

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Rosetree Cottage
Centre ID:	OSV-0002357
Centre county:	Dublin 5
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	Michael Farrell
Lead inspector:	Caroline Vahey
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 19 January 2017 09:30 To: 19 January 2017 16:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection.

This was the fourth inspection of the designated centre, the purpose of which was to follow up on the actions from the previous inspection in order to inform a registration decision. The centre had a registration inspection completed over a three day period, one day in July 2016 and two subsequent days in September 2016 and a number of non compliances had been identified during the inspection. Nine outcomes were inspected against on this inspection.

How the inspector gathered evidence.

The inspection took place over one day and was facilitated by the person in charge. A person participating in management was in attendance in the centre on the morning of the inspection, along with the director of adult services at the feedback meeting at the end of the inspection. The inspector spoke to three staff member in relation to practices and procedures in the centre. The residents attended day services during the day, and the inspector observed staff providing support to residents on their return to the centre in the evening. The premises were also reviewed as part of this inspection in order to inform compliance levels with a number of outcomes.

Description of the service.

The centre was located in a suburban area of Dublin, near local public facilities and transport. The centre provided residential services to five young adults. The statement of purpose outlined the centre 'aims to provide a homely environment where residents are supported to have happy experiences in a safe, healthy and nurturing environment'. The inspector found significant improvements had been made to the quality of care and support since the last inspection and the services provided met the aims as outlined in the statement of purpose.

Overall judgement of findings.

The centre was in compliance or substantial compliance in most of the outcomes inspected against. Changes to practices and improvements in the environment had enabled the residents to access their home while ensuring their safety proportionate to the risks identified. Residents had been encouraged to develop further skills, supporting their active participation in the centre as well as their social skills and self esteem.

One moderate non compliance was identified in Outcome 8, safeguarding and safety and related to further improvements required in the implementation of restrictive practices. These findings are discussed in the body of the report and in the action plan at the end of the report.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found residents were supported to access meaningful activities in line with their preferences, needs and goals. Residents' dignity and privacy was upheld in relation to intimate and personal care practices.

The inspector reviewed records of activities for four residents in the centre. Activities were based on assessed social needs, goals and residents' preferences, for example, attending swimming, dining out, going on walks, going bowling and going to the cinema. Significant improvement was identified in the provision of activities and overall the inspector found residents had regular and meaningful social and developmental opportunities.

The inspector reviewed an intimate care plan for a resident and discussed the implementation of this programme with the person in charge. The programme had been reviewed since the last inspection, ensuring the privacy and dignity of the resident was maintained, while promoting independence in this area of self-help.

Since the last inspection residents had been provided with cloth protectors at mealtimes.

Judgment:

Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found arrangements were underway for the installation of an internet service for the residents in the centre. The person in charge informed the inspector the internet would be installed in the centre in the coming weeks.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Since the last inspection improvement had been made in the personal plan development and review process. The inspector found personal care plans were reflective of the assessed needs of residents and personal plans were subject to an annual review. Goals had been developed for residents and were detailed in order to guide practice. Personal plans had been developed into an accessible format in line with residents' communication needs.

The inspector reviewed four personal plans as part of this inspection. Plans were developed for health needs and outlined the care to be provided to residents consistent with prescribed therapeutic interventions. Goals had been developed for residents in order to support personal and independence skills. For example, maintaining friendships, attending a music concert, going swimming, and assisting with household chores. Plans

outlined the support and actions to achieve goals and the inspector found these plans were implemented, resulting in positive opportunities for residents to develop and maintain skills and interests, and to experience new opportunities.

Personal plans had been reviewed and where required residents had been reviewed by a multidisciplinary team member.

Aspects of personal plans had been developed into an accessible format for residents and the inspector found these were relevant and consistent with residents' assessed communication needs.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found suitable storage had been made available since the last inspection for personal care items.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Overall the inspector found improvements had been made since the last inspection to ensure the health and safety of residents and staff was promoted and protected however, further improvements were required in infection control precautions.

