



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

Issued by the Chief Inspector

Name of designated centre:	Collins Avenue
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Announced
Date of inspection:	10 July 2023
Centre ID:	OSV-0005059
Fieldwork ID:	MON-0031413

About the designated centre

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

Collins Avenue is a designated centre operated by St Michael's House. The centre comprises a large two-storey house in a busy Dublin suburb. It is located close to many amenities and services. It provides residential care and support to adults with intellectual disabilities. Supports can also be provided for residents who have mental health challenges, autism, and behaviours of concern. Staff are educated and trained to provide care and support in a social care model. The centre is managed by a person in charge, and the staff complement includes a social care leader, social care workers and direct support workers.

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 (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
Monday 10 July 2023	09:10hrs to 17:00hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This announced inspection was carried out to help inform a judgment regarding the provider's application to renew the registration of the centre. Overall, the inspector found that the provider and person in charge had implemented significant improvements in the centre since the previous inspection in January 2022, and it was now operating at a high level of compliance which was contributing to a good quality and safe service for residents.

The centre comprised a large two-storey house in a busy Dublin suburb. The centre was close to many amenities and services including shops, cafés, and public transport. There were two dedicated vehicles to support residents in accessing community activities, and some residents also used public transport.

The inspector completed a thorough walk around of the premises with the person in charge. The inspector found that since the previous inspection, the premises had been renovated to a good standard. Overall, it was clean, homely, and nicely decorated. Each resident had sole use of one floor (although both floors were accessed by the same ground floor entrance). The ground floor comprised a large bathroom, kitchen, sitting room, bedroom, and laundry room. Upstairs, some of the rooms had been reconfigured to better utilise the space. There was a bedroom, open plan living area with kitchen, bathroom, staff office and sleepover room. Both floors were decorated to the residents' individual tastes. There was also a front driveway and back garden for residents to use. There were no restrictive practices in the centre.

The inspector observed adequate fire safety systems including emergency lighting, and fire detection, containment and fighting equipment. The inspector tested the fire doors and they closed properly when released. The fire panel was addressable and there was guidance displayed beside it on the different fire zones in the centre.

The inspector met both residents living in the centre. They were aware of the planned inspection and were happy to speak with the inspector. They had also completed questionnaires in advance of the inspection. The questionnaires indicated their satisfaction with living in the centre, and under the topics of the environment, food and mealtimes, visitors, rights, activities, care and support plans, and staff.

The first resident was been supported by staff to prepare their breakfast when the inspector arrived at the centre, and they welcomed the inspector by offering them a cup of coffee. The resident loved playing music and during the inspection performed some songs for the inspector. They also enjoyed boxing, in-house music classes, going to the cinema, visiting family, and eating out. They told the inspector about their recent goal planning meeting which was recorded in an accessible format for the resident to view. After speaking with the inspector, the resident went out for lunch and to the cinema with staff.

The second resident attended an individualised day programme which they travelled to independently on public transport. They had an active life, and enjoyed swimming, exercising, shopping, cooking, gardening, cinema, doing household chores, and keeping in touch with their family and friends. They told the inspector that they were happy in their home. They had recently enjoyed a short holiday while their home was being renovated. They told the inspector that they liked cooking and baking, and had recently hosted their family for dinner to show off their new kitchen. They said that they got on well with the staff, and could talk to them or the person in charge if they wanted to make a complaint. They did not manage their own laundry, and were happy for staff to do this for them. They told the inspector that they would evacuate the centre if the fire alarm activated. They also told the inspector that there were no restrictive practices in the centre.

The provider's recent annual review of the centre had consulted with residents and their families. Residents' feedback was positive, such as "I enjoy living here" and "I like the staff". Family feedback was also positive, such as "the care and support is very good and [resident] is very happy" and "the staff are very supportive".

The inspector met and spoke with several members of staff including the person in charge, social care leader, and social care workers. The inspector observed staff engaging with residents in a friendly and kind manner. They also spoke about residents in a respectful and warm manner.

The person in charge and social care leader knew the residents very well. They told the inspector that since the previous inspection the quality and safety of service provided to residents had improved, and that residents were enjoying an active and good quality of life. They attributed this to different factors, such as the renovation of the premises, increased provision of transport, enhanced governance arrangements, support from the provider's multidisciplinary team, and the delivery of individualised care and support for residents which was in line with their assessed needs and wishes. They had no concerns regarding the safeguarding of residents.

