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:	Kilbarrack
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Short Notice Announced
Date of inspection:	05 May 2021
Centre ID:	OSV-0002358
Fieldwork ID:	MON-0032229

About the designated centre

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

Kilbarrack is a designated centre based in a North Dublin suburban area which supports six residents with intellectual disabilities. The designated centre is comprises a bungalow with an enclosed garden space to the rear. It contains an entrance hallway, six resident bedrooms, one staff sleep over room which contains an en-suite and also acts as a staff office, two sitting rooms, a kitchen and dining space, a large bathroom, and a smaller shower room with toilet facilities. The designated centre provides 24 hour residential supports to residents by a staff team of social care workers and a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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
Wednesday 5 May 2021	10:10hrs to 16:30hrs	Andrew Mooney	Lead

What residents told us and what inspectors observed

In line with public health guidance the inspector did not spend extended periods with residents. However, the inspector did have the opportunity to meet with all five residents and speak with four during the inspection.

The inspector observed a homely environment, that met the assessed needs of residents. Residents told the inspector that they were involved in the running of the centre. This included residents helping to maintain the back garden. They were very proud of the work they done, planting and tidying the gardening. Residents showed the inspector their bedrooms and the communal areas within the centre. Residents' bedrooms were highly individualised and were decorated with things that were important to them, including posters of their favourite football team and pictures of friends and family.

The centre was nicely decorated and modified to meet the changing needs of residents. This included fully accessible bathrooms and track hoist systems. These modifications were completed in a sensitive way and did not detract from the homeliness of the centre.

Residents appeared very comfortable with staff. The centre was free from unnecessary restrictions and residents had ample communal space throughout the centre. The inspector observed staff supporting residents in a kind and respectful manner. This included staff spending time with residents and facilitating activities and these interactions contributed to a homely environment. The inspector observed resident playing table top activities with staff and they appeared to really enjoy these activities.

During the inspection, the inspector observed good infection control practices , which included appropriate COVID-19 precautions. In line with national guidance, visitors access was limited to essential access only. However, the provider did have contingency arrangements in place, to ensure where appropriate, visitors could meet residents in a safe manner. There was appropriate hand sanitising facilities and staff wore appropriate personal protective equipment (PPE).

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements positively impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall this inspection found that there was good governance and management arrangements in the centre and this strengthened the capacity and capability of the centre. This enhanced residents lived experience within the centre and supported their quality of life.

There were clearly defined management structures which identified the lines of authority and accountability within the centre. Staff spoken with could clearly identify how they would report any concerns about the quality of care and support in the centre and highlighted that they would feel comfortable raising concerns if they arose. Staff reported directly to the person in charge, who in turn reported to a service manager. The centre had good oversight arrangements in place, including the completion of six monthly unannounced inspections of quality and safety of care. Additionally, an annual review of the quality and safety of care within the centre was completed in consultation with residents. However, this annual review required some improvements, to ensure it clearly took account of the standards.

Staffing arrangements at the centre were appropriate to meet the needs of residents and reflected what was outlined in the statement of purpose. From a review of the roster it was clear that there was an appropriate skill mix of staff employed at the centre. The person in charge had ensured that there was both a planned and actual roster which was maintained. Staff spoken with were knowledgeable and informed of key areas such as residents' needs, safeguarding and infection prevention and control. The inspector observed staff supporting residents in a caring and dignified manor during the inspection.

There was a schedule of staff training in place that covered key areas such as safeguarding vulnerable adults, infection control, fire safety and manual handling. The person in charge maintained a register of what training was completed and what was due. This training enabled staff to provide evidence based care and enabled them to support residents with their assessed needs. Staff had the required competencies to deliver a safe services to the residents of the centre. Staff were supported and supervised to carry out their duties to protect and promote the care and welfare of residents.

Regulation 15: Staffing

There was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times.

There was a planned and actual roster in place.

Judgment: Compliant

Regulation 16: Training and staff development

Suitable training was in place and staff were supervised appropriate to their role.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management structures which identified the lines of authority and accountability within the centre. There was an annual review of the quality and safety of care within the centre that was completed in consultation with residents. However, this annual review required some improvements, to ensure it took account of the standards.

Judgment: Substantially compliant

Quality and safety

There were systems and procedures in place to protect residents, promote their welfare and recognise and effectively manage the service when things went wrong. This included a robust provider response to the COVID-19 pandemic.

