



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

## Issued by the Chief Inspector

Name of designated centre:	Baldoyle Residential Services
Name of provider:	St Michael's House
Address of centre:	Dublin 13
Type of inspection:	Announced
Date of inspection:	18 July 2024
Centre ID:	OSV-0002340
Fieldwork ID:	MON-0036220

## About the designated centre

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

Baldoyle Residential Services is a designated centre operated by St. Michael's House. The designated centre is located in a seaside residential suburb of Co. Dublin and is located on the first floor of a large three storey building. The entire property is owned by St. Michael's House. The ground floor of this building comprises a primary school for children with disabilities, a day care facility for adults and a swimming pool. Administration offices are located on the second floor where outpatient clinics are also held. The designated centre is divided into two areas, each with their own living areas and kitchen facilities. Access to the designated centre is through a large reception area for the entire building and there is a lift and stairs available to residents. Eight residents reside in the centre. Residents are supported by a team of nurses and care staff.

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

Number of residents on the date of inspection:	8
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 18 July 2024	09:45hrs to 17:15hrs	Jacqueline Joynt	Lead

## What residents told us and what inspectors observed

Overall, the inspector observed that the care and support provided to the residents was person-centred and the provider and person in charge were endeavouring to promote an inclusive environment where each of the residents' needs and wishes were taken into account.

The inspection was facilitated by the person in charge for the duration of the inspection. The inspector used observations and discussions with a number of residents alongside a review of documentation and conversations with key staff and management to inform judgments on the residents' quality of life; Residents living in the centre used different forms of communication and where appropriate, their views were relayed through staff advocating on their behalf. Resident's views were also taken from the designated centre's annual review, the Health Information and Quality Authority's (HIQA) residents' surveys and various other records that endeavoured to voice residents' opinions.

The inspector found that the centre was reflective of the aims and objectives set out in the centre's statement of purpose. The residents' well-being and welfare was maintained by a good standard of evidence-based care and support. The provider, person in charge and staff promoted an inclusive environment where each of the resident's needs, wishes and intrinsic value were taken into account. The inspector found evidence to demonstrate that the centre encouraged quality improvement through shared learning and reflective practices.

This designated centre provided full-time residential care and support to eight residents with intellectual disabilities. The centre was located on the first floor of a three-storey building. Access to the designated centre was through a large reception area for the entire building and there is a lift and stairs available to residents.

There were plans in place for the designated centre to close in line with national de-congregation policy. The layout of the centre presented as institutional in nature, however, the person in charge and staff, in line with residents' wishes, likes and preferences, had decorated and furnished all spaces of centre in a way that provided a more homely environment.

Each resident was provided with their own private bedroom which was decorated to their individual style and choice. Residents had been consulted and part of the decision making about the décor and layout of their rooms and their home. Bedrooms included individualised soft furnishings, memorabilia, pictures, family photographs, which were in line with each resident's likes and preferences.

The three sitting rooms in the centre were spacious with high ceilings. They were furnished with large couches, soft furnishing, pictures and mirrors, all providing a homely and cosy atmosphere to the rooms. The hallways had many large pictures on their walls as well as framed photograph collages of residents living in the centre.

There were two large kitchens with cooking facilities for residents; the inspector was informed by staff that some of the residents liked to cook at the weekends. There was a decking area that led out from one of the kitchens and plans were in place to re-paint the area to avoid slipping.

Residents living in this designated centre required considerable supports in relation to their manual handling and healthcare needs. The provider had ensured the centre was supplied with a comprehensive scope of manual handling aids and devices to support residents' mobility and manual handling requirements. Bathrooms were supplied and fitted with various assistive aids and overhead tracking hoists were also available. Residents were also provided with aids and appliances that supported their personal hygiene and intimate care needs.

In advance of the inspection, residents were each provided with a Health Information and Quality Authority (HIQA) survey. All eight residents chose to complete the surveys and were supported by their staff when completing them. Overall, the surveys relayed positive feedback regarding the quality of care and support provided to residents living in the centre.

