



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

Issued by the Chief Inspector

Name of designated centre:	Boroimhe
Name of provider:	St Michael's House
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	28 September 2022
Centre ID:	OSV-0002390
Fieldwork ID:	MON-0029037

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 consists of a living room, kitchen, relaxation room, utility room, staff office/sleepover room, six individual bedrooms, a toilet, and two bathrooms. 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

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
Wednesday 28 September 2022	10:30hrs to 15:45hrs	Amy McGrath	Lead

What residents told us and what inspectors observed

This announced inspection was carried out to inform a decision to renew the registration of the centre. The centre is registered to accommodate up to six residents, and there were no vacancies at the time of inspection.

The inspector had the opportunity to meet with four of the residents that lived in the centre at various times throughout the course of the inspection. Residents enjoyed active and fulfilled lives and engaged in a variety of leisure and recreation activities as well as education and employment.

Some residents had previously attended day services, with some 'retiring' from day service due to their age, as was their preference, and instead were supported by staff to engage in activities in their home and community. Two residents no longer attended day service having expressed their preference not to return to services as they reopened after the COVID-19 pandemic. The wishes of these residents were facilitated by staff and additional staff were available to support them with their endeavours and activities.

One resident had a part-time job in the local area. A review of records such as resident meetings and staff meetings found that residents enjoyed holidays abroad, including visits to family members who live abroad. Residents were supported to engage in hobbies and leisure activities of their choice, such as soccer and golf. On the day of inspection some residents had plans to see a show in a theatre that evening and told the inspector they were looking forward to it. On meeting with residents and staff, it was clear that warm and respectful relationships had been developed between the residents themselves and with staff. Residents appeared at ease in the centre and in each others company.

One resident told the inspector that they were happy with the location of their home as they could easily access public transport and local amenities. One resident spoke of how they supported to become more independent and shared that they were happy to learn new skills and become more self sufficient. This resident gave an example of how they were more involved in managing their own money and medicines having been supported to learn new skills in recent years.

As this was an announced inspection, resident questionnaires were sent by the Health Information and Quality Authority (HIQA) to the provider in advance of the inspection. All six residents returned questionnaires to the inspector, some residents had filled in their own responses to the questions, and others were given support by staff or a family member. All residents were highly complimentary of the service they received.

One resident shared that they really liked living in the centre and that they liked their new wardrobes. This resident also noted that they enjoyed having parties in their home and particularly liked the cinema room in the centre. One resident said

they would like to be able to have a family member over to spend the night. One resident said they were happy to be supported to play music in their home and shared that they made their own CDs in a music studio. All residents were complimentary of staff, describing them as 'kind' and 'helpful'. One resident wrote that staff were 'good' to them and that they felt safe in their house.

A number of residents mentioned that they were happy with the addition of the new bathroom and specifically the new bath. Multiple residents mentioned that while they were happy with the laundry facilities, they would prefer to do their laundry on an alternative day. The laundry arrangements may require review to ensure all residents are satisfied.

The premises was comprised of a six bedroom house located in a busy suburb. It was nicely decorated and had sufficient space to meet residents' needs. Each resident had their own bedroom which was decorated to their own tastes. It was evident that residents' right to privacy was respected, with some residents choosing to keep their bedrooms locked when they leave the centre.

In summary, this was a very positive inspection that found very good quality care and support being provided to residents.

Residents appeared happy in their home and spoke positively with the inspector about their home, their daily lives and the staff that supported them. The inspector found that the provider had systems in place to oversee the quality of service delivered in the centre.

Residents were happy with the additional bathing and shower facilities. It was noted however that there was some outstanding maintenance required to ensure the work was finished to a high standard, including issues with some fixtures and wall fittings.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affected the quality and safety of the service being delivered.

Capacity and capability

This inspection found that the provider and person in charge were operating the centre in a manner that ensured residents were in receipt of a service that was person-centred and offered a comfortable and pleasant place to live. The governance and management arrangements were ensuring that the quality of the service was closely monitored and that residents were central to decisions made about their care and support.

There was a statement of purpose available that included all of the information required by the regulations. The registered provider had ensured that the centre was appropriately resourced and that care and support was delivered as outlined in

the statement of purpose.

The management structure was clearly defined and there were developed and effective management systems in place. There was an unannounced visit carried out on behalf of the provider on a six-monthly basis which was used to inform a report on quality and safety. The provider had ensured that an annual review of the quality and safety of the service was carried out, with a report produced that reflected on the standard of care and presented residents' views on the service. Audits reviewed by the inspector were found to be identifying areas for improvement and actions set were reviewed on a regular basis to ensure progress was made.

The centre was staffed by a team of social care workers who were managed by the person in charge. There were sufficient staff available, with the required skills and experience to meet the assessed needs of all residents. Staffing arrangements, such as recruitment and workforce planning, took into consideration any changing or emerging needs of residents and facilitated continuity of care. The inspection was facilitated in the absence of the person in charge, who was on planned leave at the time. It was noted that staff were very knowledgeable of residents' needs and supports and the operational management of the centre.

There were mechanisms in place to monitor staff training needs and to ensure that adequate training levels were maintained. Staff received training in areas determined by the provider to be mandatory, such as safeguarding adults, fire safety and infection control. Refresher training was available as required and staff had received training in additional areas specific to residents' assessed needs.

There were established supervision arrangements in place, with staff and the person in charge attending formal supervision meetings at intervals outlined in the provider's policy. The staff team were supervised by the person in charge, who was supervised by a service manager.