The provider had developed a COVID-19 contingency plan that was in line public health guidance and best practice. The provider demonstrated their capacity to communicate with residents, their families and visitors to promote and enable safe infection prevention and control practices. The provider had adopted a range of infection prevention and control procedures to protect residents from the risk of acquiring a healthcare associated infection. There were appropriate hand washing and hand sanitising facilities available throughout the centre. There were suitable arrangements for clinical waste disposal. The provider had ensured adherence to standard precautions and there were ample supplies of personal protective equipment (PPE). During the inspection, the inspector observed staff engaging in social distancing and wearing appropriate PPE. There were clear arrangements in place to protect residents and staff from acquiring or transmitting COVID-19.

There were appropriate arrangements in place to ensure that residents had a personal plan that detailed their needs and outlined the supports required to maximise their personal development and quality of life. The service worked together with residents and their representatives to identify and support their strengths, needs and life goals. Residents were assisted to find opportunities to enrich their lives and maximise their strengths and abilities in line with current public health advice. However, not all aspects of these plans were reviewed annually as

required, for example positive behaviour support plans and some all about me information required review.

Arrangements were in place to support and respond to residents' assessed support needs, including behaviour support plans. Staff were familiar with residents' needs and any agreed strategies used to support them. All staff received positive behaviour support training and this enabled staff to provide care that reflected up-to-date, evidence-based practice.

The provider had ensured that there were systems in place to safeguard residents from all forms of potential abuse. All incidents, allegations and suspicions at the centre were investigated appropriately. Staff had a good understanding of safeguarding processes and this ensured residents were safeguarded at all times. However, some improvements were required in relation to how safeguarding concerns were notified to the national safeguarding and protection team, as these had not always been completed within the required time frame.

Transitions to the centre were managed as per the providers policy. These transitions were planned and all required supports were put in place to ensure residents' assessed needs were meet. The inspector observed evidence of ongoing consultation with residents during the process and this helped promote a positive outcome.

There was a risk management policy in place which outlined the measures and actions in place to control risk. There were systems in place for the assessment, management and ongoing review of risk. The person in charge maintained a risk register that accurately reflected the known risks in the centre and there were records of incidents and accidents that occurred. From a review of documentation the inspector noted that the person in charge had ensured that risks pertaining to residents were identified and that there were appropriate control measures in place.

The provider had ensured that there was appropriate fire safety measures in place, including detection and alarm system, fire fighting equipment and containment measures. These measures promoted appropriate fire safety within the centre.

Regulation 25: Temporary absence, transition and discharge of residents

Planned supports were put in place to support residents who transitioned to the centre. There was good evidence of consultation during this process.

Judgment: Compliant

Regulation 26: Risk management procedures

Appropriate risk management systems were in place. Risk control measures were relative to any risks identified. Arrangements were in place for identifying, recording, investigating and learning from adverse events.

Judgment: Compliant

Regulation 27: Protection against infection

There were appropriate resources in place to support staff and residents during the COVID-19 pandemic.

Judgment: Compliant

Regulation 28: Fire precautions

Appropriate fire precautions were in place, including a fire detection system, emergency lighting and fire fighting equipment. There was a procedure for the safe evacuation of residents and staff and appropriate fire drills were completed

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive assessment which was used to inform their personal plan. However, not all aspects of these plans were reviewed annually as required, for example positive behaviour support plans and some all about me information required review.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Appropriate supports were in place for residents with behaviours that challenge or residents at risk from their own behaviour.

Judgment: Compliant

Regulation 8: Protection

The person in charge had initiated and put in place an investigation in relation to any incident, allegation or suspicion of abuse. However, not all investigations were notified to the National Safeguarding and Protection team in a timely manner.

Judgment: Substantially 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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Kilbarrack OSV-0002358

Inspection ID: MON-0032229

Date of inspection: 05/05/2021

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Annual Report will be completed in line with standards	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: • Positive support plans will be reviewed and updated • The residents annual review will be completed taking consideration in their wishes and future goals	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: • All relevant notification will be submitted to the National Safeguarding and Protection team in a timely manner in line with policy .	

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 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	31/01/2022
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.	Substantially Compliant	Yellow	15/07/2021
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any	Substantially Compliant	Yellow	01/06/2021

	incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.			