



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

Issued by the Chief Inspector

Name of designated centre:	Cromwellsfort Road
Name of provider:	St Michael's House
Address of centre:	Dublin 12
Type of inspection:	Short Notice Announced
Date of inspection:	25 September 2020
Centre ID:	OSV-0002395
Fieldwork ID:	MON-0026088

About the designated centre

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

Cromwellsfort Road is a designated centre operated by Saint Michael's House located in South County Dublin. It provides community residential services to six adults with a disability. 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. The centre is staffed by a person in charge and social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 25 September 2020	12:05hrs to 17:00hrs	Andrew Mooney	Lead

What residents told us and what inspectors observed

In line with public health guidance, the inspector did not spend extended periods of time with residents. However, the inspector did have the opportunity to meet and speak with three residents during the inspection.

Residents told the inspector that they loved their home. They explained that they were very involved in how the centre was run. One resident told the inspector that they were involved in the orientation of new staff employed by the organisation, this was a very important role to the resident but also a valued role within the organisation. Additionally, residents showed the inspector some beautiful art work that they had completed. The residents said that staff were excellent and they really enjoyed their company. Residents told the inspector that as a result of the pandemic they had to restrict their movements in line with public health guidance and national restrictions. They said they missed going to their work places, going for a social drink and generally using the community as they normally would. They said they looked forward to when these normal activities could begin again safely.

Residents appeared very comfortable with staff and seemed to know them well. The inspector also noted that residents appeared very relaxed and comfortable in each others company.

Capacity and capability

The governance and management arrangements within the centre, ensured that there was appropriate staffing resources within the centre. This positively impacted the centres capacity and capability and led to good quality of life outcomes for residents.

There was a statement of purpose in place that clearly described the model of care and support delivered to residents in the centre. It contained all the information set out in the Regulations and had been updated as required.

There was a suitably qualified and experienced person in charge, who demonstrated that they could lead a quality service and develop a motivated and committed team. There were clearly defined management structures which identified the lines of authority and accountability within the centre. Staff could clearly identify how they would report any concerns about the quality of care and support in the centre and highlighted that they would feel comfortable raising concerns if they arose. There were arrangements in place to monitor the quality of care and support in the centre. The person in charge conducted appropriate audits and the provider had ensured that an unannounced visit to the centre was completed every six

months. Where areas for improvement were identified within these audits, time bounded plans were put in place to drive improvement. This illustrated that the provider had the capacity to self identify and address issues in a timely manner.

Staffing arrangements at the centre were appropriate to meet the needs of residents and reflected what was outlined in the statement of purpose. From a review of the roster it was evident that there was also an appropriate skill mix of staff employed at the centre. The person in charge had ensured that there was both a planned and actual roster which was maintained. Staff spoken with were knowledgeable and informed of key areas such as residents' needs, safeguarding, positive behaviour support and infection prevention and control. Staff told the inspector there was an open and transparent culture within the centre.

There was a schedule of staff training in place that covered key areas such as safeguarding vulnerable adults, fire safety, infection control and manual handling. The person in charge maintained a register of what training was completed and what was due. This training enabled staff to provide evidence based care and enabled them to support residents with their assessed needs.

Regulation 15: Staffing

There was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times. The person in charge maintained a planned and actual roster

Judgment: Compliant

Regulation 16: Training and staff development

The education and training available to staff enabled them to provide care that reflected up-to-date, evidence based practice.

Judgment: Compliant

Regulation 23: Governance and management

The management structure was clearly defined and identified the lines of authority and accountability specified roles and detailed responsibilities for all areas of service provision.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was in place and included all information set out in the associated schedule. It was reviewed annually as required and a copy of it was available in the centre.

Judgment: Compliant

Quality and safety

There were systems and procedures in place to protect residents and promote their welfare. This inspection noted that there were appropriate arrangements in place to protect residents during the COVID-19 pandemic. However, improvements were required in the appropriate review of adverse incidents, reviewing personal plans and the guidance available to staff regarding healthcare support plans.

The provider had adopted a range of infection prevention and control procedures to protect residents from the risk of acquiring a healthcare associated infection. The provider demonstrated their capacity to communicate with residents, their families and visitors to promote and enable safe infection prevention and control practices. There were appropriate hand washing and hand sanitising facilities available throughout the centre. There were suitable arrangements for clinical waste disposal. The provider had ensured adherence to standard precautions and there were ample supplies of personal protective equipment (PPE). The provider had developed a COVID-19 contingency plan that was in line public health guidance and best practice. During the inspection, the inspectors observed staff engaging in social distancing and wearing appropriate PPE. These arrangements helped protect residents and staff from acquiring or transmitting COVID-19.

