh fruit on the kitchen counter and later, the inspector saw staff preparing a home-cooked curry as requested by the residents. The inspector sat at the kitchen table and chatted to some of the residents while the staff member on duty made contact with the service manager and person in charge.

Residents spoke to the inspector about their hobbies and interests and some gave their opinion on the quality of care in the centre. One resident told the inspector that they were happy with their bedroom and with the staff support. They were also happy to be back attending day service. Another resident was seen to be comfortable in their home. They put their own dishes away after breakfast and tidied the kitchen. This resident later showed the inspector some of their favourite DVDs and talked to them about movies that they planned to watch on television later in the week.

The inspector heard kind and gentle interactions between the residents and staff during their morning routine. Residents were informed of the poor weather outside and were advised on suitable clothing. Some residents discussed doing their laundry with the staff and were provided with support around this task if they required it.

A walk around of the centre was completed. Residents in this house each had their own private bedroom and had access to two sitting rooms, two accessible bathrooms, a utility and large kitchen and dining room. The centre had a rear garden which was well-maintained. The furniture in the centre was clean and comfortable and the centre was decorated with residents' photos and ornaments.

The inspector saw that a notice board in the kitchen provided accessible information in relation to residents' rights, advocacy services and the complaints procedure.

The inspector asked about the residents' plans for the day. She was told that two of the residents had retired from day services and chose to engage in activities from home and in their local area. One of these residents, for example, had planned to go to Croke Park to do a stadium tour on the day of inspection and this was supported by staff. Three of the other residents attended day services part-time. For two of these residents this part-time arrangement was facilitated in line with their wishes. For the third resident who attended day services, their day service was restricted due to premises works required. This resident was supported with activities from home on days that they could not attend day services.

Staff described how residents accessed the local area for coffee, breakfasts, to get the newspaper or a drink or to browse local shops. Some residents had expressed a wish to have periods of stays in the house independently of staff. An assessment had been completed in this regard and education and training was provided to those residents to support their autonomy in a safe manner. This had been risk assessed and the inspector saw that proportionate and person-centred control measures were implemented.

Staff spoke to the inspector regarding the residents' assessed needs and described training that they had received to be able to support such needs, including catheter care and diabetes, safely. Staff had also received training in communication and in human rights. Staff spoke positively regarding the human rights training and gave clear examples on how it had influenced their practice in the centre. For example, staff described reconfiguring the contents of the kitchen shelves to ensure that all residents could reach items that were important to them.

The person in charge detailed how a restrictive practice had been eliminated on review with no negative impact on any of the residents. The person in charge also set out that they planned to continue to discuss human rights at staff meetings and drive ongoing service improvement in this area. The person in charge described two areas that the team planned to explore within a rights framework. One of these was challenging the traditional routines in the centre and the other was ensuring that residents' autonomy in relation to the management of their finances was upheld. Progress had already been made in relation to enhancing residents' autonomy with their finances. Residents had been consulted about online banking and were being supported to access this to further provide them with autonomy in managing their finances.

The inspector saw that residents were consulted with regarding the day-to-day running of the centre and that their consent was sought and documented in relation to their care. Weekly residents' meetings were held which supported residents to make decisions regarding the menu and the routine of the centre. The residents' meetings also discussed issues such as rights, advocacy, health and safety and complaints. Additionally, residents were consulted with regarding the level of support that they would like in managing their money, in attending medical appointments and keeping their bedrooms clean. For example, residents could

choose if they would like staff to assist with cleaning their bedroom and their consent to this was documented.

Overall, the inspector saw that residents in this house were in receipt of a safe, person-centred service which was upholding their rights. Residents were supported in line with their needs and preferences and supports were delivered in a manner which respected residents' dignity and autonomy. Staff in the centre were striving to go beyond the requirements of the regulations and to meet the National Standards.

## Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided. The inspector found that there were effective management systems in place which were ensuring the delivery of good quality and safe care to the residents.

There were clear lines of authority and accountability in the designated centre. The centre was staffed by a team of social care workers, many of whom had worked in the centre for many years and knew the residents well. The provider had in place a small panel of regular relief staff to fill any gaps in the roster. This was supporting continuity of care for the residents.

The centre was run by an experienced person in charge. They reported to and were supported in their role by a service manager. Staff spoken with were clear on their roles and responsibilities and of how to escalate concerns or risks through the chain of command to the provider level. The staff team were in receipt of regular supervision and support. Staff reported that they felt well supported in their roles.

There were a suite of audits in place including six-monthly unannounced visits and an annual review of the quality and safety of care. These audits were completed in consultation with the residents and their representatives. The audits identified risks and set out action plans to address these. The inspector saw that actions were progressed across audits.