A social care worker described the quality and safety of service in the centre as being "very high" as it was designed to meet each resident's individual needs. They told the inspector that residents were listened to in the centre, and that their choices and decisions were supported, for example, when choosing meals and activities. They spoke about some of the residents' social and healthcare needs, and were found to be knowledgeable in this area. They were aware of the fire evacuation procedures and procedure for reporting safeguarding concerns. They had no concerns about the service provided in the centre, but felt comfortable raising any potential concerns with the local management team who they described as being supportive.

From what the inspector was told and observed during the inspection, it was clear that residents had active lives, and received a good quality and safe service. The service was operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

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

Capacity and capability

The inspector found that the provider and management team had implemented and sustained improvements in the centre following the previous inspection in January 2022 which had found poor levels of compliance. The improvements were clearly demonstrated by the high level of compliance with the regulations inspected during this inspection. Overall, it was found that the management systems in place in the centre were effective to ensure that the service provided in the centre was safe, consistent and appropriate to residents' needs.

The management structure was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, and supported in managing the centre by a social care leader. The local management team had a good understanding of the supports required to meet the residents' assessed needs. The person in charge reported to Director of Care, and there were effective systems for the management team to communicate and escalate any issues.

The registered provider had implemented management systems to ensure that the centre was safe and effectively monitored. Annual reviews and six-monthly reports, and a suite of audits had been carried out, and actions were identified to drive quality improvement.

The staff skill-mix and complement was appropriate to the needs of the residents and for the delivery of safe care. The social care leader maintained planned and actual rotas showing staff working in the centre. There were some vacancies, however they were managed well to reduce any potential adverse impact on residents. Staff had completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents.

The social care leader and person in charge provided support and formal supervision to staff working in the centre, and staff spoken with told the inspector that they were satisfied with the support they received. Staff could also contact an on-call service if outside of normal working hours. Staff also attended monthly team meetings which provided an opportunity for them to raise any concerns regarding the quality and safety of care provided to residents. The inspector viewed a sample of the recent staff team meetings which reflected discussions on residents' updates, maintenance, staffing and training, restrictive practices, infection prevention and control, positive behaviour support strategies, and residents' meals. Different members of the provider's multidisciplinary team also attended the team meetings as required, for example, a physiotherapist attended the June 2023 meeting to discuss updates on supports for residents, and a nurse attended the January 2023

meeting to provide staff with in-person diabetes training.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose had been recently reviewed and was available to residents and their representatives to view.

The registered provider had submitted an application to renew the registration of the centre. The application contained the required information set out under this regulation and the related schedules.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider submitted an application to renew the registration of the centre. The application contained the required information set out under this regulation and the related schedules.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. The person in charge had the necessary skills, appropriate qualifications (in nursing and management), and experience to manage the centre. The person in charge had a clear understanding of the service to be provided in the centre.

Judgment: Compliant

Regulation 15: Staffing

The person in charge was satisfied that the current staff complement and skill-mix, which comprised the social care leader, social care workers, and direct support workers, was appropriate to the number and assessed needs of residents. There were three whole-time equivalent vacancies which the provider was recruiting for. The vacancies were being covered by the same three regular agency staff to ensure consistency of care for residents. There was also a member of the full-time staff team working in the centre every day to further minimise any potential adverse impact on residents.

The social care leader maintained planned and actual staff rotas. The inspector viewed a sample of the recent rotas, and found that they showed the names of staff

working in the centre during the day and night.

Judgment: Compliant

Regulation 16: Training and staff development

Staff working in the centre had access to training as part of their continuous professional development and to support them in the delivery of effective care and support to residents. Staff training logs showed that staff had completed training in relevant areas, such as fire safety, safeguarding of residents, positive behaviour support, infection prevention and control, manual handling, medication management, and emergency first aid.

The social care leader and person in charge provided informal and formal supervision to staff. Formal supervision was scheduled quarterly as per the provider's policy, and supervision records were maintained. In the absence of the social care leader, staff could contact the person in charge for support and direction. There was also an on-call service for staff to contact outside of normal working hours.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the centre was insured in line with requirements of this regulation.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that the centre was resourced to deliver effective care and support to residents.

There was a clearly defined management structure with associated lines of authority and accountability. The social care leader worked directly with residents, but also had protected time to carry out their management and administrative duties. They reported to the person in charge who in turn reported to a Director of Care. The person in charge was not based in the centre, but frequently visited the centre and there were good arrangements for the management team to communicate including regular formal meetings and the sharing of governance reports. The social care

leader also attended regular group meetings with other managers who reported to the person in charge, for the purposes of peer learning and support.