The surveys also demonstrated that, residents' felt staff knew what was important to them and were familiar with each of their likes and dislikes. Surveys relayed that staff provided help to residents when they needed it. Most residents noted that they felt listened to and were included in decision making in their home and overall, were kept informed about new things happening in the centre and in their life.

In addition to responding to the specific questions on the surveys, a number of residents made additional comments. For example, one resident commented that their bedroom was spacious and well arranged. Another resident noted that they loved outings, especially going to anything musical. The resident also commented about enjoying visits from their family to the centre and that there was lots of choice of places to meet with them in the centre. Another resident noted that they have their own food in the fridge when they do not like the food on the menu. One resident commented that staff support them make choices and decisions in their life. They also noted that they recognise all the staff that work with and support them. Another resident commented that when something new is been introduced into the house, that staff inform them about it through picture format so that they can better understand what is being said.

During the day, most residents were attending a day service. Later in the afternoon, the inspector was provided with the opportunity to meet and engage with six of the eight residents. On observing residents interacting and engaging using non-verbal communication with their staff, it was obvious that staff clearly interpreted what was being communicated. During conversations between the inspector and a number of residents, staff member supported the conversation by communicating some of the non-verbal cues presented by residents.

The inspector reviewed the designated centre's 2024 residents photographic activity diary. The diary was divided up per month with each month displaying a selection of photographs of various residents enjoying onsite and community activities. For

example, there were photographs of residents dining out in local cafes, going for walks along the beach front, attending musicals in large theatres, shopping in their local supermarket for groceries and helping out with household duties, such as cleaning and laundry. There were a number of photographs of residents celebrating their birthdays with cakes, balloons and presents. Other photographs showed residents enjoying other parties and special occasions such as St. Patricks day, Easter holidays and welcome home parties for residents who had been away for a period.

The person in charge spoke about the high standard of care all residents received and how they were endeavouring to ensure each resident's wellbeing and welfare was maintained in a person-centred way. Staff who spoke with the inspector regarding residents' assessed and changing needs were able to described training that they had received to be able to support such needs of residents, including feeding, eating, drinking and swallowing (FEDS), safeguarding, medication management and managing behaviour that is challenging. The inspector observed that the residents seemed relaxed and happy in the company of staff and that staff were respectful towards residents through positive, mindful and caring interactions.

The inspector found that staff facilitated a supportive environment which enabled each resident to feel safe and protected. There was an atmosphere of friendliness, and residents modesty and privacy was observed to be respected. Where appropriate, and to ensure that the dignity of each resident, was promoted, residents' personal plans included clear detail on how to support each resident with their personal and intimate care needs.

During the early afternoon, the inspector was advised that a resident had tested positive for COVID-19. The inspector observed staff implement the centre's contingency outbreak plan into practices. There resident was supported to self-isolate in their room and a fully stocked PPE station was located outside the resident bedroom. On speaking with staff, they were aware and knowledgeable on how to support the resident, in a person-centred way, through their isolation period, while also protecting other residents and staff.

In summary, the inspector found that each resident's well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the designated centre. The inspector found that there were systems in place to ensure residents were safe and in receipt of good quality care and support. Through speaking with residents and staff, through observations and a review of documentation, it was evident that staff and the local management team were striving to ensure that residents lived in a supportive and caring environment.

Some improvements were needed to the areas of residents' healthcare and money management to ensure that where plans were in place, that they were completed and within a timely manner. 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 impacted on the quality and safety of the service being delivered to each resident living in the centre.

## Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and, to contribute to the decision-making process for the renewal of the centre's registration. On the day of the inspection, through a review of documentation and observations, the inspector found that all actions relating to a non-standard condition attached to the centre's registration in 2021 had been completed.