The provider had also carried out additional audits in areas such as safeguarding and infection prevention and control (IPC). These were carried out by competent professionals and the outcomes were used to inform a quality enhancement plan for the centre.

A statement of purpose was in place which set out important information regarding the services and facilities of the centre. The statement of purpose had been recently updated and contained all of the information as required by the Regulations.

The inspector reviewed the schedule 5 policies. It was found that while these policies were in place, some of them were out of date and required review by the provider.

### Regulation 15: Staffing

The inspector was informed that there was a consistent and stable staff team in the centre and that there were no vacancies at the time of inspection. The inspector saw that there were sufficient staff to meet the needs of the residents.

A planned and actual roster were maintained. These were reviewed by the inspector. Staffing levels were maintained in line with the statement of purpose. A small panel of relief staff was available to fill any gaps in the roster. This was supporting continuity of care for the residents.

Judgment: Compliant

### Regulation 19: Directory of residents

The schedule 3 records were reviewed by the inspector. The inspector saw that these were maintained in line with the requirements of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

There were clear lines of authority and accountability in the designated centre along with a defined management structure. The centre was staffed by a team of social care workers who reported to a person in charge. The person in charge reported to, and was supported in their role by, a service manager. Staff spoken with were aware of the reporting structure and of how to escalate any risks to the provider level.

A series of audits was maintained both locally by the staff team and the person in charge as well as by the provider. These audits included monthly medication audits, financial audits and health and safety audits. They were used to inform a monthly data report. The monthly data report was comprehensive and demonstrated how risks relating to the quality and safety of care were escalated to the service manager. Action plans were implemented to address risks if required.

The provider had carried out six-monthly unannounced audits in line with the requirements of the regulations and had drafted an annual report on the quality and safety of care in the service. The audits informed SMART action plans. The inspector saw that actions were progressed across audits. The annual report had been completed in consultation with residents, family members and staff and detailed positive feedback regarding the quality of care in the centre.

The provider has also effected additional specialised audits carried out by competent professionals in order to further enhance their oversight of the service. For example, a safeguarding audit was completed by the provider's social work team along with an infection prevention and control (IPC) audit by an IPC specialist. These audits further informed the action plans and quality enhancement plan in place in the centre.

Finally, it was evident that staff were performance managed and were facilitated to raise concerns regarding the quality of care. Staff had access to regular supervision and support through supervision meetings and general staff meetings. Staff reported that they felt well supported in their roles.

Judgment: Compliant

### Regulation 3: Statement of purpose

A statement of purpose was in place for the centre. This was reviewed by the inspector on the day of inspection. It was found to have been recently updated and contained all of the information as required by the Regulations.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The schedule 5 policies were available in the centre however, on review, the inspector saw that some of these were out-of-date and required review. These included:

- the policy on admission, transfer, discharge and temporary absence of residents
- the policy on communication with residents
- the policy on the creation of, access to, retention of, maintenance of and destruction of records

Judgment: Substantially compliant

## Quality and safety

This section of the report details the quality of the service and how safe it was for the residents who lived in the designated centre. Overall, the inspector found that residents were in receipt of care and support that was person-centred, safe and was respecting their autonomy and privacy.

The inspector saw that the house was clean and well-maintained. Residents had their own private bedrooms and had access to accessible bathrooms, two sitting rooms and a kitchen and dining room. Residents told the inspector that they enjoyed having family and friends come to visit them and the inspector saw that there was ample space for residents to receive visitors.

Residents' files were reviewed by the inspector. They were found to contain up-to-date assessments of need which were written in a person-centred manner and informed comprehensive care plans. The assessment of need had been written in consultation with the resident, their chosen representative and the multi-disciplinary team.

Residents' files contained information on the communication supports required by some residents. The inspector spoke to staff about these and was told that staff had received training in communication. Staff competently described how they supported residents' communication needs.

The inspector saw that residents' possessions were safeguarded and that residents were supported to retain control of their own possessions and clothes. The inspector saw that some residents chose to launder their own clothes while others availed of staff support to do so.

There were clear measures in place to safeguard residents and to protect them from abuse. Incidents of abuse were investigated appropriately and safeguarding plans were implemented. Where there was a known risk of abuse, residents were provided with education and support in order to safeguard themselves.

The inspector saw that some residents were prescribed medications and reviewed the medication records in this regard. It was found that medications were administered as prescribed and that medications were stored securely.

Finally, the inspector saw the residents who lived in Binn Eadair were in receipt of care and support that was upholding their human rights. Residents were consulted with regarding the running of the house and with regards to their specific care and support needs. Residents' consent to certain supports was documented and maintained on their files. Education and support was provided to residents to enable them to maintain their autonomy in their lives and proportionate control measures were detailed on risk assessments to mitigate against possible risks.

Overall, the inspector was assured that residents were in receipt of person-centred care which was safeguarding residents and ensuring that their rights were upheld.

