Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

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

Name of designated centre:	Rosetree Cottage
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Unannounced
Date of inspection:	14 May 2019
Centre ID:	OSV-0002357
Fieldwork ID:	MON-0026114

About the designated centre

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

The centre was located in a suburban area of Dublin, near local public facilities and transport. It comprised of a six bed roomed detached bungalow. The centre provided residential services to five young adults over the age of 18 years. There is a small garden to the rear of the centre for residents use. There was adequate communal space within the centre for residents use and each of the residents had there own bedroom which had been personalised to their own tastes.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

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
14 May 2019	09:00hrs to 17:00hrs	Maureen Burns Rees	Lead

Views of people who use the service

As part of the inspection, the inspector met with four of the five residents living in the centre and observed elements of their daily lives at different times over the course of the inspection. The inspector observed warm interactions between the residents and staff caring for them. None of the resident were able to tell the inspector their view of the service but they were observed to be in high spirits. The inspector observed the bedrooms for each of the residents which had been personalised to their own taste.

There was evidence that residents and their family representatives received consultation and communication about decisions regarding their care and the running of the house. Residents were actively supported and encouraged to maintain connections with their families through a variety of communication resources and facilitation of visits. The inspector met with the mother of one of the residents and they stated that they were happy with the care and support that their loved one received in the centre.

Capacity and capability

There were suitable management systems and processes in place which ensured the service provided to residents was safe, consistent and appropriate to their needs. There were some areas for improvement in terms of staff training and the providers statement of purpose.

The centre was managed by a suitably qualified, skilled and experienced person. The person in charge had taken up the position in July 2016 but had worked with the provider for eight years prior in a management position. They held a masters degree in intellectual disability nursing and a certificate qualification in management. The person in charge had an in-depth knowledge of the needs of each of the residents, and of the requirements of the regulations and standards. The person in charge held a full time position and was not responsible for any other centre. Staff members spoken with, told the inspector the person in charge supported them in their role and promoted a person-centred approach to the delivery of care. The person in charge reported that they felt supported in their role and had regular formal and informal contact with their manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. A deputy manager was in place to support the person in charge. The person in charge reported to a service

manager who in turn reported to the director of service. There was evidence that the service manager visited the centre at regular intervals. The person in charge and service manager held formal meetings on a regular basis.

The provider had completed an annual review of the quality and safety of services and unannounced visits to assess the quality and safety of the service as required by the regulations. A quality enhancement plan, informed by audits undertaken was also in place. This plan was subject to regular review and evidence that actions were taken to address issues identified.

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. A full complement of staff was not in place. There was one and a half whole-time equivalent staff vacancies at the time of inspection. However, these vacancies were covered by a small relief panel of staff. Generally, there was consistency of care for the residents from care givers.

Training had been provided to staff to support them in their role and to improve outcomes for the residents. There was a staff training and development policy. A training programme was in place which was coordinated by the provider's training department. Training records showed that the majority of staff were up to date with mandatory training requirements. However, one staff required positive behaviour support training, six staff required training in the management of restrictive practice model adopted by the provider and a number of staff were overdue to attend fire safety training. There was evidence that dates for this training had been booked. There were no volunteers working in the centre at the time of inspection.

There were staff supervision arrangements in place. The inspector reviewed a sample of supervision files and found they were of good quality. However, some staff were not receiving supervision in line with the frequency stated in the provider's supervision policy. This meant that staff might not be adequately supported to perform their duties to the best of their abilities.

Regulation 14: Persons in charge

The person in charge had appropriate qualifications and management experience to meet the requirements of the regulations and to manage the centre to ensure it met its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

The staff team were considered to have the required skills and competencies to meet the needs of the residents living in the centre. However, the full complement

of staff were not in place with one and a half whole time equivalent staff vacancies.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Training had been provided for staff to improve outcomes for residents. However, one staff required positive behaviour support training, six staff required training in the management of restrictive practice model adopted by the provider and a number of staff were overdue to attend fire safety training. There was evidence that dates for this training had been booked.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was maintained on the centre and contained all of the information required in the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place promoted the delivery of a high quality and safe service.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place dated July 2018 which contained the majority of the information required by the regulations. However, the admission criteria as stated in the statement of purpose was not in line with the conditions of the centres registration.

