



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

Issued by the Chief Inspector

Name of designated centre:	Rosetree Cottage
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Announced
Date of inspection:	08 November 2022
Centre ID:	OSV-0002357
Fieldwork ID:	MON-0029155

About the designated centre

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

Rosetree Cottage is a designated centre operated by St. Michael's House. The centre comprises a six bedroom, detached bungalow located in as suburban area of North Dublin. The centre also provides a small garden to the rear of the centre for residents to use as they wish. There is also adequate communal space within the centre for residents use. Each resident has there own bedroom which has been personalised to their own tastes, interests and personal preferences. Rosetree Cottage is staffed by a Clinical nurse Manager 2 who is the Person In Charge, a Clinical Nurse Manager 1 is also assigned to the centre as a deputy manager to the person in charge and as part of the overall governance arrangement for the centre. The staff team consists of nurses, social care workers, care staff and a domestic worker. The person in charge is supported and supervised by a Service Manager, identified as a person participating in management for the centre and part of the overall provider's governance oversight of the centre.

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 (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
Tuesday 8 November 2022	10:20hrs to 17:05hrs	Louise Renwick	Lead

What residents told us and what inspectors observed

This inspection was following the provider's application to renew the registration of their designated centre, for five adults with disabilities. The inspection was announced, and the inspector had the opportunity to meet residents, spend time in the centre observing the daily activity and to talk to staff and management. The inspector was also given a questionnaire which had been completed by a family member on behalf of a resident.

During the day-time, residents were out of the centre in an external day services. Most residents attended five days a week, and one resident attended three days a week and enjoyed two days at home, which was their choice. Residents had transport to their day services and returned home in the afternoon to the designated centre.

During the day, the inspector observed staff engaging with residents in a positive manner, spending time with them relaxing after their journey home, and preparing for the evening. For example, one resident was getting ready to go to a hair dressers appointment in the early evening, some residents were relaxing in the main living room with sensory toys and other residents were resting in comfortable areas and the sensory room in the designated centre.

The designated centre was well laid out and designed to meet the individual and collective needs of residents, for example, there were numerous areas that residents could spend time in, either alone or in the company of others. Furniture was designed to meet residents' needs such as large cushioned window seats for residents who enjoyed watching the busy road out at the front of the house.

While there were a number of environmental restrictive practices in the centre, such as a locked door in the kitchen at certain times and locked front door out to the front of the house, these were well monitored and only used when necessary for the shortest period of time. There was an open plan kitchen, dining and seating area and the kitchen had a half-wall divide, so that residents could see and smell meals being prepared, even if the half door was locked. During the day it was seen that residents had free access to outside space in the courtyard area and could choose to go outside, if they wished.

Each resident had their own individual bedroom which were decorated in line with their own interests and tastes and there were two large bathroom areas for personal care.

Residents had equipment and aids available to support their needs, for example, tracking hoists, shower trolleys and shower chairs and standers. The centre was for the most part, well maintained, with some outstanding decoration works required in the sensory room and other spaces. The bathrooms were large in size and functional, but required some addition repair work, such as replacement of flooring

and tiling and repair of some specialist equipment.

From reviewing records and observing practice, the inspector saw that residents had active lives and enjoyed using the local community activities throughout the week. The designated centre had recently received a new wheelchair accessible bus which staff could drive.

The centre was bright and airy and was promoting a total communication approach with photographic signs showing which staff were on duty, and sensory art work on the walls. During the afternoon there were four staff working in the centre to support five residents, and duties and responsibilities were shared and decided upon in advance, for example through the use of an allocation sheet. The staff team included a household staff member who managed the house work, meal preparation and laundry during the day-time.

In summary, residents appeared relaxed and comfortable in the designated centre, residents were afforded a spacious and pleasant home to live and had a stable and consistent staff team to support them. Residents attended their day service during the day time and had enjoyable things to do during the evenings and at weekends in line with their interests and hobbies.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The provider and person in charge demonstrated that they had the capacity and capability to operate the designated centre in a manner that ensured residents were safe, and receiving a good quality service that met their individual and collective needs.

The provider had prepared a written statement of purpose and function, that set out the needs that could be supported in the designated centre, the facilities and services available and the details as required in schedule 1 of the regulations. The provider was adequately resourced to deliver a residential service in line with the written statement of purpose. For example, there was sufficient staff available to meet the needs of residents each day and night, and there were adequate premises, facilities and supplies. The provider had recently arranged for a new wheelchair accessible bus in the designated centre.

The provider had applied to renew the registration of the designated centre, for five adult residents. The provider had submitted all required documentation to support their renewal application within the timelines.

The provider had ensured there was effective leadership and oversight arrangements in place in the designated centre with a clear management structure and management systems of oversight to monitor the quality of the care and support in the designated centre. There had been a change in the role of person in charge since the previous inspection, and this had been notified as required. The person in charge worked full-time and was responsible for only this designated centre. They were suitably skilled, experienced and qualified and were supported in their role by a clinical nurse manager 1. The person in charge worked on shift in the designated centre, and had allocated management hours each month.