Overall, the findings of this announced inspection were that residents were in receipt of a good quality and safe service, with strong local governance and management supports in place. The inspector found a lot of significant improvements since an inspection of the centre in 2021, in particular, the completion of major works to the centre and the increase of community activities for residents. Overall, this had resulted in positive outcomes for residents living in the centre.

There was a statement of purpose in place that was reviewed and updated on a regular basis as per the regulations. The provider's application to register had further reduced the number of beds required in the centre. The centre was no longer processing any admissions as there were de-congregation plans in place; The provider, with their funder, were working together to support residents move to another suitable location in line with national de-congregation policy.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, supported by a staff team of nurses and care assistants, who were knowledgeable about the support needs of residents living in the centre. The person in charge worked full-time and they were supported by a service manager who in turn reported to a director of adult services.

Through speaking with the person in charge, the inspector found that they demonstrated sufficient knowledge of the legislation and their statutory responsibilities of their role. The person in charge was familiar with residents' needs and was endeavouring to ensure they were met in practice. There was evidence to demonstrate that the person in charge was competent, with appropriate qualifications, skills and sufficient practice and management experience, to oversee the residential service and meet its stated purpose, aims and objectives.

The registered provider had ensured the skill-mix and staffing levels allocated to the centre was in accordance with the residents' current assessed needs. The staff team comprised of the person in charge, nurses, care assistants, household and cleaning staff. The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice.

The training needs of staff were regularly monitored and addressed to ensure the

delivery of quality, safe and effective services for the residents. There was a planned and actual roster maintained that reflected the staffing arrangements in the centre. The inspector viewed a sample of the recent rosters, and found that they showed the names of staff working in the centre during the day and night. In addition, the person in charge provided support and formal supervision to staff working in the centre in line with the provider's policy.

The inspector met with a number of staff throughout the day and spoke in more detail with two members of staff. The staff were aware and knowledgeable in the support needs of residents as well as each resident's likes and preferences.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents and the governance and management systems in place were found to operate to a good standard in this centre. A six-monthly unannounced visit of the centre had taken place in March 2024 to review the quality and safety of care and support provided to residents which included an action plan and timeline. Subsequent to the review, there was another six monthly review in April 2024, using a new format, to follow up on actions from the March review.

Incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. Overall, the inspector found that there was appropriate information governance arrangements in place to ensure that the designated centre complied with all notification requirements.

### Registration Regulation 5: Application for registration or renewal of registration

The application for registration renewal and all required information was submitted to the Office of the Chief Inspector within the required time-frame.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge, who commenced their role in June 2022, was a qualified clinical nurse manager (CMNII) and was responsible for this centre only. The governance structure in place in the centre included two clinical nurse managers (CMNI) to support the person in charge in assisting them with the operational oversight of the centre.

Through a review of documentation submitted to the Health Information and Quality Authority, (HIQA), the inspector found that the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to

oversee the residential service to meet its stated purpose, aims and objectives.

On speaking with the person in charge during the inspection, the inspector found that they were familiar with residents' support needs and were endeavouring to ensure that they were met in practice.

In addition, the inspector found that the person in charge had a clear understanding and vision of the service to be provided and, supported by the provider, fostered a culture that promoted the individual and collective rights of residents living in this centre.

Judgment: Compliant

### Regulation 15: Staffing

On the day of the inspection the provider had ensured there was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents, at all times, and was in line with the statement of purpose and size and layout of the building.

The person in charge maintained a planned and actual staff roster. The inspector reviewed a sample of the rosters for the months of May June and July 2024, and found that regular staff worked in the centre during these months, ensuring continuity of care was maintained for residents. On the day of the inspection, there was one staff vacancy for the role of staff nurse. However, the inspector saw that the same agency staff, since the last inspection, was employed to cover the vacancy. This arrangement ensured that where staff were working on a less than permanent basis, continuity of care was maintained resulting in positive outcomes for residents.

In addition, all rosters reviewed accurately reflected the staffing arrangements in the centre, including the full names of staff on duty during both day and night shifts.

