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:	Ardbeg
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Unannounced
Date of inspection:	21 January 2020
Centre ID:	OSV-0002352
Fieldwork ID:	MON-0025054

About the designated centre

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

Ardbeg is a designated centre operated by St. Michael's House. The designated centre consists of a terraced house in a suburban area of North Dublin. It provides 24 hour residential care and support to six adult residents with intellectual disabilities. On the ground floor of the building there is an entrance hallway, a modest sized kitchen space, a large dining room, two living rooms, a side entrance with a small toilet, a utility room, a large shared bathroom, and two bedrooms. On the first floor there are four bedrooms, one staff office area which also acted as a sleep over room and contained en suite facilities, a main bathroom, and a small storage space. Exterior to the building there is a small driveway to the front with space for parking one vehicle while at the rear of the building there is a large enclosed garden with patio and outdoor dining space. The staff arrangement for the centre consists of a person in charge and a staff team of social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 21 January 2020	10:00hrs to 16:30hrs	Amy McGrath	Lead

What residents told us and what inspectors observed

The inspector met and spoke with five of the six residents who live in the centre. On arrival the inspector was greeted by two of the residents who opened the front door. The residents welcomed the inspector and alerted staff of their arrival. Throughout the course of the inspection residents were observed to be very comfortable in their home. Residents were seen to prepare their own meals and administer their own medication competently. The inspector observed that residents were confident in asking for help or support where necessary, and that this was provided promptly and in a caring manner that supported residents' personal development.

Residents who spoke with the inspector expressed that they were happy living in their home. They were knowledgeable of all elements of their care and support plans, and knew how to raise any concerns they might have. Residents confidently told the inspector of the arrangements for evacuating in the event of a fire. Some residents spoke about activities they enjoyed and said they were happy with the support they received from staff. The inspector witnessed staff communicating with residents in ways that supported clear understanding, such as with the help of pictures.

The inspector saw that residents could let themselves in and out of their home, and some were out at intervals during the day running personal errands. It was also observed that one resident was informed and consulted in relation to a restrictive practice that was in place, and was in a position to make changes to this arrangement as they chose.

Capacity and capability

The provider had ensured that the centre was operated in a manner that facilitated good quality, safe and person centred care. Residents' needs had been comprehensively assessed and there were mechanisms in place to monitor the effectiveness of the support provided. Residents participated in the running of the centre, and their contributions affected change where necessary.

There was a clear governance structure in place; the centre was managed by person in charge who reported to a service manager, who in turn reported to a regional director of care. This structure supported clear lines of authority and accountability. There were arrangements in place to ensure that staff in the centre exercised their own professional responsibility for the safety and quality of care delivered, for example staff had defined roles and areas of responsibility. The centre was sufficiently resourced to meet the assessed needs of residents, and in line with the

statement of purpose.

The governance systems had ensured that the service was safe and appropriately meeting residents' needs through ongoing audit and monitoring. The provider had arranged for a nominated person to carry out unannounced visits to the centre on a six-monthly basis, which informed a report on the quality and safety of the service. The findings of this visit, combined with those of other internal audits and reviews, contributed to a quality enhancement plan to further drive improvements in the centre. The provider had prepared an annual review of the quality and safety of care and support that included consultation with residents and their representatives; this report was available in the centre.

Residents were supported by a team of social care workers, and it was found that there was sufficient staff to meet residents needs. The person in charge ensured that a planned and actual roster were maintained, which identified the staffing arrangements on a day to day basis. The roster had been subject to regular review and staffing arrangements were adjusted to meet residents ongoing needs when appropriate. There were arrangements in place to ensure continuity of care, including contingency arrangements to cover staff absences.

Staff training and development needs were assessed on at least an annual basis, and the provider had identified a number of areas of training that were mandatory for staff working in the centre, such as safeguarding, fire safety and manual handling. It was found that all staff had completed training in these areas, and there were arrangements in place to provide refresher training when required. Further training was made available, specific to residents' needs, such as medication administration and first aid. The person in charge had ensured that staff were informed of the Act and the regulations made under it, and that copies of these were available in the centre.

There was a directory of residents available that was up to date and contained all of the information required. The person in charge maintained records of incidents that occurred in the centre, and notified the Chief Inspector of incidents where required, and within the necessary time-frame.

Regulation 15: Staffing

There were sufficient staff available with the skills and experience to meet residents' assessed needs. There was a planned and actual roster maintained.

Judgment: Compliant

Regulation 16: Training and staff development

It was found that the arrangements in place were effective in assessing staff training and development needs, and had ensured that staff were suitably trained to carry out their roles.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents maintained in the centre, which contained all of the information required under Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management arrangements were found to support the delivery of a safe and high quality service that was effectively monitored. There were a range of monitoring tools being used to continuously enhance the quality of care and support received by residents. There were clear lines of authority and accountability within a defined organisational structure.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that incidents had been notified to the Chief Inspector as required and within the appropriate time frames.

