



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

Issued by the Chief Inspector

Name of designated centre:	B Middle Third
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Short Notice Announced
Date of inspection:	28 April 2021
Centre ID:	OSV-0003719
Fieldwork ID:	MON-0025309

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
--	---

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 28 April 2021	10:15hrs to 16:30hrs	Ann-Marie O'Neill	Lead

What residents told us and what inspectors observed

This inspection found residents received care and support which was tailored to their individual needs. Residents were supported to live as independently as possible with additional supports in place where assessed as required. Residents engaged in positive risk taking in their day-to-day lives which enhanced their independence skills as much as possible, but had been impacted upon by COVID-19 pandemic restrictions.

The inspector met with both residents that lived in this centre. Conversations between the inspector, residents and staff took place from a two-metre distance, wearing the appropriate personal protective equipment (PPE) and was time-limited in line with National guidance.

Residents told the inspector that they liked their home and the staff were nice to them and helpful. Residents told the inspector they usually got along well with each other, but there were times when they didn't and this had happened more frequently since the onset of COVID-19 pandemic restrictions.

Residents explained that there had been a lot of change in their lives since the onset of the pandemic which had resulted in a negative impact on their quality of life.

One resident told the inspector that they missed going to their job every week. Their employment had been put on temporary hold while COVID-19 restrictions were ongoing. They also explained how they had got engaged in the last year but missed being able to spend time with their fiancé.

They described how there had been a period of time where they could only see their friend for 'window visits' but lately it had improved whereby they could meet outside while adhering to physical distancing.

Residents also described how their hobbies, which included exercise classes, choir singing and bowling had also temporarily ceased. They told the inspector they were frustrated with the restrictions and hoped for them to ease and lessen so they could resume their normal activities which kept them positive and happy.

As a result of COVID-19 restrictions, there had been an increase in peer-to-peer related incidents which were directly attributable to the cessation of a number of quality of life support arrangements resulting in frustration and tensions between the residents.

The provider had introduced some therapeutic psychology supports for residents which they attended separately. Residents told the inspector that they found these supports very helpful. In addition, residents showed the inspector ways in which they had organised the cleaning and chores schedules for the house which helped keep the house tidy and clean but also supported them to get along better and

share responsibilities fairly. The provider had also increased opportunities for residents to attend day services while waiting for their employment to recommence again.

The centre comprises of one detached bungalow, located in North County Dublin. Residents have their own personal bedrooms and their own toilet/shower room. Residents took the opportunity to show the inspector their home and bedrooms. The house appeared clean, homely, warm and comfortable. It was decorated with photographs of the residents and each resident's bedroom was decorated to reflect their personality and specific interests they had. Residents also told the inspector about some plans they had for the garden to the rear of the property, this would include weeding, planting flowers/shrubs and options for the fencing around the garden perimeter.

In summary, the inspector found that each resident's well-being and welfare was maintained to a good standard, albeit impacted upon by ongoing pandemic restrictions. There was some improvement required in relation to staffing levels and updating emotional support plans to ensure staff were provided with the most up-to-date guidance to support residents in the wider context of COVID-19.

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

The governance and management arrangements within the centre were ensuring a good quality service was delivered to residents.

The person in charge was found to be knowledgeable of the needs of residents. They were responsible for this designated centre and one other designated centre within the organisation. They described the manner in which they provided oversight to both designated centres ensuring adequate and effective oversight arrangements were in place.

The provider had carried out an annual review of the quality and safety of the service for 2020, and there were quality improvement plans in place, where necessary. There were also arrangements for unannounced visits to be carried out on the provider's behalf on a six-monthly basis as required by the regulations. The inspector reviewed the most recent six-monthly provider visit and noted they were comprehensive in scope and provide a quality improvement action plan for the person in charge to address.

Overall, there were sufficient staff available, with the required skills and experience to meet the assessed needs of residents. A planned and maintained roster, that

accurately reflected the staffing arrangements in the centre, was in place.

Staffing roles were clearly identified in the rosters and hours planned and actually worked were also recorded. A stable and consistent staff team worked in the centre which afforded residents the opportunity to make good connections with staff that supported them. However, it was noted there was a whole-time-equivalent deficit of one staff for the centre at the time of inspection.

Staff training was provided in line with the needs of the residents. Training was provided in areas including fire safety, safeguarding vulnerable adults, management of behaviours that challenge, hand hygiene and infection control.