### Regulation 10: Communication

Staff in this centre had received training in communication and were knowledgeable regarding residents' communication needs. Residents' files contained up-to-date and detailed communication support plans.

The inspector saw that information was available to the residents throughout the house in an accessible manner and in line with their assessed needs.

Residents had access to media for communication including radios, televisions and their own mobile phones.

Judgment: Compliant

### Regulation 11: Visits

There were no visiting restrictions in the centre. Residents were free to receive visitors in line with their wishes.

The inspector saw that there were supports in place to assist residents to develop and maintained links with their friends and family.

There was adequate private space in the centre for residents to receive visitors.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents in this house had access to and retained control of their personal property. There were clear policies and procedures in place to support residents in managing their finances and their possessions. The inspector saw that these policies were implemented in the centre. For example, the provider's policy on managing residents' possessions detailed that a record of all of residents' possessions for values of greater than €50 should be maintained. The inspector saw that these records were in place.

The inspector saw that residents were also supported to manage their own laundry in accordance with their needs and wishes and had space to store and maintain

their own clothes and possessions. Residents' possessions were displayed in their bedrooms and were treated with respect by staff. Residents could choose to lock their bedrooms to safeguard their possessions and their privacy if they wished to do so.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were appropriate procedures in place for the ordering, storing, administering and disposal of medications.

Medications were stored appropriately in a secure place.

Records of administration of medication were maintained. The inspector reviewed these records and saw that medications were administered as prescribed.

Residents had completed an assessment of capacity to self-administer medications.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

A sample of residents' files were reviewed. The inspector saw that residents' files contained up-to-date and comprehensive assessments of need. These assessments of need were informed by the residents, their representative and the multi-disciplinary team as appropriate.

The assessment of need informed comprehensive care plans which were written in a person-centred manner and detailed residents' preferences and needs with regard to their care and support.

Judgment: Compliant

### Regulation 8: Protection

Residents in this centre were protected from abuse and were supported to develop skills to protect themselves from abuse. Where a safeguarding risk had been identified, this was reported and investigated in line with the statutory requirements.

Safeguarding plans were implemented and were supported by risk assessments. The control measures to protect residents from abuse were seen to be proportionate, person-centred and mindful of the residents' rights and wishes.

Additionally, where there was a known risk of abuse to residents, education and training had been provided to the residents to enable them to safeguard themselves.

A safeguarding audit had been completed by the provider to ensure that staff were aware of their roles and responsibilities in safeguarding residents. Staff spoken with were knowledgeable about their safeguarding remit.

Residents' files contained person-centred and up-to-date intimate care plans. These plans detailed the supports required to protect residents' autonomy and dignity in delivering personal care.

Judgment: Compliant

## Regulation 9: Residents' rights

This centre was operating in a manner which was upholding residents' rights and was striving to meet the National Standards in this regard.

Residents were consulted with regarding the day to day running of the centre. Residents' meetings were held and were used as a forum to discuss important general topics such as staffing updates and fire safety as well as to provide education to residents on their rights.

Staff had completed training in human rights and spoke about how this training had informed their practice. Staff detailed how changes had been made to everyday practices in the centre in order to better uphold residents' rights.

Restrictive practices in the centre had been recently reviewed by the person in charge and the staff team. This had resulted in the removal of one restrictive practice with no documented negative impact on the residents.

Additionally staff were exploring further options to develop residents' autonomy in managing their finances. These options were being explored in consultation with the residents at the time of inspection.

Residents' consent with regard to their care and support needs was clearly documented. Residents were informed of staff duties and gave their consent for supports, for example, in areas such as attending medical appointments and money management. Residents were also informed of and gave consent to staff writing daily reports and accessing their personal files.

Residents were informed regarding advocacy services and some residents had accessed advocacy in the past for specific supports.

The inspector saw that residents' autonomy was respected and that residents were supported in a manner that was in line with their expressed preferences. Education was provided to residents to support them to achieve personalised goals such as being able to stay in the house without staff support. Risk assessments and proportionate control measures were implemented which were found to uphold residents' rights while mitigating against risk.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Binn Eadair OSV-0002371

Inspection ID: MON-0040260

Date of inspection: 19/10/2023

## 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 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:            The Service Provider is currently reviewing the policy outlined in the report.</p> <ul style="list-style-type: none"> <li>• Admissions, including transfers, discharge, and the temporary absence of residents – Reviewed and awaiting approval.</li> <li>• Communication with residents’ - Policy is currently under review but progressing. It has been reviewed by the external Data Protector Officer (DPO).</li> <li>• The creation of, access to, retention of, maintenance of and destruction of records- Policy is currently under review but progressing. It has been reviewed by the external DPO.</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 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/03/2024