Judgment: Not compliant

Regulation 31: Notification of incidents

A record of all incidents occurring in the centre were maintained and where required, appeared to have been notified to the Chief Inspector within the time-lines required in the regulations.

Judgment: Compliant

Quality and safety

Residents living in this designated centre received care and support which was of a good quality, person-centred and promoted their rights. However, areas for improvements in relation to fire safety and personal plan reviews were identified.

Residents' well-being and welfare was maintained by a good standard of evidence-based care and support. Care plans and personal support plans reflected the assessed needs of the individual resident and outlined the support required to maximise their personal development in accordance with their individual health, personal, communication and social needs and choices. While well-being reviews had been completed in the last year, with the involvement of members of the multidisciplinary team, for the majority of residents, a review had not been completed for a number of residents for an extended period.

Residents were supported to engage in meaningful activities in the centre and within the community. One of the residents was in a school placement whilst the other residents were each engaged in a day service which, it was reported, they enjoyed. Other activities enjoyed by residents included, swimming, trips to a local park and other local attractions, cinema, shopping and dinners out in restaurants. There were some arts and crafts materials in the centre for residents use. An activity planner was maintained for each resident and key workers completed a monthly report.

The centre was homely, accessible and laid out to meet the aims and objectives of the service. It was in a good state of repair. Each of the residents had their own bedroom which had been personalised to their tastes and choices. A number of rooms had overhead hoists in place to facilitate the assistance of residents with assessed mobility requirements, as required. There was adequate communal spaces available for residents with a sensory room, small family room and good sized kitchen come sitting room. This promoted the residents' independence, dignity and respect. A well proportioned garden was located to the back of the centre. This garden had been renovated since the last inspection. It included a seating area, trampoline, small water play table and number of sensory decorations.

The residents were provided with a nutritious, appetising and varied diet. The timing of meals and snacks throughout the day were planned to fit the assessed needs of the residents. Meals were agreed with each of the residents on a weekly basis and it was noted that a healthy eating programme was promoted. Assessments and guidance from a dietician on tailored diets had been sought for a number of the residents and there was evidence that guidance was being adhered to.

The health and safety of residents, visitors and staff were promoted and protected. There were risk management arrangements in place which included a detailed risk management policy, and environmental and individual risk assessments for residents. A local risk register was maintained as a 'living' document in the centre. These outlined appropriate measures in place to control and manage the risks identified. An analysis of incidents occurring in the centre was undertaken on a regular basis to identify trends and learning for the staff team in order to prevent re-occurrences. There was evidence that incident reviews were undertaken following all serious incidents.

Arrangements in place for the containment of fire had been identified by the provider to require improvement. There was evidence of plans to address the deficits on a phased basis. Overall, there were adequate means of escape and a fire assembly point was identified in an area to the front of the centre. Fire drills involving residents, had not been undertaken since September 2018. In addition, a resident admitted to the centre in December 2018 had not participated in a fire drill in the centre since their admission.

There was a fire safety policy in place. A fire risk assessment had also been completed. There was documentary evidence that the fire alarm and fire fighting equipment were serviced at regular intervals by an external company and checked regularly as part of internal checks in the centre. A procedure for the safe evacuation of residents in the event of fire was prominently displayed. Each resident had a personal emergency evacuation plan in place which adequately set out the mobility and cognitive understanding of the resident. The staff team had received appropriate training.

There were measures in place to protect residents from abuse and residents were provided with appropriate emotional and behavioural support. However, the individual behaviours of a number of the residents were on occasions difficult for staff to manage in group living environment. This had the potential to have a negative impact on the other residents despite safeguarding measures which had been put in place.

Behaviour support plans were in place for residents identified to require same and these provided a good level of detail to guide staff in meeting the needs of the individual resident. There was evidence that plans in place were regularly reviewed by the provider's psychologist. Staff had received training to assist them in meeting residents behavioural support needs. A restrictive practice register was maintained in the centre with all restrictive practices being subject to regular review. The provider's positive approaches monitoring committee approved all restrictive

practices in place.

Regulation 10: Communication

The residents' communication needs were met. Residents communication needs had been appropriately assessed and appropriate guidance had been put in place to support staff in meeting residents assessed communication needs.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was homely and fit for purpose and reflected the layout as described in the centre's statement of purpose.