There were effective lines of escalation and information to ensure the provider was aware of how the centre was operated and if it was delivering a good quality service. There had been unannounced visits completed, on behalf of the provider on a six month basis, along with an annual review on the quality and safety of care. Along with this, there were local auditing and review systems in place. Where audits or reviews had taken place, different people were identified as accountable for bringing about required improvements, and there were systems in place to monitor actions and identify clear time frames for completion through a quality enhancement planning tool. The majority of actions had been completed following audits and reviews, with some outstanding works planned for with respect of the premises.

There was an overarching provider quality improvement plan, which had been submitted to the Authority earlier in the year, and it was evident that actions from this plan were being carried out across designated centres. For example, there was evidence of improvement information pathways about the centre to the provider, managers and persons in charge were scheduled to attend training in auditing and review and the provider's unannounced visits to each centre included a focus on the key regulations as outlined in their written quality improvement plan.

Residents were supported by a stable and consistent staff team of nurses, social care workers and direct support workers who worked in the designated centre. Staffing vacancies had been recruited for and filled, and in the interim there were arrangements in place for temporary agency staffing to cover shifts. The provider employed a domestic staff member in this centre to support the residents and staff with meal preparation, cleaning and laundry. Staff were provided with training which was refreshed regularly, such as fire safety, supporting residents with food and safeguarding. There were systems in place to monitor training needs of staff, and ensure training was kept relevant and up-to-date.

Overall, the provider and person in charge were resourcing and operating the designated centre in a manner that was resulting in a positive experience for residents, and which was in line with the Regulations.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a application to renew their registration of the designated centre. The provider had submitted the required documentation and

application form, as outlined in the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a full-time person in charge to work in the designated centre, who was suitably skilled, experienced and qualified. The person in charge was responsible for one designated centre, and worked as a nurse for periods of time and had dedicated management hours during the month also.

Judgment: Compliant

Regulation 15: Staffing

There was a full staff team in place, with a skill-mix as outlined in the written statement of purpose. The team consisted of nurses, social care workers, direct support workers and domestic staff. Staffing resources were planned in a way that was meeting residents' needs, with four to five staff available in the centre when all residents were at home, for example in the evenings and at weekends.

The provider ensured that there was a staff nurse on duty at all time, based on the assessed needs of residents.

The person in charge maintained an actual and planned roster, showing who was on duty each day and night. There was a decrease in the requirement for temporary agency staffing following a recruitment process to fill two staff vacancies.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with training which was relevant to the needs of residents, and training was kept up-to-date through refresher courses. There was a mix of online and in person training available to the staff team, and the person in charge had oversight of the training needs of staff to ensure required training was planned for and scheduled.

There was a formal system of supervision for the staff team, with each staff taking part in one-to-one supervision meetings with the person in charge on a routine

basis.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured there was governance and local management systems in place to oversee the care and support in the designated centre and self-identify areas for improvement. The provider had carried out an annual review and unannounced visits and reports on a six month basis.

The local management team completed regular audits and reviews in areas such as personal plan documentation, medication management and health and safety. The provider had arranged for a comprehensive audit in infection prevention and control by professionals who did not work in the designated centre.

There was a defined governance structure in the designated centre with clear lines of reporting and responsibility. The provider was taking action to make improvements in their designated centres, based on their own provider quality improvement plan.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written statement of purpose and function describing the services and facilities in the designated centre, which was seen to be a true reflection of what was on offer for residents. The statement of purpose and function contained the required information as outlined in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

From a review of adverse events in the designated centre, it was determined that any notifiable incident had been recorded and submitted to the Authority in line with the timelines outlined in the Regulations.

Judgment: Compliant

Quality and safety

The provider and person in charge were operating the designated centre in a manner that offered a safe and pleasant place to live and a good quality of life for residents.

The person in charge and staff team knew residents well, and understood their care and support needs. There were systems in place to formally assess and plan for residents' health, social and personal needs. Information was available to guide the supports for residents and there was effective oversight from the person in charge of the care and personal plans for residents. Residents had access to allied health professionals to support the delivery of their care and support and received nursing supports within the designated centre.

Residents were supported to take part in meaningful activities, and had returned to external day services during the day-time midweek. Residents were supported to use community based amenities and facilities and to plan for enjoyable events, for example, planning a birthday celebration or getting tickets to a musical show. Residents were supported to keep in contact with family and friends through visits home and spending regular time with family.

Residents were protected against risk in the designated centre, through effective fire safety systems, infection control practices and safeguarding processes.

The premises were well laid out and suitable to residents' needs, with some improvements required to the repair and upkeep, which had been escalated to the provider's internal housing committee.

Overall, residents' health, social and personal needs were being met in the designated centre, residents were safe and receiving a good quality service, with some minor improvements required to the premises.