On speaking with a number of staff during a review of records, a walk around of the centre, and when meeting residents, the inspector found that staff were knowledgeable about the support needs of residents and about their responsibilities in the care and support of residents.

Judgment: Compliant

### Regulation 16: Training and staff development

The inspector found that there were effective systems in place to record and regularly monitor staff training in the centre. The inspector reviewed the staff

training matrix and found that staff had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included training in mandatory areas such as fire safety, positive behavioural supports, manual handling and safeguarding of vulnerable adults, but to mention a few.

In addition, training was provided in areas such as feeding, eating, drinking and swallowing (FEDS), infection prevention and control (IPC) and food hygiene. In addition, the person in charge was rolling out training related to trauma-informed approaches to care for people with intellectual disabilities. This was in an effort to better support and enhance training already in place for supporting residents' behavioural needs.

All staff were in receipt of supervision and support relevant to their roles. The person in charge had developed a schedule of supervision for 2024 for all staff members. On review of the schedule, the inspector saw that all staff had been provided with a one to one supervision meeting in January and April this year.

Judgment: Compliant

### Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre. The directory had elements of the information specified in paragraph three of schedule three of the regulations.

Judgment: Compliant

### Regulation 21: Records

Records required and requested were made available to the inspector. On the day of the inspection, the person participating in management organised with for staff records to be brought to the designated centre and made available for the inspector for review.

A sample of nine staff files (records), were reviewed and the inspector found that they contained all the required information as per Schedule 2.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had valid insurance cover for the centre, in line with the requirements of the regulation.

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

The inspector reviewed the insurance submitted to HIQA and found that it ensured that the building and all contents, including residents' property, were appropriately insured. In addition, the insurance in place also covered against risks in the centre, including injury to residents.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had arrangements in place to ensure that a safe, high-quality service was being provided to residents in the centre. There had been significant improvements in the levels of compliance since an inspection in October 2021. The provider had ensure that actions to be completed from a non-standard condition relating to seven different regulations, including fire precautions, protection, staffing, training and development but to mention a few, had been addressed and completed. The improvement in compliance levels saw better quality of safe care and support provided to residents alongside a number of positive outcomes relating to their lived experience in the centre and in their local community.

There was a clear management structure in place with clear lines of accountability. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre.

The provider had completed an annual report of the quality and safety of care and support in the designated centre in January 2024 which included consultation with residents, families and staff.

In addition to the annual review, a comprehensive suite of audits were carried out in the centre including six-monthly unannounced visits report, monthly data reports, incident and accident trackers, and health and safety, medication management, fire safety, and infection, prevention and control (IPC) audits. Many of the actions or deficits that had been identified in audits were completed in a timely manner.

The provider was working with their funder to ensure residents were provided with a community home that was in line with their assessed needs and that promoted their human rights. The inspector saw architects plans for the proposed premises and was informed that funding had been secured. An email relayed that stages one and two of the capital work process, which comprised of concept design, cost planning

and appointment of a design team, had been completed. The planning application was close to being lodged and a planned timeline for the delivery of the new house was in 2026.

Judgment: Compliant

### Regulation 3: Statement of purpose

Overall, the provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations. Where there was a discrepancy relating to the provision of general practitioner, this has been addressed under regulation 6.

The inspector reviewed the statement of purpose and found that it described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre. The statement of purpose was available to residents and their representatives.

In addition, a walk around of the designated centre confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector found that incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence.

There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

The person in charge ensured that incidents were notified in the required format and with the specified timeframes. For example, three day, quarterly and six monthly notification were all submitted when required.

Judgment: Compliant

### Quality and safety

The inspector found that residents well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. Care and support provided to residents was of good quality. There had been a lot of improvements made to the quality of care and support provided to residents since the last two inspections. However, some improvements were needed to the area of healthcare and protection.