Arrangements were in place to supervise staff, the inspector noted staff had received a supervision meeting with the person in charge within the time-frame as set out in the provider's supervision policy.

The inspector reviewed a sample of incidents that had occurred in the centre, it was noted there had been a recent increase in peer-to-peer safeguarding incidents since the onset of COVID-19 pandemic restrictions. All incidents that required notification to the Chief Inspector had been notified by the person in charge.

While the provider had submitted an application to renew registration, some additional information, required for the purposes of progressing the application had not been submitted. The provider was required to address these matters to ensure the progression of the application to renew, in a timely manner.

Registration Regulation 5: Application for registration or renewal of registration

The provider was required to submit additional required information for the purposes of progressing the application to renew registration for this designated centre.

- While planning compliance was submitted - it was not dated.
- Personal information forms for the person in charge and person participating in management were not submitted as part of the application.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The person in charge had managed the centre for a long period of time and had a good knowledge of the assessed needs of residents.

The person in charge appointed to manage the centre was found to meet the

matters of Regulation 14 in relation to management experience and qualifications.

Judgment: Compliant

Regulation 15: Staffing

Overall, a stable and consistent staff team worked in the centre.

The person in charge maintained a planned and actual roster and it was noted that appropriate staffing support arrangements were in place to meet the assessed needs of residents and aligned to the whole-time-equivalent numbers as set out in the statement of purpose.

It was however, noted there was a whole-time-equivalent deficit of one staff for the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge had ensured staff received supervision meetings on a regular basis. Documented supervision meetings were maintained in the centre.

The person in charge had ensured staff were supported to attend training to maintain their skills and knowledge to support residents' assessed needs. All mandatory training for staff was found to be up to date with refresher training made available to staff with dates identified for the coming year.

Judgment: Compliant

Regulation 23: Governance and management

The provider had created an annual report for the centre for 2020 which sought the views and feedback from residents and families.

The provider had ensured six-monthly reviews of the service had been carried out. These reviews were comprehensive in scope, focused on compliance with the regulations and provided the person in charge an action plan for addressing findings from the review.

The person in charge also engaged in quality assurance audits in the centre in the

areas of medication management and reviews of residents finances which included reconciliation balance checks, cross referenced with receipts and bank statements.

Judgment: Compliant

Regulation 31: Notification of incidents

From a review of a sample of incidents logged in the centre, it was noted the person in charge had notified the Chief Inspector in line with the regulations.

Judgment: Compliant

Quality and safety

Overall, it was demonstrated the provider had the capacity and capability to provide a good quality, safe service to residents. Good levels of compliance were found on this inspection overall. However, some improvements were required to ensure emotional support plans for residents were up-to-date and reflective of the support needs for residents in the context of COVID-19.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. Staff were observed wearing PPE correctly during the course of the inspection. Centre specific and organisational COVID-19 risk assessments were in place. The provider and person in charge had ensured that all staff were made aware of public health guidance and any changes in relation to this. There was a folder with information on COVID-19 infection control guidance and protocols for staff to implement while working in the centre, with the most recent versions of public health guidance maintained in this folder.

Personal protective equipment (PPE) was in good supply and hand-washing facilities were available in the centre. Alcohol hand gel was present at key locations in the centre for staff and residents to use. Each staff member and resident had their temperature checked daily as a further precaution. Appropriate access to general practitioners (GPs) and public health testing services was also available for the purposes of reviewing and testing residents and staff presenting with symptoms of COVID-19.

The person in charge had also identified areas in the centre for the donning and doffing of PPE in the event of a COVID-19 outbreak. Individualised COVID-19 isolation support plans were also in place for each resident with associated risk assessments completed and control measures identified.

The provider and person in charge had ensured appropriate fire safety precautions

were in place in the centre. All staff had received up-to-date training in fire safety. Fire and smoke containment measures were in place, fire doors were fitted with smoke seals and located throughout the premises.

Servicing records for the fire alarm, fire extinguishers and emergency lighting were up to date. Each resident had a personal evacuation procedure in place. Residents had participated in fire safety drills and discussed with the inspector their understanding of what to do in the event of the fire alarm sounding or a fire occurring in the centre.

A review of safeguarding arrangements noted residents were protected from the risk of abuse by the provider's implementation of National safeguarding policies and procedures in the centre. The provider had ensured staff were trained in adult safeguarding policies and procedures.