Judgment: Compliant

Quality and safety

The centre was found to be delivering high quality and safe care that was directed

by residents' needs and preferences. There were effective oversight arrangements in place to ensure that quality was assessed and reviewed at regular intervals, and there were active endeavours to continuously improve the service received by residents. Overall, the inspection found high levels of compliance with the regulations, however improvement was required in relation to premises and protection.

Residents' needs were comprehensively assessed on an annual basis. This assessment informed the development of personal care plans, which were reviewed regularly for effectiveness. It was evident from a review of documents, and speaking with staff and residents, that changing needs were identified on an ongoing basis and that this information informed the review and development of support plans. The centre was adequately resourced to meet the assessed needs of residents, for example there were sufficient staff available as well as necessary equipment or assistive devices.

A review of records found that appropriate healthcare was made available to each resident, having regard to their individual personal plans. A general practitioner of residents choice was available, as well as a range of other allied health professionals as required. Where appropriate, residents were supported to attend specialist healthcare services, and where medical treatment was recommended and agreed by the residents, this was facilitated. The inspector found that emerging healthcare needs were responded to promptly, and that ongoing healthcare needs were well managed with the support of detailed personal plans.

Residents received support to manage their well-being and responsive behaviours. There were measures in place to ensure that where a residents behaviour required intervention, every effort had been made to identify and alleviate the cause of this behaviour, for example, there were comprehensive positive behaviour support plans in place for residents where necessary. The provider had systems in place to evaluate any therapeutic interventions for effectiveness and promote a restraint free environment. While there was one restrictive practice in place, this had been implemented with the informed consent of the resident following consultation.

There were measures in place to safeguard residents and protect them from risk of harm or abuse, including an organisational policy and procedures. Staff had received training in safeguarding and were knowledgeable of the reporting processes. While there were no active safeguarding concerns at the time of inspection, it was found that one alleged incident that had been notified to the Chief Inspector had not been recorded as an incident, or investigated as outlined in the provider's policy. Improvement was required to ensure that all allegations or potential safeguarding concerns were investigated appropriately.

A review of risk management arrangements in the centre found that risk was well managed. There were risk management plans in place for identified risks that supported residents safety and promoted their right to take risks. There were established systems in place for responding to emergencies and learning from adverse incidents.

The inspector did a walk-around of the premises and found that the design and layout were suitable to meet residents' needs. The premises had undergone renovation and was decorated in a homely manner. For the most part, the house was in a good state of repair, although there was extensive mould damage to the ceiling of one bathroom that required address. The provider had identified this and escalated it to the relevant person for action. The requirements of Schedule 6 had all been provided, and there was ample communal and private space for residents, including a separate dining area and two living areas. One resident had asked for more storage for personal items and this was being addressed by the person in charge.

The provider had made arrangements to assess the risk of fire in the centre and had appropriate fire precautions in place. There were fire detection and alarm systems, fire fighting equipment and containment measures in place. Fire safety equipment was serviced regularly by an appropriately competent person. Staff had received training in fire safety management and were knowledgeable of residents' evacuation support needs. Residents took part in planned fire drills, and learning from these drills informed active personal evacuation plans.

Regulation 17: Premises

Overall, the premises was well designed and decorated, however there was significant damp and mould on the ceiling of one bathroom that required addressing. It is acknowledged that the provider was aware of this issue and had escalated it for action to the relevant department. The matters set out in Schedule 6 had been provided for, such as adequate private and communal space. One resident had expressed that they would like more storage space, and this was being addressed by the person in charge.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were established risk management procedures in place. The person in charge had ensured that identified risks had been subject to assessments and there were risk management plans in place. There were arrangements in place for the investigation of and learning from adverse events.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety management systems in place, including emergency lighting, containment measures, and detection devices. There were arrangements in place to ensure that routine servicing of fire safety equipment, of fire detection and alarm systems and of emergency lighting was carried out.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A comprehensive assessment of residents personal, social and health care needs had been undertaken and reviewed on at least an annual basis. There were personal plans in place for all identified needs, and these were found to be directing person centred care.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a general practitioner of their choice, as well as a range of allied health care professionals in accordance with their assessed needs. There were systems in place to ensure residents health care needs were responded to in a prompt and planned manner.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were care plans in place for residents who required support in relation to their behaviour and well-being. Therapeutic interventions were found to be implemented with the informed consent of the person and there were arrangements in place to minimise the use of restrictive practices.

Judgment: Compliant

Regulation 8: Protection

While there were arrangements in place to protect residents, such as policies and

procedures, it was not evident that all allegations of abuse were investigated by the person in charge in accordance with the providers own policy. Staff had all received training in safeguarding.
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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Ardbeg OSV-0002352

Inspection ID: MON-0025054

Date of inspection: 21/01/2020

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 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 and maintenance is carried out in a timely manner. The Housing Manager has assessed the work required on 13/01/2020 and has requested the Technical Service Department to complete the following: • Damp and mould on the ceiling of the downstairs bathroom • Redesigning the layout of the stairwell cavity if feasible, to create further storage space for a resident	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: The PIC will ensure all allegations of abuse are investigated in accordance with St.Michael's House Policy and Procedures for the Protection of Adults from Abuse and Neglect.	

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	31/08/2020
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	10/02/2020