The inspector looked at a sample of residents' personal plans and found that each resident was provided with an individual plan. Residents' plans were regularly reviewed and updated in consultation with the resident, relevant key-worker, allied health professionals and family members at least once a year or more regularly if required. The reviews ensured that plans reflected residents continued assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices.

Overall, appropriate healthcare was made available to residents having regard to their personal plan. Residents' plans were regularly reviewed in line with the residents' assessed needs and required supports. The person in charge was proactive in referring residents to healthcare professionals when required. A sample of residents' healthcare plans demonstrated that each resident had access to allied health professionals. However, while residents had access to a community general practitioner (GP), there had been no organisational GP in place for a number of years. This was impacting on a number of routine checks that residents had previously been provided by the organisational GP.

The inspector observed the designated centre to be clean, tidy and maintained and decorated in a way to provide, as much as possible, a homely feel to the environment. There was adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their taste and preferences. There was a number of rooms and bedrooms in the house no longer in use which was part of the overall de-congregation plan for the centre.

Since the last two inspections, there had been improvements works completed to the premises of the centre, which resulted in positive outcomes for residents. For example, all fire safety works had been completed, new flooring was laid in many rooms in the centre, there was new furnishings and fittings, a new kitchen layout and the premises had been painted as well as upkeep and improvement to the outdoor spaces.

There were arrangements in place that ensured residents were provided with adequate nutritious and wholesome food that was consistent with their dietary requirements and preferences. There had been improvements made to the choice of food provided to residents' as well as how it was communicated to residents.

There were systems in place for the prevention and management of risks associated with infection. The inspector observed that the centre was visibly clean on the day of the inspection. Cleaning schedules were in place for all areas, including residents

mobility equipment and personal aids and care equipment. There were good practices in place that ensured the infection prevention and control measure were effective. On the day of the inspection, the inspector observed good infection prevention and control practices in place that were in line with the provider's outbreak management plan.

There had been significant improvements made to the fire safety measures in the house since 2021. Actions from a risk assessment report had been completed. The inspector saw that the provider had effected measures to detect, contain and extinguish fires. Fire equipment was regularly serviced and maintained in good working order. Regular fire drills were held in line with the provider's policy and all residents were able to evacuate the centre in a timely manner.

Residents that required support with their behaviour had positive behaviour support plans in place. Staff were trained in positive behavioural supports and were currently undergoing addition training to better enhance their knowledge and skill in this areas. There were a number of restrictive practices used in this centre. A restrictive practice committee was in place and restrictions were reviewed regularly.

There were good arrangements, underpinned by robust policies and procedures, for the safeguarding of residents from abuse. Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns. Staff spoken with were familiar with the procedure for reporting any concerns, and safeguarding plans had been prepared with measures to safeguard residents. All residents had been supported to open their own bank account and have a bank card. The provider was currently in the process of ensuring that, where residents needed support to manage their financial affairs, that this was done in a way the promoted their rights. While initial steps had been taken to address this, further work was needed to ensure all residents had access to all of their monies at all times and that appropriate supports and assistance were provided in accordance with the Assisted Decision-Making (Capacity) Act 2015.

To enhance the feeling of homeliness and to assist the residents feel at home in the centre, the provider and person in charge had created an environment which encouraged residents, to have items and personal possessions that were meaningful to them in the centre and their bedrooms. Overall, the inspector observed that residents' personal possessions were respected and protected. Residents had easy access to and control over their clothing, and adequate space to store it. Where they wished, residents were supported to manage their laundry. Where residents choose not to manage their own laundry, there were systems in place that ensured residents' clothing and other items were laundered regularly and were returned to them safely and in a timely manner.

## Regulation 12: Personal possessions

There had been improvements to residents' personal possession and in particular, in regards easy access to and control over their personal finances. Since the last

inspection, a number of residents were supported to open their own bank accounts and where they wished, were provided with a banking card. There were some further improvements needed to ensure all residents had full access to their monies however, this has been addressed under regulation 8, Protection.