Judgment: Compliant

Regulation 18: Food and nutrition

The residents were provided with a nutritious, appetising and varied diet.

Judgment: Compliant

Regulation 26: Risk management procedures

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

Judgment: Compliant

Regulation 28: Fire precautions

Arrangements in place for the containment of fire had been identified by the provider to require improvement. There was evidence of plans to address the deficits on a phased basis. Fire drills involving residents, had not been undertaken since September 2018 and in addition, a resident admitted to the centre in

December 2018 had not yet been involved in a fire drill in this centre.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Overall, residents' well-being and welfare was maintained by a good standard of evidence-based care and support. However, an annual review had not been completed for a small number of the residents as required by the regulations.

Judgment: Substantially compliant

Regulation 6: Health care

The residents' health-care needs were being met in line with their personal plans and assessments. Specific health plans were in place for residents who required same. Each of the residents had their own general practitioner (GP). Residents attended regular reviews with their GP. A log was maintained of all GP and other professionals contacts.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were provided with appropriate emotional and behavioural support.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect residents from abuse and residents were provided with appropriate emotional and behavioural support. However, the individual behaviours of a number of the residents were on occasions difficult for staff to manage in group living environment. This had the potential to have a negative impact on the other residents despite safeguarding measures which had been put in place.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Rosetree Cottage OSV-0002357

Inspection ID: MON-0026114

Date of inspection: 14/05/2019

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The registered provider has ensured that the staff compliment reflects the specific skills and experience required to meet the needs of residents. The registered provider has ensured that all vacancies in the centre are immediately notified to the recruitment and retention department and replacement staff identified in a timely manner. St Michaels House recruitment and retention is underpinned by HSE policy. While replacement staff are being identified the registered provider ensures in so far as possible that transient staff are familiar to the centre and knowledgeable of the needs of residents. In the event transient staff unfamiliar to the centre are required, they are supported by local guidance / policies and procedures / personal information relevant to each individual and other staff more familiar to the residents.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The staff member outstanding for Positive Behavioral Support training is booked for the next course in August / Sept 2019.	

Training in Restrictive Practices (Therapeutic Interventions Promoting safety) is out of date for eight staff. Those staff members are booked in for refresher training on 30th August 2019.

Regulation 3: Statement of purpose	Not Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
The Statement of Purpose for the centre has been updated to ensure it is in line with the centres conditions for registration. This was submitted to the authority on 28th June 2019.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Fire evacuation drills have been conducted on 18th May 2019 and will be conducted again 28th June 2019. All residents in the centre were involved in the evacuations.

Fire safety training has been scheduled to take place on 18th July 2019. This will be facilitated by the Organizational Fire Safety and Prevention Officer.

The improvements required for the containment of fire are within identified timeframes as per the Organizational work plan. The work plan was submitted to the Authority and an updated Version will be submitted by the end of July 2019.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
All residents have an annual wellbeing review meeting as per organizational policy.

Two residents have not had a well being meeting in the identified twelve month period.

One will be completed on 05th July 2019 and the second will be completed on 30th July 2019 Going forward all key workers will ensure that all residents have an annual review well being meeting within a twelve month period.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
All safeguarding plans within the centre are reviewed regularly by the PIC and Service Manager in consultation with the principal Social Worker / Designated Officer.
All residents have input from Psychology / Psychiatry as required. Residents have positive behavioural supports in place as required.
Staff are up to date in safeguarding vulnerable adults training.
All but one staff member are up to date in Positive behavioural supports training. The staff currently out of date will receive training in August / Sept 2019.
Initial training in Therapeutic Interventions Promoting Safety has been provided to all staff. Refesher training to those staff whom require it will be provided on 30th August 2019.
Risk assessments are in place as required to guide practice. Proportionate risk identification is reflected on the risk register which is in turn escalated to the organisational risk register.

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	28/06/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/08/2019
Regulation 28(1)	The registered provider shall ensure that effective fire safety	Substantially Compliant	Yellow	28/06/2019

	management systems are in place.			
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	18/07/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Not Compliant	Orange	28/06/2019
Regulation 05(6)(c)	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 assess the effectiveness of the plan.	Substantially Compliant	Yellow	30/07/2019
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	28/07/2019