The provider had implemented good systems to effectively monitor and oversee the quality and safety of care and support provided to residents in the centre. Annual reviews and six-monthly reports were carried out, and had consulted with residents.

Audits had also been carried out in the areas of infection prevention and control, the premises, and residents' finances. The inspector found that actions for improvement were being monitored and progressed to completion.

There were effective arrangements for staff to raise concerns. In addition to the supervision arrangements, staff also attended regular team meetings which provided a forum for them to raise any concerns. Staff spoken with advised the inspector that they were confident in raising any potential concerns with the management team.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. The statement of purpose was available in the centre for residents and their representatives, and parts of it were in an easy-to-read format. A minor revision regarding the fire precautions was made to the statement of purpose during the inspection to ensure that it was fully accurate.

Judgment: Compliant

Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support. The inspector observed that residents had active lives, and being were supported to live their lives in accordance with their will and personal preferences. They were also supported to maintain relationships meaningful to them, for example, with their families and friends. Residents indicated that they happy in the centre, and the inspector found that the service provided to them was appropriate to their individual needs, safe and of a good quality.

Assessments of residents' individual needs had been carried out which informed the development of personal plans. The plans viewed by the inspector were up to date and provided sufficient guidance for staff to effectively support residents with their needs, however one plan required some revisions. Some of the plans had also been

prepared in easy-to-read formats to be more accessible to residents.

Up-to-date communication plans had also been prepared; and staff were observed communicating with residents in accordance with the communication plans. Residents had access to different forms of media including the Internet, and some residents used electronic devices such as tablets to maintain communication with their families.

Staff completed training in positive behaviour support and plans were developed to support residents with their behaviours as required. There were no restrictive practices or interventions in the centre.

Residents were supported to be involved in the shopping for, preparation and cooking of their meals as they wished. There was a good variety of food and drinks for residents to choose from. Nutrition care plans and guides had also been prepared on residents' individual needs.

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.

The premises had been renovated since the previous inspection. Some works were outstanding, however, overall it was clean, bright, comfortable, and was meeting the residents' needs. The inspector also observed effective infection prevention and control measures, such as good hand-washing facilities and access to appropriate guidance.

There were good fire safety systems. Staff completed regular checks on the fire safety equipment and precautions, and there were arrangements for the servicing of the fire safety equipment. Fire evacuation plans and individual evacuation plans had been prepared to be followed in the event of a fire, and the effectiveness of the plans was tested as part of regular fire drills carried out in the centre. Staff completed fire safety training, and residents were reminded of fire safety during their weekly meetings.

Regulation 10: Communication

The registered provider had ensured that residents were assisted and supported to communicate in accordance with their needs and wishes. Communication assessments had been carried out, and guidelines had been prepared to guide staff practices. Some of the documentation required updating and the social care leader told the inspector that they were planning to liaise with the provider's speech and language therapy department about it.

The registered provider had ensured that residents had access to different forms of media, including televisions and internet. Some residents used electronic tablets and

telephones to maintain contact with their friends and family.

Judgment: Compliant

Regulation 17: Premises

The centre comprised a large two-storey building close to many local amenities and services. Each resident has sole use of one storey, however shared a main entrance to the building, garden, and utility room. Since the previous inspection, parts of the premises had been renovated, such as:

- The kitchen facilities had replaced on both floors
- The front driveway had been repaved
- New radiators had been installed in some rooms
- Some flooring had been replaced
- Some rooms had been repainted
- There was new furniture and furnishings, such as sofas and window blinds
- Transparent plastic covering a window had been removed to make the area more homely.

Residents indicated to the inspector that they were very happy with their home and the recent renovation works. Parts of the centre still required some upkeep, such as plastering in the utility room and upgrading of window-sills in one of the bathrooms, and these matters had been reported to the provider.

Overall, the premises was found to be clean, bright, warm, homely, nicely furnished, comfortable, and appropriate to the needs and number of residents living in the centre. The open plan kitchen and living area on the first floor was small and required ongoing assessment from the provider to ensure that it remained appropriate to the resident's needs and provided sufficient space. However, at the time of inspection it was found to be meeting residents' current needs.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had ensured that residents were supported to buy, prepare and cook meals in the centre as they wished.

The inspector observed a good variety of food and drinks for residents to choose from. Residents were encouraged to be involved in the preparation and cooking of their meals, for example, visual social stories had been prepared regarding making lunches. Recent staff meeting minutes also reminded staff to support residents to grocery shop, use kitchen appliances, and cook their own meals. Residents spoken

with told the inspector that they liked the food in the centre, choose their meals, and liked to buy groceries. Some residents also enjoyed cooking and baking.