The inspector observed that residents retained access to and control over their own belongings; the inspector observed that residents were supported to bring in their own belongings into their bedrooms if they so wished. Where resident brought items these were documented in their personal plan.

On speaking with staff and on a review of photographs, the inspector saw that some residents, who wished to do so, were supported by staff to do their own laundry.

There was an appropriate laundry system in place that ensured resident's clothes and linen are laundered regularly and returned to the correct resident.

On a walk around of the centre, and in particular in residents' bedrooms, the inspector observed that there was enough space for each resident to store and maintain clothes and other possessions securely. Residents were provided with large wardrobes and in most cases a chest of drawers.

Judgment: Compliant

### Regulation 13: General welfare and development

On review of residents' personal plans as well as the centres' 2024 photograph activity diary, and from speaking with the person in charge and staff, the inspector found that residents were offered a wide choice of on-site and community activities that were in line with their likes and wishes.

All residents were attending a day service and chose how often they wished to attend.

Residents were provided with opportunities to take part in activities which matched their interests, capacities and developmental needs. For example, where residents had relayed an interest, they were supported to engage in household duties such as cleaning and laundry, resident participated in cooking activities at the weekend.

Residents received supports to develop and keep personal relationships and links with the wider community in line with their preferences. Residents enjoyed a variety of community activities such as dining out in local cafes, restaurants and pubs. Resident attending musicals and special events in large theatres, residents went to the cinema, went to the hairdressers, for walks in their local park and by the beach. In addition, residents attended a number of different concerts of bands and musicians of their preference.

Families played an important part in residents' lives and the management and staff

acknowledged and supported these relationships and supported residents keep regular contact with their families. The inspector was advised by staff that many residents went to their family homes at weekends or that their family came to visit them at the centre.

Judgment: Compliant

### Regulation 17: Premises

There had been a lot of improvement to the upkeep and repair of the centre since the inspection in 2021. For example, new flooring had been laid on the corridor, the premises had been painted with new wallpaper on some walls, kitchens were upgraded to include cooking facilities in two areas.

The inspector found the atmosphere in the centre to be relaxed and calm, and residents appeared to be very happy living in the centre and with the support they received. The inspector carried out a walk around of the centre, and saw that the premises was laid out to meet the assessed needs of the residents. There was a number of vacant rooms throughout the centre and this was primarily due to the ongoing de-congregation process in place.

Residents had their own bedrooms which were decorated to their individual style and preferences, and recognised their individuality. For example, their bedrooms included family photographs, pictures, soft furnishings and memorabilia that was meaningful to them.

There was an outdoor area provided in the centre for residents to sit out and enjoy during times of good weather; Many of the bedrooms led directly out in to a balcony area and there was also a decking area that led out from one of the kitchen with a seating area.

Facilities within the entire building that were available to residents included a sensory garden, a multi-sensory room and a day service.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents with assessed needs in the area of feeding, eating, drinking and swallowing (FEDS) had up-to-date FEDS care plans. The inspector reviewed one FEDS care plan and found that there was guidance regarding the resident's mealtime requirements, including the appropriate food consistency, and their food likes and dislikes.

Staff spoken with were knowledgeable regarding FEDS care plans and were observed to adhere to the directions from specialist services such as speech and language therapy, including advice on therapeutic and modified consistency dietary requirements.

Residents had opportunities to be involved in food preparation in line with their wishes. The inspector was informed that some residents enjoyed cooking at weekends. The inspector was informed that many residents ate their breakfast together creating a social gathering for residents to enjoy.

Residents were provided with wholesome and nutritious food, which was in line with their assessed needs. The inspector observed suitable facilities to store food hygienically and adequate quantities of food and drinks were available in the centre. The fridge and freezer was well stocked with a variety of different food items.