Regulation 13: General welfare and development

The registered provider was ensuring residents had appropriate care and support in accordance with their assessed needs. Residents had access to recreation and activities that they enjoyed.

Residents were encouraged to maintain relationships with their families and friends, for example, by spending the weekend with family members or keeping in touch using video calling.

The designated centre was well located within a community in North Dublin and had

local amenities and facilities available, which residents were encouraged to use.

Judgment: Compliant

Regulation 17: Premises

The premises were designed and laid out to meet the individual and collective needs of residents. Residents had sufficient communal and private space and adequate facilities for storage of their belongings. Residents had private bedrooms which were decorated in line with their own interests and wishes and had aids and appliances available to them to support their care needs.

Some improvements were required to the premises which the provider had self-identified through their own audits and reviews.

For example:

- the replacement of flooring and cracked tiles in bathrooms
- the replacement or repair of coverings on certain equipment
- Wall painting in the sensory room
- cleaning of the soft surface flooring in the outdoor courtyard

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had a risk management policy as per schedule 5 of the regulations, and procedures for identifying, assessing, managing and reviewing risk in the designated centre. The person in charge maintained a risk register, of known risks and their control measures.

There were systems in place for the recording and reporting of adverse events of incidents in the designated centre, and these were reviewed by the person in charge.

The provider had emergency plans in place, in the event of fire, natural disaster or other events.

The provider had systems in place to ensure vehicles were roadworthy and appropriately insured and taxed.

Judgment: Compliant

Regulation 27: Protection against infection

Staff were provided with training in infection prevention and control and had access to information on best practice in the designated centre.

The provider had employed a clinical nurse specialist and clinical nurse manager focused on infection prevention and control, and these staff were available to the staff team, and carried out comprehensive audits.

The premises and environment were clean and tidy and there were systems in place to raise issues with buildings or their facilities. The provider had appointed a domestic staff member and there were systems in place to ensure the centre was routinely cleaned. Personal protective equipment (PPE) was available in the designated centre, and staff were seen to be wearing the correct PPE as advised in the most recent guidance. Hand sanitiser was available throughout the building.

There were written protocols and risk assessments in place for the management of COVID-19. Residents had isolation plans to be followed in the event of an outbreak, and the premises lay out supported this.

There were oversight arrangements in place to ensure infection prevention and control was reviewed, monitored and improved upon, through both local household and health and safety audits and as part of the provider's wider auditing systems.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety systems in place in the designated centre. For example, a fire detection and alarm system, emergency lighting system, fire containment measures and fire fighting equipment. There were an adequate number of accessible fire exits.

There was a written plan to follow in the event of a fire or emergency during the day or night, and fire drills along with simulated practice exercises had taken place in the designated centre.

Staff were provided with routine training in fire safety and fire procedures.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a formal system of assessing and planning for residents' health, social and personal needs, with input from allied health professionals, as required.

Information within assessments and plans was kept up-to-date and was reviewed regularly.

The provider had ensured the designated centre was suitable for the purpose of meeting each residents' needs as assessed.

Judgment: Compliant

Regulation 6: Health care

Residents' health care needs were monitored by the nursing team in the designated centre along with the person in charge and information was maintained in specific health care plans.

Residents had access to their own General Practitioner (GP) along with access to allied health professionals within the organisation. For example, occupational therapy services. Staff supported residents to attend any required health appointments, within the organisation or through referral from the General Practitioner and to attend follow-up appointments as required. Residents had access to consultants or professionals through primary care for specific health care needs, for example, neurology hospital teams.

Residents were supported to access national screening programmes, based on their age and gender.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents needs in relation to their behaviour were assessed and planned for. Staff were trained in positive behaviour support and de-escalation techniques.

Any restrictive practice was assessed, monitored and reviewed in respect of people's rights, and the provider had put in place a committee to oversee restrictions. There was an emphasis on ensuring the least restrictive measure was used for the shortest duration of time.

Judgment: Compliant

Regulation 8: Protection

There were policies, procedures and pathways in place to promote effective responding and reporting of potential safeguarding concerns in the designated centre, along with an identified designated officer.

Staff received training in the protection of vulnerable adults and possible indicators of abuse or harm, and this was refreshed on a routine basis. The provider had arranged for an audit and review of safeguarding from the social worker team, and in-house sessions with the staff team to discuss safeguarding.

Concerns or allegations of a safeguarding nature were recorded and reported in line with national policy, and if required residents were supported with safeguarding plans.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Rosetree Cottage OSV-0002357

Inspection ID: MON-0029155

Date of inspection: 08/11/2022

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Painting of Sensory Room – to be completed by 31/3/2023 Broken Tiling – to be completed by 31/3/2023 Flooring – various places- to be completed by 30/09/2023 Cleaning of soft play area-to be completed by 31/3/2023 Repair of shower chair and rifton stander- to be completed by 31/3/2022	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/09/2023