



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

Name of designated centre:	Cromwellsfort Road
Name of provider:	St Michael's House
Address of centre:	Dublin 12
Type of inspection:	Announced
Date of inspection:	19 June 2018
Centre ID:	OSV-0002395
Fieldwork ID:	MON-0021683

About the designated centre

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

Cromwellsfort Road provides full-time residential care to male and female adults with an intellectual disability. Support provided is based on the social care approach model with a focus on supporting residents with independence skills to both develop and enhance their abilities in a community setting. The centre's aim is to provide a homely environment where individuals are supported to live as independently as possible and make choices about their lives. Cromwellsfort Road is located in a residential area of a city and is close to local shops and other amenities. The centre is in addition close to public transport links, which enable residents to access shops, leisure amenities and work opportunities in the surrounding area. The centre comprises of three separate apartments. Apartment one comprises of a bedroom, bathroom facilities and a combined kitchen, dining room and lounge area. Apartment two comprises of two bedrooms each with their own en-suite bathroom with walk-in shower, utility room with laundry facilities, additional toilet and combined kitchen, dining room and lounge area. Apartment three comprises of three bedrooms each with their own en-suite bathroom with walk-in shower facilities, utility room with laundry facilities, additional toilet, kitchen dining room and separate sitting room. A separate office with its own entrance is located next to Apartment three, with this facility also being made available to residents for private meetings with staff or their families. Residents are supported by a team of social care workers, with two staff members for a set period each day during the week, this reduces to one staff member at the weekends. At night, residents are unsupported by staff, although additional support is available to them through telecare monitoring arrangements and the provider's own out of hours 'on call' arrangements.

The following information outlines some additional data on this centre.

Current registration end date:	05/01/2019
Number of residents on the date of inspection:	6

How we inspect

To prepare for this inspection the inspector or 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
19 June 2018	09:30hrs to 18:30hrs	Stevan Orme	Lead
19 June 2018	09:30hrs to 18:30hrs	Sinead Whitely	Support

Views of people who use the service

Inspectors had the opportunity to meet with all six residents who lived at the centre and spoke with four of them about the care and support they received. Residents said they were happy and liked living at the centre. Residents said that they were independent in all areas of their daily life, but staff were available during the mornings and evenings to help them if required.

Residents were knowledgeable about their rights including making a complaint if they were unhappy with any aspect of the care and support received. Residents further told inspectors that they were involved in making decisions about all aspects of their life as well as the running of the centre.

Residents were knowledgeable about health and safety arrangements at the centre; such as how they would safely evacuate the premises in an emergency, and told inspectors that they felt safe living at the centre.

Capacity and capability

Residents received a good quality of care at the centre which reflected their assessed needs and supported them to develop independence in all aspects of their daily life. However, although governance and management arrangements regularly monitored practices at the centre, inspectors found that some practices had not been conducted in accordance with the provider's own organisational policies, professional recommendations and in compliance with the regulations.

Following the last inspection of the centre, the provider had ensured that appropriate staffing arrangements were in place to meet the assessed needs of residents. Due to the residents' level of independence, staff were only required at key times of the day across the centre's three apartments to support residents with their assessed needs as described in their personal support plans. Where staff were not required at the centre, the provider had ensured that arrangements were in place to provide additional support as and when required to support residents' needs. Residents told inspectors that when staff were not present they would either access the provider's on call arrangements or contact an external telecare monitoring system for assistance.

The provider ensured that staff members had regular access to training opportunities which ensured that their knowledge was in-line with current developments in the health and social care practices as well as the provider's own organisational policies. Throughout the inspection, inspectors found that staff were

suitably qualified and knowledgeable on all aspects of residents' assessed needs and the operational management of the centre. The person in charge further ensured that staff were kept up-to-date on any changes to residents' needs and the centre's operations through regular team meetings and one-to-one supervision arrangements. Staff told inspectors, that the person in charge was accessible, and they had opportunities to seek clarification and raise concerns about on any aspect of the centre, which ensured they were able to support residents' assessed needs in-line with their personal plans.

Both the provider entity and person in charge undertook a range of management audits which monitored the effectiveness of practices at the centre. Audit outcomes and associated action plans to address areas for improvement were shared with staff through regular team meetings. However, inspectors found that audits had not ensured that all practices at the centre were in-line with the provider's policies and the regulations. For example, a reported incident of alleged abuse towards a resident had not been addressed as described in the provider's safeguarding policy. Although inspectors were assured that the resident was safe from harm, the person in charge had not ensured that a preliminary screening was completed into the incident and a plan put in place to safeguard the affected resident from future similar incidences.

The provider had ensured that risk management arrangements had been improved upon following the centre's last inspection, with introduced measures ensuring that risks were effectively identified at the centre. However, although risk control measures had been implemented for the majority of risks at the centre, the provider had not ensured that recommended fire safety upgrades to the centre had been introduced since their initial identification in 2016.