There was a risk management policy in place which outlined the measures and actions in place to control risk. There were systems in place for the assessment, management and ongoing review of risk. The person in charge maintained a risk register that accurately reflected the known risks in the centre and there were records of incidents and accidents that occurred. From a review of documentation the inspector noted that the person in charge had ensured that risks pertaining to residents were identified and that there were appropriate control measures in place. However, from reviewing adverse incidents, the inspector noted not all incidents had been effectively reviewed. For instance, there was a lack of documentation to illustrate what appropriate corrective actions were taken after incidents. In one particular instance, a control measure that was put in place to mitigate

risk failed. This was not identified as part of the adverse incident review and therefore no corrective actions were taken post incident to ensure this measure was effective in the future. This was discussed with the person in charge during the inspection.

There were appropriate arrangements in place to ensure that residents had a personal plan in place that detailed their needs and outlined the supports required to maximise their personal development and quality of life. Personal plans were reviewed annually, however some improvements were required to ensure that these reviews were multidisciplinary in nature.

The service worked together with residents to identify and support their strengths, needs and life goals. Residents were supported to access and be part of their community in line with their preferences. Residents were assisted in finding activities to enrich their lives and maximise their strengths and abilities. However, due to the national COVID-19 pandemic, opportunities to engage in these activities had been limited in line with public health advice. That being said, the provider had ensured residents had accessed meaningful activities. For example residents told the inspector that as a result of the national pandemic they had begun to explore doing art, this was facilitated by staff. This was something residents said they really enjoyed and was meaningful to them.

Residents received regular and timely review with their General Practitioner (GP) and were supported to engage with physiotherapy, chiropody and occupational therapy as required. Residents that required supports in relation to epilepsy management received ongoing regular review with their neurology physician as required also. While there were plans in place regarding the management of residents epilepsy, these plans required further improvement to ensure staff were consistently guided in the management of residents' epilepsy support needs.

The centre comprises of three separate apartments. In response to public health guidance, the inspector only reviewed one apartment, to reduce the potential impact of footfall throughout the centre. 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-diner and a separate sitting room. The apartment was well maintained and very homely. Residents displayed their art work in prominent areas of the apartment and this added to the homely feel.

Residents were protected by the policies, procedures and practices relating to safeguarding and protection in the centre. Safeguarding plans were developed and safeguards put in place as required. Allegations or suspicions of abuse were reported and escalated in line with requirements of the organisation's and national policy. Staff who spoke with the inspector were knowledgeable in relation to their responsibilities in the event of a suspicion or allegation. Residents also had intimate care plans developed as required which clearly outlined their wishes and preferences.

The provider had ensured that there were fire safety measures in place, including detection and alarm system, fire fighting equipment and containment measures.

There were personal evacuation plans in place for all residents and staff understood what to do in the event of a fire. The cumulative impact of these measures promoted safety within the centre.

Regulation 17: Premises

The design and layout of the centre was in line with the statement of purpose.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place for identifying, recording, investigating and learning from serious incident. However, these systems were not consistently adhered to. It was therefore unclear if all serious incidents had been reviewed effectively.

Judgment: Not compliant

Regulation 27: Protection against infection

There were arrangements in place to protect residents from the risk of acquiring a healthcare associated infection, including hand wash facilities, clinical waste arrangements and laundry facilities. The provider had introduced a range of measures to protect residents and staff from contracting COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that there were fire safety measures in place, including detection and a alarm system, fire fighting equipment and containment measures. There were personal evacuation plans in place for all residents and appropriate fire evacuation drills were carried out regularly.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive assessment of need, the outcome of this assessment was used to inform an associated plan of care, which was recorded in the resident's personal plan.

However, while an annual review of personal plans did occur it was not evident that this review was multi-disciplinary in nature.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to appropriate allied health professional support. However, healthcare guidance available to staff required improvement to ensure healthcare interventions were provided consistently.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Appropriate supports were in place for residents with behaviours that challenge or residents who are at risk from their own behaviour.

Judgment: Compliant

Regulation 8: Protection

The person in charge had initiated and put in place an investigation in relation to any incident, allegation or suspicion of abuse and took appropriate action where a resident was harmed or suffered abuse.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Cromwellsfort Road OSV-0002395

Inspection ID: MON-0026088

Date of inspection: 25/09/2020

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 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The person in charge has reviewed all Risk management procedures within the designated centre and has addressed the outstanding issue of notifying on call security system. The person in charge has implemented a template to ensure that all risk management procedures are acted upon in a timely manner.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The Person in Charge that a comprehensive assessment and personal plans are carried out by an appropriate healthcare professional including Multi- disciplinary team members. Person in charge will ensure that the multi- disciplinary team will be involved in the annual review of each resident.</p>	
Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
The person in charge has reviewed the residents health care plan with the appropriate healthcare professionals and amended to the care plan to ensure that the recommended interventions are clear and consistent for staff.
PIC will review the PRN medications and guidelines and ensure that all staff have clear guidelines for all PRN medications.

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	30/11/2020
Regulation 05(6)(a)	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 needs or circumstances, which review shall be multidisciplinary.	Substantially Compliant	Yellow	28/02/2021
Regulation 06(1)	The registered provider shall provide appropriate health	Substantially Compliant	Yellow	30/11/2020

	care for each resident, having regard to that resident's personal plan.			
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