From a review of residents' personal plans and easy-to-read menu plans on the walls of the kitchen, the inspector saw that residents were provided with choice at mealtimes and had access to meals, refreshments and snacks at all reasonable hours. On review of residents' household meetings, the inspector saw that residents were consulted with and encouraged to plan their menu.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider had prepared a guide for residents which met the requirements of regulation 20. For example, on review of the guide, the inspector saw that information in the residents' guide aligned with the requirements of associated regulations, specifically the statement of purpose, residents' rights, communication, visits, admissions and contract for the provision of services, and the complaints procedure.

The guide was written in easy to read language and was located in an accessible place in the designated centre; There was a copy of the residents' guide available to everyone in the centre.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had ensured that the risk management policy met the requirements as set out in the regulations.

There was a risk register specific to the centre. The inspector reviewed the register

and saw that it addressed individual and centre risks. The risk register had recently been reviewed and updated by the person in charge in January 2024.

On review of residents' personal plans, the inspector saw that each plan contained a range of risk individual risk assessments related to residents, which included appropriate control measures to mitigate or reduce the potential risk.

Judgment: Compliant

### Regulation 27: Protection against infection

There had been a number of improvements made to the upkeep and state of repair of the centre so that all areas could be effectively cleaned. This supported the effectiveness of the infective prevention and control measures in place to mitigate the risk of spread of health-associated infectious disease.

All staff in the centre had received and were up-to-date with infection prevention and control (IPC) training. Staff spoken with were knowledgeable regarding their roles and responsibilities pertaining to IPC. Staff were informed of the local operating procedures for the management of centre specific IPC risks.

There were enhanced cleaning schedules in place, which were supporting the ongoing maintenance of a clean and safe environment for the residents. Risk assessments were in place for IPC specific risks.

The inspector observed that the centre was visibly clean on the day of the inspection. In addition, good practices were in place for IPC including laundry management, storing of sharps bins, PPE and a color-coded mop system.

The centre's infection prevention and control contingency plan had been updated in April 2024 as well as residents individual self-isolation plans. This meant that when a resident tested positive for an infectious disease, as on the day of the inspection, the plan was ready to be put in action and was in line with the most up-to-date national guidance in place. Overall, the effectiveness of the plan meant that the risk of an outbreak was minimal and the safety of residents was ensured.

Judgment: Compliant

### Regulation 28: Fire precautions

The centre had appropriate fire management systems in place. This included containment systems, fire detection systems, emergency lighting, and firefighting equipment. These were all subject to regular checks and servicing with a fire

specialist.

All residents had individual emergency evacuation plans in place, which were regularly reviewed. Fire drills were being completed by staff and residents regularly, which simulated both day and night time conditions. These were being completed in a timely and efficient manner.

The audit and inspection requirements set out in the safety statement included monthly and weekly checks ensuring precautions implemented reflected current best practice. The inspector found that all staff had received suitable training in fire prevention and emergency procedures and arrangements were in place for ensuring residents were aware of the procedure to follow.

On the day of the inspection, the inspection was shown a letter from an external fire safety engineer company, that confirm that all works in the 2021 Fire safety risk assessment report were now complete and in full compliance with part B of building regulations. In addition, the letter confirm that an effect evacuation strategy was now in place in the designated centre.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each resident was provided with a personal plan that included an assessment of their needs. The assessment informed comprehensive care plans which were written in a person-centred manner and detailed residents' preferences and needs with regard to their care and support.

The assessments were informed by each resident, their representatives and multidisciplinary professionals as appropriate.

Residents were provided with an annual wellbeing meetings where their needs were reviewed and any update or change was recorded and relayed in their care support plans.

The care support plans were reviewed every three months or sooner if required. On review of a sample of support plans, the inspector saw that they were in date and had been reviewed in line with the provider's policy.

Judgment: Compliant

### Regulation 6: Health care

The centre's statement of purposes describes the service provided to residents

which includes the care and support provided to residents, one of which includes a community and organisational general practitioner (GP).

On the day of the inspection, the inspector was informed (and shown email correspondence), that confirmed there was a new organisational general practitioner employed in the organisation. However, this was a recent appointment and previous to this, residents were reliant on their community GP to support certain healthcare needs (for over the last two years). For example, residents attended their community GP for when they were sick and required medication relating to the illness.