Following the last inspection, the inspector found that the provider had improved arrangements for the reporting of accidents and incidents at the centre. Improvements ensured that records were accessible and enabled the person in charge to review all reported events and identify any trends and implement interventions to ensure that both residents and staff were kept safe from harm at the centre.

Regulation 14: Persons in charge

The person in charge was employed in a full-time capacity, suitably qualified and actively involved in the governance and management of the centre.

Judgment: Compliant

Regulation 15: Staffing

The provider ensured that appropriate staffing arrangements were in place to meet residents' assessed needs and enable them achieve their personal goals.

Judgment: Compliant

Regulation 16: Training and staff development

The provider ensured that staff had regular access to training opportunities which ensured their knowledge and practices were up-to-date and met residents' needs and the reflected both the provider's policies and current developments in health and social care practice.

Judgment: Compliant

Regulation 21: Records

The provider's recruitment and selection arrangements ensured that staff were suitability qualified and all documentation as laid down under the regulations was sourced prior to their employment.

Judgment: Compliant

Regulation 23: Governance and management

The provider's governance and management arrangements ensured that residents' needs were met and they were supported to achieve their personal goals. However, arrangements had not ensured that all audit recommendations were implemented and all practices at the centre adhered to the provider's own policies and complied with the regulations.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Residents had up-to-date and signed written agreements in place which informed them about all charges to be paid at the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider ensured that the centre's statement of purpose was subject to regular review, reflected the services and facilities provided and contained all information required under the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider ensured that residents were knowledgeable on their right to make a complaint about the care and support they received, and where complaints had been received they were addressed in-line with the provider's policy.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider's policies and procedures were subject to regular review to ensure they reflected current developments in health and social care practice, and were available to staff at the centre.

Judgment: Compliant

Quality and safety

During the course of the inspection, inspectors found that residents were happy and supported in-line with their assessed needs. Support arrangements enabled residents to maintain and develop greater independence in all aspects of their lives with positive risk-taking actively promoted at the centre. The provider ensured all risks at the centre had been identified and residents were kept safe from harm; however the provider had not ensured that recommended fire safety measures were implemented at the centre addressed in a timely manner. Furthermore, the provider's audit arrangements had not identified gaps at the centre, where practices were not in-line with their own policies and procedures

and documentation was not maintained in a manner to ensure compliance with the regulations

Residents accessed a range of activities in the local community which reflected their assessed needs, with some residents being engaged in both paid employment and voluntary work. In addition, residents attended day service placements as well as both educational and leisure courses which reflected their needs and interests. Staffing arrangements at the centre actively supported residents' independence with positive risk-taking being facilitated in all aspects of their daily living such as independent travel and community access, personal finances, household management and the self-administration of medication.

Residents' personal plans were comprehensive in nature and provided clear guidance to staff on how residents' assessed needs were to be supported. However, the provider had not ensured that all residents' plans were subject to review and updated to reflect changes in their circumstances. Inspectors found that one resident's needs assessment and support plans had not been updated to reflect their admission to the centre in the last eight months. In addition, inspectors found that the management arrangements on occasions had not ensured that residents' personal plans were reflective of their assessment of need. Furthermore, the provider had not ensured that accessible personal plans were made available to residents as identified in the findings of the centre's last inspection. The provider had introduced arrangements following the last inspection which ensured that the effectiveness of each resident's personal plan was reviewed annually. However, associated records did not clearly document the involvement of residents, their representatives or multi-disciplinary professionals. In addition, records which related to residents' personal goals did not document any required named supports and the expected time frame for each goal to be achieved.

The provider had following the last inspection introduced measures which ensured that residents were both aware of their personal rights and actively involved in decision making at the centre. Residents told inspectors that they made decisions about all aspects of their daily lives. Through attendance at regular house meetings residents told inspectors they were made aware of their rights, changes to the centre's operations and made decisions such as the engagement of cleaning staff. Residents were also aware of their right to access advocacy services, with some residents being engaged in advocacy groups within the provider entity.

Improvements to risk management arrangements ensured that identified risks were assessed and any associated control measures were subject to a regular review into their effectiveness. However, although the provider had clearly identified gaps in the centre's fire safety arrangements and made recommendations for their resolution, proposed actions had not been implemented. Inspector found that the provider's fire safety officer had recommended the upgrading of the centre's fire doors to ensure they effectively contained the spread of fire. However, the provider had not implemented these recommendations on the day of inspection and no time frame was documented for when the actions would be completed. In addition, although regular fire drills were carried out at the centre, the provider's arrangements had not ensured that all residents had participated in a simulated drill to both ensure they

were knowledgeable about the centre's fire evacuation plan and to assess the effectiveness of their individual 'personal emergency evacuation plans'.

The design and layout of the centre's premises met residents' assessed needs and the provider ensured it was well maintained. Residents were actively involved in personalising their bedrooms and apartments which reflected their individual tastes and were homely in nature. Following the last inspection, the provider had undertaken renovation work at the centre to provide an office facility, which was also used by residents to meet staff and their families in private when required.