While there were some outstanding premises works to be completed, the inspector found that this designated centre met and exceeded the requirements of many of the regulations in key areas of service provision and was endeavouring to meet the national standards in areas such as rights promotion, individualised services and decision-making per the resident's preferences.

Regulation 15: Staffing

The staffing arrangements in the centre, including staffing levels, skill mix and qualifications, were effective in meeting residents' assessed needs. There was a planned and actual roster maintained by the person in charge

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured staff had access to training and development opportunities in order to carry out their roles effectively. Training was made available in areas specific to residents' assessed needs. There were established supervision arrangements in place for staff.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure, which identified lines of authority and accountability. There were reporting mechanisms in place, and staff spoken with were aware of how to raise any concerns.

The provider had carried out an annual review of the quality and safety of the centre, and there were arrangements for unannounced visits to be carried out on the provider's behalf on a six-monthly basis.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available that was updated regularly and found to contain the information required by Schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

The inspector found that the residents received a good quality of care and support in their home. It was evident that staff members had a good level of knowledge of the measures required to support residents to meet their needs and to manage risk in the centre. Supports were observed being provided by staff members in a kind and respectful manner. Overall, the designated centre demonstrated high levels of compliance with the regulations. This had a positive impact on the quality of care and support that residents received in their home.

The inspector reviewed the safeguarding arrangements in place and found that residents were protected from the risk of abuse. Staff had received training in safeguarding adults. There were clear lines of reporting and any potential safeguarding risk was escalated and investigated in accordance with the provider's safeguarding policy. Potential safeguarding risks were reported to the relevant statutory agency. There were no active safeguarding risks at the time of inspection.

The inspector reviewed the arrangements in place to support residents to manage their own possessions and found that residents maintained ownership of their own finances with support provided that was in line with residents assessed needs and preferences. Where residents had purchased additional furniture or had valuable items, staff maintained a register of personal possessions to ensure that their possessions were kept safe. Residents were supported to manage their laundry independently. There was a spacious utility room with a washing machine and dryer and residents had a designated day to complete their laundry, although they could use the facilities on other occasions should it be necessary.

The design and layout of the premises was found to adequately meet the needs of residents. There was a large living area and additional cinema room on the ground floor. There was a bright modest-sized kitchen and dining room, which was well equipped and functional however the cabinets were in poor condition with mismatched finishes and broken handles. The provider had identified that the kitchen needed replacement and had scheduled a a refit of the kitchen.

The inspector reviewed the fire safety arrangements in place and found that residents took part in planned evacuations, and that learning from fire drills was incorporated into personal evacuation plans. Residents spoken with were knowledgeable of evacuation arrangements.

For the most part. there were suitable fire containment measures in place, although there was no self-close device on the door of the new utility room. Fire fighting equipment was available throughout the premises and was noted to be regularly serviced. Staff had received training in fire safety and on-site fire drill training.

A review of arrangements for managing medicines found that residents were supported to manage their medicines as independently as possible. Where residents required support to manage their medicines, they were supported by staff with appropriate training. Prescribed medicines were dispensed by a local pharmacy, and found to be appropriately stored. There was a range of medication audits in place that ensured medicines were safely received, stored and disposed of.

Regulation 12: Personal possessions

The provider had ensured that residents retained control of their personal property and received support in line with their own abilities. Where residents had their own valuable items in their homes, these were recorded in a log of personal possessions.

Judgment: Compliant

Regulation 17: Premises

The layout and design of the premises was appropriate to meet residents' needs. The provider had added further shower and bathing facilities in 2021. Generally, the premises was found to be in a state of good repair although there was some outstanding work required to the recently added bathroom and utility room, with some loose fixtures and wall damage requiring repair.

Some of the cabinetry in the kitchen remained in poor condition, which was noted at previous inspections. These required repair or replacement.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were suitable fire safety arrangements in place, including a fire alarm system, emergency lighting and fire fighting equipment. Records reviewed demonstrated that the equipment was serviced at regular intervals. There were emergency evacuation plans in place for all residents, and these were developed and updated to reflect the abilities and support needs of residents.

Improvements were required to the fire containment measures as there was no self-close device on the door of the utility room, and the seal strips were damaged which obstructed the door from fully closing.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were suitable arrangements in place to ensure that medication was administered as prescribed, including clear guidance for the usage of PRN (medicine to be taken as the need arises) medication. Residents were supported to manage their medicines as independently as possible with support provided by staff that was in line with their individual abilities and preferences.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse, including an organisational policy and clear procedures.

There were care plans in place that outlined residents' support needs and preferences with regard to the provision of intimate care, and these plans promoted dignified care practices.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Boroimhe OSV-0002390

Inspection ID: MON-0029037

Date of inspection: 28/09/2022

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: In response to Substantial Compliance under Regulation 17 (1) (b) the following actions have been taken:</p> <ul style="list-style-type: none"> • A new kitchen has been installed completed by 31/10/22 • New flooring has been installed in the kitchen completed by 04/11/2022 • The Building Contractor has been called back to repair loose fixtures in the new bathroom – to be completed by 11/11/22. Wall vinyl has been replaced in the new downstairs shower • SMH Maintenance Dept will carry out painting touch ups around the unit when all repairs are completed by 30/11/22 • Altro flooring in the downstairs toilet was replaced 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: In response to Substantial Compliance under Regulation 28 (3) (a) the following actions has been taken:</p> <ul style="list-style-type: none"> • Replacement seal strips were fitted on the utility room door on 29/9/22 • The PIC consulted with the Fire Officer in relation to a self close device on the door of the utility room. The Fire Officer e-mailed the Maintenance Dept with this action to be completed by 30/11/22 	

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	30/11/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/11/2022