On review of a sample of residents' personal plans and speaking with management and staff, the inspector saw that residents had not been provided with an annual GP routine check-up. In addition a number of residents had not been facilitated to attend national screening programmes over the same period, and in some cases, longer.

The inspector was informed that these routine check-ups and programmes had previously been addressed and monitored by the organisation's General Practitioner. Overall, this meant that the absence of an organisational GP, for over two years, had impacted negatively on the care and support provided to residents, in terms of their routine healthcare.

Notwithstanding the above, by the end of the inspection, the person in charge had made contact with the director of nursing to set up a plan to commence routine check-ups and where appropriate, national screening appointments for residents with the organisation's new GP.

Judgment: Substantially compliant

## Regulation 7: Positive behavioural support

The provider and person in charge promoted a positive approach in responding to behaviours that challenge and ensured evidence-based specialist and therapeutic interventions were implemented.

The inspector found that there were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. Two positive behaviour support plans reviewed by the inspector were detailed, comprehensive and developed by an appropriately qualified person. In addition, each plan included proactive and preventive strategies in order to reduce the risk of behaviours of concern from occurring.

The provider ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice. Staff spoken with were knowledgeable of support plans in place and the inspector observed positive communications and interactions throughout the

inspection between residents and staff.

The person in charge, informed the inspector about additional training that was currently being rolled out that would better support them manage and understand residents' behaviours. In addition, there were plans in place for the organisation's psychologist to have further meetings and discussion with staff regarding residents' positive behavioural support plans to ensure a successful implementation of an updated plan.

The inspector saw where restrictive procedures were being used, they were based on centre and national policies. Where applied, the restrictive practices were clearly documented and were subject to review by the appropriate professionals involved in the assessment and interventions with the individual.

Judgment: Compliant

## Regulation 8: Protection

There was an up-to-date safeguarding policy in the centre and it was made available for staff to review. Where there had been a safeguarding concern, the inspector reviewed the associated documentation and saw that the concerns had been reported and responded to as required and formal actions from interim safeguarding plans had been put in place to reduce the risk of similar concerns recurring. In addition, the person in charge had commenced a new initiative, as part of the daily handover, as a way to enhance the systems in place that monitored incidents.

The provider and person in charge had put in place safeguarding measures to ensure that staff providing personal intimate care to residents, who required such assistance, did so in line with each resident's personal plan and in a manner that respected each resident's dignity and bodily integrity.

In addition, all staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

However, the support arrangements in place for two residents were not ensuring that they had full access to money paid to them. This had been recognised as a potential safeguarding risk by the provider. While the residents were recently provided with their own bank accounts and cards not all money paid to them was paid directly into their account. The provider was endeavouring to resolve this issue with the stakeholders concerned and by using the supports of the newly enacted capacity act however, this was only at the initial stages and overall, had not been addressed 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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for 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	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

# Compliance Plan for Baldoyle Residential Services OSV-0002340

Inspection ID: MON-0036220

Date of inspection: 18/07/2024

## 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 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: New St Michael’s House GP employed, with responsibility for Baldoyle Residential, and commencing September 2024.</p> <p>All residents will receive annual medicals and routine visits to cover medical screenings. All residents to have had an annual review by end September 2025.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: ICM (Individual co-ordinating meeting) to be held with Designated Officer, and MDT supporting the 2 remaining service users who do not have control of their bank accounts, to ensure that their will and preference has been established, to be completed by December 2024.</p> <p>Designated Officer and Service Manager to then meet with the 2 families involved, in relation to the service users having control of their accounts, to be completed by March 2025.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 06(2)(a)	The person in charge shall ensure that a medical practitioner of the resident's choice or acceptable to the resident is made available to the resident.	Substantially Compliant	Yellow	31/08/2025
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/03/2025