As referred to, there had been a recent increase in peer-to-peer safeguarding incidents between residents since the commencement of COVID-19 restrictions. Residents' quality of life had been impacted in a negative way due to the restrictions and had resulted in increased tensions between them.

The inspector reviewed a sample of safeguarding plans in place to manage this safeguarding risk. Safeguarding supports that had been put in place included providing residents with psychology supports and the opportunity to attend day service placements while waiting for their employment to recommence.

Each resident had an up-to-date personal plan in place. An assessment of need had been completed for each resident which also included an allied professional framework and recommendations which informed the development of support planning for residents. Daily recording notes were maintained and personal plans were updated following review by allied professionals. It was noted some emotional support plans for residents had not been updated to reflect changes in residents' circumstances in the context of COVID-19. This required some improvement.

The provider had ensured an up-to-date risk management policy was in place which reflected the requirements of Regulation 26. There was evidence of the implementation of this policy and associated procedures in the centre. The person in charge maintained a risk register in the centre and additional personal risk assessments were also documented and reviewed regularly.

Regulation 26: Risk management procedures

The provider had put in place a risk management policy that met the requirements of Regulation 26.

There was evidence of its implementation in the centre. The person in charge maintained a risk register and had also created personal risk assessments.

Risk assessments documented the specific control measures in place to mitigate and manage the identified risk. These risk assessments were reviewed regularly and updated as required.

Judgment: Compliant

Regulation 27: Protection against infection

Staff had received training in relation to infection prevention and control and hand hygiene.

There were procedures in place to follow in the event of a COVID-19 outbreak in the centre, with contingency plans available.

There was adequate personal protective equipment (PPE) available and there were sufficient hand-washing and sanitising facilities present.

Staff were observed to wear PPE during the inspection.

Residents demonstrated a good understanding of the requirement to wear face coverings in line with public health guidelines. Residents were also knowledgeable of the importance of hand washing and use of alcohol gel and social distancing measures.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, the provider had ensured appropriate fire safety systems and procedures were in place.

Fire doors were present in the centre and fitted with smoke seals. Fire safety equipment had been serviced regularly with fire servicing checks and records maintained in the centre.

Residents had engaged in fire safety drills and discussed with the inspector their knowledge of what to do in the event of the fire alarm activating in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place which provided an assessment of needs.

Where supports were identified for residents a corresponding support plan was in place. It was noted some emotional support plans for residents required updating to reflect their change in circumstances in the context of COVID-19.

Residents were supported to identify goals within the parameters of the ongoing COVID-19 restrictions. Residents were supported to maintain links and communications with their employer.

Judgment: Substantially compliant

Regulation 8: Protection

All staff working in the centre had received training in safeguarding vulnerable adults with refresher training provided.

There was evidence of the person in charge adhering to National safeguarding vulnerable adults policies and reporting procedures. Safeguarding plans were in place with evidence of additional therapeutic supports provided to residents to support them while COVID-19 restrictions were ongoing.

There was also evidence of the person in charge and provider exploring options for residents to engage in other meaningful activity options while they waited for their employment to recommence.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
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 8: Protection	Compliant

Compliance Plan for B Middle Third OSV-0003719

Inspection ID: MON-0025309

Date of inspection: 28/04/2021

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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: <ul style="list-style-type: none"> • The PIC has dated and submitted the planning compliance to the Registration Department at HIQA. • All relevant personal information for the PIC and person participating in management has been submitted to the Registration Department at HIQA. 	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The PIC has been informed of the recruitment of a whole-time-equivalent social care worker commencing 02 June 2021.	
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:	

The PIC will review any outstanding emotional support plans with the Psychologist assigned to the unit.

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
Registration Regulation 5(3)(b)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration or the renewal of registration of a designated centre shall be accompanied by full and satisfactory information in regard to the matters set out in Schedule 3 in respect of the person in charge or to be in charge of the designated centre and any other person who participates or will participate in the management of the designated centre.	Substantially Compliant	Yellow	27/05/2021
Registration Regulation 5(3)(c)	In addition to the requirements set out in section 48(2) of the Act,	Substantially Compliant	Yellow	27/05/2021

	an application for the registration or the renewal of registration of a designated centre shall be accompanied by evidence that the designated centre complies with the Planning and Development Acts 2000-2013 and any building bye-laws that may be in force.			
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	02/06/2021
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual	Substantially Compliant	Yellow	02/06/2021

	basis.			
--	--------	--	--	--