Some improvements had been made in infection control precautions since the last inspection, two couches had been replaced and there was a plan to replace the covering on an assistive standing device. However, the inspector found damage to four kitchen presses had not been rectified since the last inspection.

The inspector reviewed the use of restrictive practices and discussed their use with the person in charge. A significant reduction in the use of these practices was identified on the day of inspection, and the inspector found that the use of restrictive practices were proportionate to the risks identified.

Additional risk assessment had been developed since the last inspection including the unexplained absence of a resident, choking, the use and storage of oxygen and for dehydration.

The inspector interviewed two staff, who were knowledgeable on fire evacuation procedures at night time.

Judgment:

Substantially Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Overall the inspector found residents were safeguarded. Improvements were also identified in plans to support residents with their emotional and behavioural needs. Significant improvement was identified in the use of restrictive practices however, further improvement was required.

The inspector reviewed records of incidents in the centre since the last inspection and spoke to the person in charge and two staff members. Staff felt residents were safe in the centre and there were no safeguarding concerns on the day of inspection. Most staff had up-to-date training in safeguarding and those requiring training were due to attend a refresher course in the coming week. Staff were knowledgeable on what constitutes abuse and the actions to take in the event of an allegation, suspicion or disclosure of abuse.

The inspector reviewed the use of restrictive practices in the centre. A significant improvement was noted in the use of restrictive practices and overall residents could freely access most of their environment. There was evidence that practices had been reduced and in some cases discontinued, and the use of some restrictive practices were set out in plans. However, the inspector found the use of some environmental restrictive practices were not set out in plans. In addition, while the person in charge could clearly identify the rationale for the use of restrictive practices, in some cases there was no corresponding risk management plan.

Restrictive practices had been reviewed twice in the four month period since the last inspection. There was a plan going forward to review these practices locally on a quarterly basis and a minimum of annually with the service committee.

The inspector reviewed a behaviour support plan which clearly identified all behaviours of concern. The use of physical restraint and the use of medication as a therapeutic response were set out in this plan.

The inspector reviewed intimate care plans for two residents and found these were comprehensive and guided practice.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Overall the inspector found the service provided was safe and changes to the systems for managing the centre had ensured the service was consistent and appropriate to residents needs.

The inspector found the service provided was safe and there were no safeguarding concerns. Monitoring of restrictive practices had been completed since the last inspection and the use of these practices were proportionate to the associated risks. The use of staff resources in the centre had been reviewed and amended to ensure sufficient staff were available to meet the needs of the residents. Improvements were identified in the provision of meaningful activities for residents and in the development of personal development interventions.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found there were sufficient staff employed to ensure the needs of the residents were consistently met. Staffing levels were reflective of the statement of purpose. Details on rosters were accurately documented.

Since the last inspection the staffing provision had been reviewed. Changes had been made to the rosters to reflect the needs of the residents, resulting in improved outcomes for residents. For example, between four and five staff were rostered to work in the afternoons, ensuring residents could access activities of their choice either in the centre or in the community.

Planned and actual rosters now recorded the times staff were on duty at night time.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Since the last inspection the residents guide had been reviewed and the inspector found the terms and conditions of residency were reflective of the practice in the centre.

A policy had been developed on staff training and development and the policy on the provision of behavioural support had been reviewed.

The policy on the provision of information to residents was developed and available in draft format. This policy was due to be signed off in February 2017.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002357
Date of Inspection:	19 January 2017
Date of response:	14 February 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Adequate infection control measures were not in place and damage was noted to some kitchen presses.

1. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Please state the actions you have taken or are planning to take:

TSD have evaluated the damage to the kitchen presses and will replace all damaged areas.

Proposed Timescale: 31/03/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The use of some restrictive procedures were not set out in plans. Some restrictive procedures did not have corresponding risk management plans in place.

2. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:

All restrictive procedures will be set out in plans and will have corresponding risk management plans in place.

Proposed Timescale: 17/03/2017