Regulation 13: General welfare and development

Residents were supported to develop greater independence in all aspects of their lives and access activities which reflected their assessed needs, interests and personal goals.

Judgment: Compliant

Regulation 17: Premises

The provider ensured that the centre's premises were well maintained, accessible and met residents' assessed needs.

Judgment: Compliant

Regulation 20: Information for residents

Residents had access to an easy read 'Resident's Guide' which informed them about their rights, services and facilities they could expect to receive at the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements ensured that identified risks were subject to ongoing monitoring and the effectiveness of associated control measures were regularly reviewed. Furthermore, the provider supported residents to develop

greater independence in through positive risk-taking.
Judgment: Compliant
Regulation 27: Protection against infection
The provider's policies and staff practices ensured that residents were protected from the risk of infection.
Judgment: Compliant
Regulation 28: Fire precautions
The provider had not ensured that adequate arrangements were in place for the containment of fire at the centre. In addition, the provider had not ensured that all residents had regular opportunities to participate in a simulated fire drill to ensure they were knowledgeable on actions to take in an emergency and to assess the effectiveness of their individual personal evacuation plans.
Judgment: Not compliant
Regulation 29: Medicines and pharmaceutical services
Residents were supported to independently manage their own medication needs with staff assistance being provided when required such as the appropriate storage and disposal of out-of-date or discontinued medication.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
The provider's arrangements had not ensured that all residents' assessed needs were reviewed following changes in circumstances and were reflective of their assessment of need. In addition, although residents' personal plans were reviewed annually, records did not demonstrate the involvement of residents and multi-disciplinary professionals, as well as supports and time frames for the achievement of personal goals. Furthermore, the provider had not ensured that residents had an

accessible version of their personal plan available to them.
Judgment: Not compliant
Regulation 6: Health care
Residents were supported to access health care professionals as and when required, which ensured that they maintained a good quality of health in-line with their assessed needs.
Judgment: Compliant
Regulation 7: Positive behavioural support
Where residents had behaviours that challenge, the provider had ensured that staff had received up-to-date training and positive behaviour support plans were in place to support the person, guide staff practices and reduce any risk to others.
Judgment: Compliant
Regulation 8: Protection
The provider had arrangements in place which safeguarded residents from abuse and included clear reporting arrangements and access to up-to-date training for staff. However, the person in charge had not ensured that all incidents of abuse were addressed as described in the provider's safeguarding policy and procedures.
Judgment: Substantially compliant
Regulation 9: Residents' rights
Residents were actively involved in decision making at the centre and were aware of their personal rights such as making a complaint and how to access advocacy services.
Judgment: Compliant



Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cromwellsfort Rd OSV-0002395

Inspection ID: MON-0021683

Date of inspection: 19/06/2018

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 23(1)(c) The registered provider will ensure that the management systems in place in the designated centre that will track the findings of the audits to ensure that they are effectively monitored and acted upon in a timely manner. Furthermore the registered provider will ensure that the practices are inline with the provider's policies.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: 28(3)(a) The registered Provider will provide the necessary arrangements for detecting, containing and extinguishing fires, such as cold smoke seals and up grading of fire door devises. 28(3)(d) The Registered Provider and Person in charge will ensure that a fire drill is conducted when all residents are present to assess the effectiveness of their individual personal evacuation plans. 28(4)(b) The Registered Provider and Person in charge will ensure that all residents participate in regular fire safety management and fires drills at suitable intervals, which will clearly document the outcome.	
Regulation 5: Individual assessment and personal plan	Not Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: 5(4)(a) The person in charge has updated the assessments of need and personal plans to ensure they reflect the needs for the all residents including new admissions and are in place for the Inspector to review.	

5(5) The person in charge will work with keyworkers to ensure that residents have ownership of personal plans. Personal plans will be accessible and will clearly outline time frames for their goals and wishes to be achieved

5(6)(b) The Person in charge will ensure the individual assessment and personal plan documentation are reviewed annually or more frequently if there is a change in need or circumstances. The Person in charge will ensure that each resident has maximum participation in their individualized plans and the documentation accurately reflects the full names and profession of people attending such meetings.

5(7)(c) the Person in Charge will clearly identify and document those responsible for pursuing objectives in the plan within agreed timescales. |

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

8(3) The person in charge will ensure that all incidents of abuse as addressed as prescribed in the providers safeguarding policy and procedures. Preliminary screening in relation to the safeguarding concern has been submitted to the HSE. The safeguarding plan will be reviewed by MDT on 3 monthly basis.

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Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	27 th June 2018
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	17th. August 2018.
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them	Not Compliant	Orange	20 th June 2018.

	to safe locations.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	20 th June 2018
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Not Compliant	Orange	6 th July 2018
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Not Compliant	Orange	31 st September 2018
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in	Not Compliant	Orange	31 st September 2018

	needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.	Not Compliant	Orange	17th. August 2018
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	27 th July 2018.