Some residents required specialised diets. Nutritional care plans had been prepared, and residents had been provided with information on healthy eating. Staff had also completed relevant training to support residents with their meals.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had improved the infection prevention and control (IPC) systems in the centre in order to meet compliance with the associated standards. The centre was clean, and the premises had been renovated which mitigated most of the infection hazards. The inspector observed good hand-washing facilities, and cleaning equipment and chemicals were available to ensure that the centre was kept in a hygienic state.

A comprehensive IPC audit had been carried out in June 2022 (with follow-up audit scheduled to take place in July 2023), and most of the actions identified for improvement had been achieved. There were also regular local IPC audits to monitor the implementation of the IPC arrangements.

The provider had prepared a written IPC policy to guide staff practice, and up-to-date public health information on IPC matters was available in the centre for them to refer to.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems. There was fire detection and fighting equipment, and emergency lights in the centre, and it was regularly serviced. Staff also completed daily, weekly, and monthly fire safety checks of the equipment and exit routes. The person in charge carried out additional checks on a quarterly basis. The inspector observed that all of the fire doors closed properly when released. The fire panel had been recently upgraded, it was addressable and easily found in the hallway. Some of the exit doors were fitted with key operated locks that posed a potential risk to the prompt egress in the event of an emergency. However, the provider had plans to change these locks later in the year.

The person in charge had prepared evacuation plans to be followed in the event of the fire alarm activating, and each resident had their own individual evacuation plan which outlined the supports they may require in evacuating. Visual social stories had

also been prepared to aid residents understanding of fire evacuation procedures. Fire drills, including drills reflective of night-time scenarios, were carried out to test the effectiveness of the evacuation plans.

Staff had completed fire safety training, including in-house training from the provider's fire safety officer in February 2023. Fire safety was also regularly discussed at residents' meetings to support them in understanding the evacuation arrangements.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' health, personal and social care needs were assessed. The inspector viewed both residents' assessments and found them to be comprehensive and up to date.

The assessments informed the development of personal plans. The inspector viewed a sample of residents' care plans including their plans on health and wellbeing, safety, behaviours, sleep, communication and intimate care. The plans were up to date and readily available to guide staff practice. The inspector found that the interventions outlined in the plans were being implemented in practice. However, the inspector found that one plan required revision to better describe the supports that a resident required in a specific area, and the person in charge and social care leader told the inspector that they would update it.

Some plans were also prepared in easy-to-read formats to be more accessible to residents, such as social stories with pictures on personal goals, healthcare conditions and medication.

Overall, it was found that appropriate arrangements were in place to meet the residents' needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff working in the centre had up-to-date knowledge and skills to respond to and appropriately support residents with behaviours of concern, for example, they completed positive behaviour support training, and the provider had prepared a written policy on positive behaviour. Positive behaviour plans had been developed to support residents with their behaviours, and they included input from the provider's multidisciplinary team such as psychology. The plans were up to date and signed by staff to indicate they

understood them. The inspector observed that the strategies outlined in the plans were being implemented in practice. The person in charge and social care leader were satisfied that the behaviour supports were effective as there had been a recent reduction in behavioural incidents.

There were no restrictive practices or interventions in the centre, however the provider had prepared a written policy on this matter.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. The systems were underpinned by comprehensive policies and procedures. There were no safeguarding concerns or recent incidents.

Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

Personal and intimate care plans had been developed to guide staff in supporting residents in this area in a manner that respected their privacy and dignity. There was also a policy in relation to intimate care to guide staff practice.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the inspector found that the provider was promoting a human rights-based approach to care and support of residents, and the centre was being operated in a manner that respected and promoted their rights.

Residents were supported to make decisions and had control in their lives. During the inspection, the inspector observed residents being consulted with and listened to with care and respect by staff. Residents had active lives. They received individualised supports, and were supported to participate in activities meaningful to them, such as college courses and voluntary work. Residents were consulted with and participated in the organisation of the centre through house meetings, goal planning meetings, and daily consultations. Residents' meeting minutes discussed topics such as the premises, activities, fire safety, infection prevention and control, rights, privacy, meal planning, complaints, and the Assisted Decision-Making (Capacity) Act 2015. Easy-to-read information had also been prepared on some of these topics, such as complaints, and the Assisted Decision-Making (Capacity) Act 2015.

Residents' privacy and dignity was respected in the centre, and they were supported to maintain relationships with people meaningful to them. Residents had access to their own money, although some required support from staff in managing their finances.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant