



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

Issued by the Chief Inspector

Name of designated centre:	Rossmore
Name of provider:	St Michael's House
Address of centre:	Dublin 6w
Type of inspection:	Announced
Date of inspection:	17 April 2024
Centre ID:	OSV-0002404
Fieldwork ID:	MON-0034465

About the designated centre

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

Rossmore is a designated for people with intellectual disabilities operated by St Michael's House. It provides full-time residential support to male and female adults. The service is located in a residential area in South Dublin, and within walking distance of local amenities such as shops and leisure facilities. The centre is close to public transport which enables residents to access additional facilities in their local community. The centre comprises one large two-storey dwelling. Residents have access to a communal sitting room, kitchen/dining room, utility room with laundry facilities and another small sitting room. In addition, there are two communal bathrooms provided, located on the ground floor and first floor of the centre. There are gardens to the front and rear of the centre. Staffing is based on the assessed needs of residents. An over-night staff is available to provide assistance to residents if required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

5

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 17 April 2024	09:30hrs to 16:00hrs	Jennifer Deasy	Lead

What residents told us and what inspectors observed

This was an announced inspection scheduled to inform decision making in respect of the provider's application to renew the centre's certificate of registration. The centre is located in a suburb of Dublin and was home to five residents at the time of inspection. The inspector used conversations with residents and staff, a walk-around of the premises and a review of documentation to inform judgments on the quality and safety of care. Overall, the inspector saw that residents in this house were in receipt of person-centred, rights-informed care which was delivered by a stable team of suitably qualified staff. The inspector found that this centre was meeting the requirements of the Regulations in all areas looked at and was, in many instances, going beyond the requirements of the Regulations to meet the National Standards.

All of the residents were out at day service or their places of employment when the inspector arrived. Three residents returned before the end of the inspection and spoke to the inspector about their experiences of living in Rossmore. All residents had completed resident questionnaires which were reviewed by the inspector. Residents told the inspector that they were very happy in their home and that some of them had lived there for many years. All of the residents mentioned how kind the staff team were and how they were always available to listen to and help the residents.

Residents told the inspector about their hobbies and interests including singing, astronomy, bowling and darts. They spoke about going for meals in their local community and attending local clubs. Other residents spoke about visiting their family members and holidays that they had planned for this year or had taken last year. Some residents were in paid employment. It was evident to the inspector that residents were well-connected with their community and led busy and active lives.

Many residents were well-informed regarding their own health care needs. Residents spoke about appointments that they attended and the supports in place to manage their medications. Other residents told the inspector about how they managed their finances and the supports available to them in this regard. Residents were very happy with the supports that they received and it was evident that their autonomy was respected by staff when providing assistance.

Some residents showed the inspector their bedrooms. The inspector saw that bedrooms were well-maintained and personalised. Residents' belongings were stored carefully and residents' photographs and personal items were displayed. Residents were proud of their bedrooms and showed the inspector belongings that were important to them.

The premises of the designated centre was seen to be very clean and well-maintained. The provider had recently completed works to a bathroom in order to enhance the accessibility to residents. Residents said that they were happy with the works completed. There was plenty of private and communal space for residents.

Residents were seen to be comfortable and relaxed in their home.

Staff spoken with were knowledgeable regarding their roles and responsibilities. Staff in this centre had completed additional training in areas including Human Rights and Communication. Staff described how these trainings had impacted on their everyday delivery of care and support in the centre. Staff spoke about the importance of upholding residents' rights while also ensuring, as much as possible, that their assessed needs were met. For example, staff described how some residents made choices which were not in line with their care plans. Staff described providing education to residents and offering alternative choices available however ultimately, staff said that they respected residents' choices.

Staff described other changes that they had made to the centre since completing human rights training. For example, they had completed a review of the arrangements for the management of residents' finances. This review resulted in strategies being implemented to enhance residents' autonomy over their finances.

Overall, the inspector saw and was told that residents were in receipt of a very good quality and safe service which was delivered by a caring staff team. The staff team were upholding residents' rights and ensuring that their freedom, autonomy and dignity was maintained in respect of their everyday lives. Residents told the inspector that they felt safe and happy in the designated centre.

The next two sections of the report will describe the oversight arrangements and how effective these were in ensuring that a safe and good quality service was being delivered.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective these were in ensuring that a good quality and safe service was being provided. Overall, the inspector found that there were effective leadership systems in place which were ensuring that residents were in receipt of good quality and safe care.

The provider had in place a clearly defined management structure which identified lines of authority and accountability. The staff team reported to the person in charge who in turn reported to a service manager. Staff spoken with were informed of the management arrangements and of how to escalate issues or concerns to the provider level.

The provider had in place a suite of audits at both local and provider level which were effective in driving service improvement. It was evident that the provider was using audits to self-identify areas which required action. Audits informed a quality enhancement tool which monitored the provider's progress in completing required

actions.

The provider's systems for oversight included audits in the centre, monthly data reports and provider level audits including six-monthly unannounced visits and an annual review of the quality and safety of care.

The inspector found that the provider had ensured that the number, qualifications and skill-mix of staff was suitable to meet the assessed needs of the residents. Staff were suitably qualified and had completed additional training in areas including human rights and communication. This was further enhancing the quality of care being delivered to residents.

The inspector saw that residents were informed of the provider's complaints procedure and that staff acted as advocates in supporting residents to make complaints where required. The complaints procedure was followed and complaints were resolved to the satisfaction of residents.

Overall, the inspector found that there were robust management arrangements which were effective in driving service improvements and ensuring that residents were in receipt of a quality service.

Regulation 14: Persons in charge

The centre was run by a person in charge who was suitably experienced and qualified. They were employed in a full-time capacity and had responsibility for two designated centres. The inspector saw that there were systems in place to support the person in charge in fulfilling their regulatory responsibilities. The person in charge demonstrated a comprehensive understanding of the service needs and of the residents' needs and preferences.

Judgment: Compliant

Regulation 15: Staffing

A planned and actual roster were maintained in the centre which demonstrated that staffing levels were consistent with the statement of purpose. There were no vacancies in the centre at the time of inspection and the residents were in receipt of support from a stable and consistent staff team. Residents spoke positively of the support that they received from staff.

Judgment: Compliant

Regulation 16: Training and staff development

There was a very high level of compliance with mandatory and refresher training. All staff were up-to-date in training in required areas such as safeguarding vulnerable adults, infection prevention and control and fire safety. Staff spoken with were knowledgeable regarding their roles and responsibilities in ensuring the safety of care.

Staff had also received additional training in areas including Strengthening Rights and Total Communication. Staff spoke competently regarding the measures they used to ensure residents' rights were upheld in the centre.

Staff were in receipt of regular support and supervision through monthly staff meetings and quarterly supervisions with the person in charge. Records of these meetings were maintained. The inspector saw that action plans were implemented where required in order to ensure that staff were performance managed and supported to exercise their professional responsibility in ensuring the quality and safety of care.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the designated centre. The inspector saw that this contained all of the information as required by the Regulations.

Judgment: Compliant

Regulation 22: Insurance

The provider submitted a copy of their insurance along with their application to renew the centre's certificate of registration. The inspector saw that the provider had in place a contract of insurance against injury to residents and damage to the premises of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management structures in place in the centre which were effective in ensuring a good standard of care. The centre was staffed by a stable and consistent staff team. The staff team reported to the person in charge who in turn reported to a service manager. The staff team and the person in charge were in receipt of regular support and supervision and were supported to exercise their personal and professional responsibilities.

There were a suite of audits, at both local and provider level, which were effective in driving service improvement. Local medication audits, health and safety audits and fire safety audits were effective in ensuring the safety of care on an ongoing basis. These audits informed monthly data reports which were reviewed by the service manager. A quality enhancement plan was implemented which tracked the progress of actions arising from audits.

The provider had also completed infection prevention and control audits along with six-monthly unannounced visits and an annual review of the quality and safety of care. These audits were used to inform action plans and the inspector saw that actions were progressed in a timely manner. The annual review of the quality and safety of care was completed in consultation with residents and their families. The inspector saw that there was very positive feedback from residents and families about the standard of care in the centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

This centre had recently admitted a new resident and was in the process of planning for a further admission. The inspector saw that admissions were carefully planned and took into consideration the current residents' rights, needs and preferences regarding admissions. Admissions were discussed at residents' meetings where residents' views and preferences regarding admission were noted.

The inspector reviewed the transition plan for one resident who had been recently admitted. The inspector saw that this was a carefully planned process which was implemented over a period of months and allowed for the new admission and the current residents to be consulted with regarding their views of the transition.

The inspector reviewed the provider's policy on admissions. While the policy described the importance of ensuring that residents' rights were upheld, there was a lack of detail on the processes in place to ensure that residents were safeguarded from abuse on admission. However, following discussion with the person in charge, the inspector was provided with a copy of an appendix to the policy which detailed the clearly defined process and steps taken to ensure the admission was safe and suitable for the service.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had effected a complaints policy and an accessible complaints procedure. The complaints procedure was displayed in the kitchen of the designated centre. Residents were informed of this procedure and told the inspector about the process to make a complaint.

The inspector saw that, where complaints had been made, that these had been responded to in line with the provider's policy.

Staff in this centre acted as advocates for residents and supported residents to make complaints in their community where services had not been effective in upholding their rights. This will be discussed further under Regulation 9.

Judgment: Compliant

Quality and safety

This section of the report details the quality of the service and how safe it was for the residents who lived there. The inspector found that residents in this house were in receipt of a very good quality and safe service which was promoting and respecting the rights of each individual. Residents were informed of their rights and, where required, were supported by staff to exercise their rights. Residents described how they were treated with dignity and respect in their home and how they had choice and control in their everyday life in line with their individual preferences.

The inspector reviewed a sample of residents' files over the course of the inspection. The inspector saw that each file contained a comprehensive individual assessment which was informed by the resident, their representatives and relevant multi-disciplinary professionals. The individual assessment informed person-centred care plans which guided staff in the delivery of care in line with residents' needs. Care plans detailed steps to support residents' autonomy and to maintain their dignity and privacy. The inspector saw that care plans were available in areas including communication, positive behaviour support, health care and safeguarding, as per residents' assessed needs.

The designated centre was spacious, homely and well-maintained. Residents had access to a range of private and communal facilities. Works had been completed to enhance the accessibility of one bathroom and the residents reported that they were happy with this work. Residents were free to receive friends, family and visitors in the centre in line with their wishes. There was ample space for residents to meet

with visitors should they wish to do so.

A residents' guide was readily available in the centre. This provided information to residents on the day to day running of the service along with other information such as the complaints procedure and the procedure for accessing Health Information and Quality Authority (HIQA) reports. Residents also attended weekly residents' meetings. These meetings supported residents to exercise choice and control in relation to the running of the centre.

Staff had completed training in human rights and spoke to the inspector regarding the measures that they took to ensure that residents' rights were upheld. Staff supported residents to self-advocate and, where required, advocated on behalf of residents to ensure that they were facilitated in exercising their rights. Residents were supported to take responsibility for their own finances and management in line with their individual needs and preferences.

Regulation 10: Communication

Staff in this centre had received training in Total Communication. Staff were informed of residents' communication needs and described how they supported residents' communication.

Residents' files contained communication care plans where required and a communication profile which detailed how best to support the resident.

Communication aids, including visual supports, had been implemented in line with residents' needs and were readily available in the centre.

Judgment: Compliant

Regulation 11: Visits

There were no visiting restrictions in the designated centre. Residents were free to receive visitors in line with their preferences. There was sufficient private space for residents to meet with visitors in the centre if they wished to do so. Residents spoke about regularly having friends and family visit them.

Judgment: Compliant

Regulation 17: Premises

The premises of the designated centre was very clean and well-maintained. It was suitably designed and laid out to meet the assessed need and number of residents living there. The provider had completed works to one of the bathrooms to enhance the accessibility of the facilities. Residents had a choice of two large accessible shower rooms. An accessible bath was broken at the time of inspection and the inspector saw that complaints had been made by residents about this. However, a new bath had been ordered and was due to be installed in the coming weeks. Residents were informed of this and told the inspector that they were satisfied with how their complaints had been resolved.

The house was well-presented, homely and comfortable. Residents had access to two sitting rooms. These were furnished with comfortable couches, armchairs and recliners and the inspector saw residents relaxing in these in the afternoon. Photographs of residents and crafts made by residents were proudly displayed on walls and windowsills and further enhanced the homeliness of the centre.

Residents each had their own bedroom. One resident had a small en-suite toilet. The inspector saw that resident bedrooms were personalised and individually decorated and furnished. Residents told the inspector that they were happy with their bedrooms.

The designated centre also had a utility and kitchen which were clean and well-maintained. There was sufficient storage throughout the centre.

Residents had access to a large back garden with garden furniture. The person in charge told the inspector about plans to further enhance the garden over the next year.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was available in the kitchen of the designated centre. This contained information required by the Regulations including information on the services available in the centre the complaints procedure and the procedure for accessing Health Information and Quality Authority (HIQA) reports.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had in place a risk management policy which had been recently reviewed and updated. The risk management policy detailed the steps to be taken to identify, assess, monitor and review risk. A risk register was in place in the

designated centre which detailed the current risks and the control measures to mitigate against these.

The inspector identified a risk in the centre which was that the front door was key locked by night time. This posed a risk to the safe evacuation of residents. However, the inspector was informed that this risk was known to the provider's fire officer and that there were plans to change this lock to a thumb lock in the coming weeks. The person in charge also implemented a risk assessment on the day of inspection to control for the risk in the interim.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A sample of residents' files were reviewed by the inspector. These were found to contain an up-to-date and comprehensive individual assessment of residents' needs. This assessment was informed by the resident, their representatives and relevant multi-disciplinary professionals.

An accessible version of this assessment called an "All About Me Plan" was also available to residents.

The assessment was used to inform care plans which guided staff in meeting residents' assessed needs. Care plans were written in a person-centred manner and clearly detailed steps to maintain residents' autonomy and dignity. Staff spoken with were informed regarding these care plans and residents' assessed needs.

The designated centre was designed and laid out in a manner which was suitable for meeting residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

Residents in this centre had access to a variety of health-care professionals in order to meet their assessed needs. Residents accessed clinical appointments both through the provider's multi-disciplinary team and in the community.

The inspector was told that residents were supported to access public health screenings when they were invited to attend these.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where required, residents' files contained up-to-date behaviour support plans. These plans detailed proactive and reactive strategies to guide staff in assisting residents to manage their behaviour. Staff were up-to-date in positive behaviour support training. A positive behaviour support policy had also been implemented by the provider in order to guide staff in this area.

There was one restrictive practice in place in the designated centre. The resident for whom this practice was implemented was informed of this and told the inspector why it was in place. They did not communicate any concerns regarding this practice and the inspector saw that it did not impact on any of the other residents in the centre.

The restrictive practice had been reviewed by the provider's monitoring group and consultation had been completed with the resident and a family member regarding this practice before it was implemented. The resident's agreement to the restrictive practice was documented.

Judgment: Compliant

Regulation 8: Protection

Residents in this centre reported that they felt safe in their home. The provider had resolved previous safeguarding concerns in this centre. There had been very few safeguarding incidents in the months before the inspection. The inspector saw that where safeguarding concerns had been identified, that these were reported to the relevant statutory authorities and that safeguarding plans were implemented to protect residents.

All staff were up-to-date in mandatory training in Children First and Safeguarding Vulnerable Adults. Staff spoken with were informed of the safeguarding procedure and of their safeguarding duties.

Residents' intimate care plans detailed the steps to maintain their autonomy and dignity. Intimate care plans were person-centred and detailed residents' preferences regarding their care.

Judgment: Compliant

Regulation 9: Residents' rights

Staff in this centre had received training in human rights and spoke about how this had informed their everyday practice. Staff gave the inspector examples of changes that they had made subsequent to this training. This included reviewing the management practices in place for residents' finances and changing these to ensure residents had more autonomy in this regard. Staff spoke about how the rights training had made staff stop and think on a daily basis to consider if the support that they were offering was upholding residents' rights.

Staff in this centre had also advocated on behalf of residents to ensure that their rights were upheld in the community. The inspector saw that there had been two recent instances where residents' rights to autonomy in respect of their decision-making for their finances and for health-care procedures had not been upheld. The person in charge had made complaints on behalf of the residents and had reminded the stakeholders involved of the residents' rights under current legislation. These complaints were in the process of being resolved at the time of inspection and the inspector was assured that residents' rights would be supported going forward.

Residents attended weekly residents' meetings where they planned the everyday running of the centre for the week and discussed any issues arising in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant