Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

| | |
|---|---|
| Name of designated centre: | Cromwellsfort Road Residential |
| Name of provider: | St Michael's House |
| Address of centre: | Dublin 12 |
| Type of inspection: | Announced |
| Date of inspection: | 10 September 2024 |
| Centre ID: | OSV-0002395 |
| Fieldwork ID: | MON-0036115 |

## About the designated centre

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

Cromwellsfort Road Residential is a designated centre operated by St Michael's House located in South County Dublin. It provides community residential services to four adults with a disability. Residents with additional physical, mental health or sensory needs can be accommodated in the centre. The centre comprises two separate homes. The service aims to provide a homely environment where residents are supported to live as independently as possible and to make choices about their lives. The centre is staffed by a person in charge and social care workers. Staff are educated and trained to provide care and support to people with intellectual disabilities in a social care model. The focus of the centre is to support and assist residents to gain experience, live as independently as possible and to live lifestyles similar to their peers without a disability.

**The following information outlines some additional data on this centre.**

| Number of residents on the date of inspection: | 4 |
|---|---|

## 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 (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 10 September 2024 | 09:45hrs to 16:40hrs | Michael Muldowney | Lead |

## What residents told us and what inspectors observed

This announced inspection was carried out as part of the regulatory monitoring of the centre and to help inform a decision on the provider's application to renew the registration of the centre. The inspector used observations, conversations with residents and the person in charge, and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre.

Overall, the inspector found that residents were happy living in the centre, and were being supported to have a good quality of life. However, improvements were required under some of the regulations inspected to meet compliance, particularly under Regulation 28: Fire Precautions.

The centre comprised two separate premises located on a site shared with a day service also operated by the provider. It was very close to many local amenities and services, including public bus routes, shops, and eateries. Some residents travelled independently, while others required staff support and there was a vehicle available for them to access their community.

The person in charge accompanied the inspector on an observational walkaround of the centre. The first apartment accommodated one resident. It contained a bedroom, a sensory room, bathrooms, and an open-plan living space with a kitchen and dining area. There was also a small outdoor space for the resident to use.

The second apartment comprised a two-storey building. Three residents lived on the ground floor, and the staff office and storage space was located on the first floor. The ground floor comprised individual bedrooms with en-suite bathrooms, a sitting room, an open-plan kitchen and dining room, a single bathroom, and storage space. There was also outdoor space for residents to use if they wished to. Since the last inspection in April 2023, the premises had been renovated and refurbished with most improvements carried out in the kitchen.

Both apartments were observed to be clean, bright, comfortable, and personalised to the residents' needs and interests. Some minor upkeep was required, and had been reported to the provider's maintenance department.

The inspector observed residents freely using their homes and their facilities. There was one environmental restriction affecting one resident, and its rationale was clearly explained by the person in charge. The inspector observed some good fire safety measures, such as fire-fighting equipment available throughout the centre. However, the overall effectiveness of the measures required improvement, as it was not demonstrated that all residents could be safely evacuated from the centre in the event of a fire. The premises, restrictive practices, and fire safety are discussed further in the quality and safety section of the report.

On the day of the inspection, one resident was on a foreign holiday with their family. The other three residents were happy to meet the inspector. One resident had complex communication means, and did not express their views to the inspector. However, they showed the inspector some of their possessions, and the inspector observed that they appeared to be relaxed in their home and content with staff presence.

The other two residents were keen to speak with the inspector. They both said that they liked living in the centre, felt safe, and got on with their housemates. They were also satisfied with the facilities in the centre, such as the recently renovated kitchen. They had participated in fire drills, and knew where the assembly point was and how to contact emergency services. They attended day services, and enjoyed spending time with family and friends. They said that they had enough choice and control in their lives, including how they spent their time and money. They enjoyed holidays; one resident was looking forward to an upcoming foreign holiday, and the other resident had planned three holidays in Ireland and England. Staff working in the centre were accompanying the residents on their holidays. The residents told the inspector that the staff were "great craic", and that they could talk to them if they had any concerns. However, they said that they would like more staff presence in their home; to "chat" and to go on more day trips and outings together.

In advance of the inspection, three residents completed surveys on what it was like to live in the centre (one resident had received assistance from staff in completing their survey). Their feedback was very positive, and similar to the verbal feedback they gave to the inspector; indicating that they felt safe, had choice and control in their lives, got on with their housemates, could receive visitors, and were happy with the services available to them. However, some residents noted that they would like more social outings and more staff presence in their home.

The provider's recent annual review of the centre had also consulted with residents. Their feedback indicated that they were happy with the services provided to them. The inspector did not have the opportunity to meet any of the residents' representatives. However, the annual review noted that two family members gave positive feedback and complimented the staff team.

The inspection was facilitated by the person in charge. The inspector also met social care workers working during the inspection, but did not have the opportunity to speak with them in depth. The person in charge told the inspector about the residents' individual health and social care needs, and their interests and personalities. The person in charge was satisfied that residents were safe, had active lives, were compatible to live together, and had good access to multidisciplinary team services as they required. They said that the admission of a resident in 2022 had been positive for them, and that their behaviour of concerns had reduced since they moved in. They said that staff did their best for residents. For example, they helped them to plan social activities and accompanied them on holidays.

However, the person in charge told the inspector that the required staffing levels required clarity to ensure that they were sufficient, and they had a meeting planned

in October 2024 with the provider's administration manager to discuss the matter. They also spoke about the restrictive practices implemented in the centre, and their efforts to reduce and minimise their use. Staff had completed human rights training, and the person in charge said that it had been beneficial in prompting discussions on how staff can best support residents' rights and autonomy.

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

## Capacity and capability

This announced inspection was carried out as part of the provider's application to renew the registration of the centre. The application contained an up-to-date statement of purpose, residents' guide, and a certificate of insurance for the centre. These documents met the requirements of their associated regulations.

Overall, the inspector found that there were effective management systems in place to ensure that the service provided to residents living in the centre was consistent and appropriate to their needs. Generally, the provider had ensured that the centre was well-resourced. For example, residents could access the provider's multidisciplinary team as they required. However, the staffing arrangements required more consideration from the provider to be assured that they were appropriate.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, possessed relevant qualifications in social care and management, and was suitably experienced for their role. The person in charge reported to a service manager, and there were effective arrangements for them to communicate with each other.

The registered provider and person in charge had implemented management systems to monitor the quality and safety of service provided to residents. Annual reviews and six-monthly reports, and a suite of audits had been carried out in the centre.

The registered provider had provided an effective complaints procedure for residents to avail of. The procedure was in an easy-to-read format, and was readily available to residents in paper and electronic format. There were no open or recent complaints, and residents told the inspector that they could easily raise any potential complaints with staff.

The staff skill-mix consisted of social care workers, which was appropriate to the assessed needs of the residents. However, the person in charge told the inspector that the number of staff working in the centre required more consideration from the provider. They had planned a meeting in October 2024 to discuss this matter. Two

residents also told the inspector that they were not wholly satisfied with the staffing levels in their home, and they wanted more staff presence.

The inspector viewed recent staff rotas, and saw that staff leave was covered by regular relief and agency staff to support continuity of care for residents. However, the maintenance of the rotas required improvement to ensure that they clearly recorded all staff names and the hours they worked in the centre.

Staff were required to complete training relevant to their role, and as part of their professional development. Most staff were up to date with their training. However, deficits were found in relation to positive behaviour support and communication training, and these matters are discussed under regulations 7 and 10 in the quality and safety section of the report.

There were arrangements for the support and supervision of staff, such as management presence and formal supervision meetings. Staff could also contact an on-call service for support outside of normal working hours. Staff also attended team meetings which provided an opportunity for them to raise any concerns regarding the quality and safety of care provided to residents. The inspector viewed recent staff team meeting minutes from July and September 2024 which reflected discussions on residents' updates, policies, fire safety, incidents, safeguarding procedures, and health and safety matters.

## Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. The person in charge was based in the centre and worked a mixture of weekdays and weekends to support their oversight of the care and support provided to residents.

They were found to be suitably skilled and experienced for the role, and possessed relevant qualifications in social care and management.

Judgment: Compliant

## Regulation 15: Staffing

The staff skill-mix comprised social care workers which was found to be appropriate to the current needs of the residents. However, the person in charge told the inspector that the number of staff allocated to the centre required more consideration and clarity from the provider to ensure that it was sufficient. Two residents also told the inspector that they were not fully satisfied with the staffing arrangements.

While residents and the person in charge expressed that a staffing review was

required, the inspector did not see that the current staffing arrangements were having a negative impact on residents. For example, residents had active lives, and received good care and support from staff to achieve their personal goals. The person in charge planned to meet with the service manager and the provider's administration manager in October 2024 to review the staffing levels to determine the appropriate staffing numbers.

The inspector also found discrepancies in the staffing information outlined in the statement of purpose which required review. For example, the total whole-time equivalents did not tally with the number of actual staff.

The person in charge maintained planned and actual staff rotas. The inspector reviewed the July, August and September 2024 rotas, and found that they required better maintenance. For example, the full names of two relief staff were not recorded on the September 2024 rota, and there was no legend to explain all the shift codes. The person in charge made the necessary amendments to the rotas during the inspection.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

Staff were required to complete a suite of training as part of their professional development and to support them in the delivery of appropriate care and support to residents. The training included safeguarding of residents, administration of medicines, human rights, manual handling, supporting residents with modified diets, infection prevention and control, and fire safety. The training records viewed by the inspector showed that staff were up to date with their training requirements. Some staff were due refresher training, which was being scheduled by the person in charge.

The person in charge provided informal support and formal supervision to staff in line with the provider's supervision policy. The person in charge maintained records of the formal supervision carried out in 2024.

Judgment: Compliant

## Regulation 22: Insurance

The registered provider had effected a contract of insurance against injury to residents and other risks in the centre including property damage.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined and effective management structure in the centre. The person in charge was based in the centre and supported by a deputy manager. The deputy manager assisted the person in charge with their administration duties. The person in charge reported to a service manager, who in turn reported to a director of service. There were good arrangements for the management team to communicate, including formal meetings. The inspector viewed a sample of the recent meeting minutes and found that they were sufficiently wide in scope to inform the management team on the running of the centre. For example, the meeting minutes from August 2024 discussed residents' updates, incidents, risk assessments, safeguarding, complaints, staffing, and health and safety matters. The person in charge told the inspector that they could easily escalate any concerns to the service manager.

Overall, the centre was well-resourced. For example, residents had good access to multidisciplinary team services as they required, and the provider had made improvements to the maintenance of the premises. As discussed under regulation 15, the staffing arrangements required more consideration from the provider.

The provider had implemented good systems to monitor and oversee the quality and safety of care and support provided to residents in the centre. Annual reviews (which had consulted with residents and their representatives) and six-monthly reports were carried out, along with a suite of audits in the areas, such as health and safety, infection prevention, and medicine management. The audits identified actions for improvement where required.

There were effective arrangements for staff to raise concerns. In addition to the support and supervision arrangements, staff attended team meetings which provided a forum for them to raise any concerns.

Judgment: Compliant

## Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. It was available in the centre to residents and their representatives (as noted under Regulation 15: Staffing, information on the staffing arrangements required more clarity).

Judgment: Compliant

## Regulation 34: Complaints procedure

The registered provider had implemented an effective complaints procedure, which was underpinned by a written policy, for residents to avail of. The inspector viewed the policy and found that it outlined the processes for managing complaints, the relevant persons' roles and responsibilities, and information for residents on accessing advocacy services. The complaints policy had been discussed at a recent staff team meeting to ensure that they understood it.

The complaints procedure had been prepared in an easy-to-read format with pictures, and was readily available in the centre for residents. The provider had also created a QR (quick response) code for residents to instantly access complaints forms using their smart devices. This showed innovation in making the procedure easier and more convenient for residents to access.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that residents' wellbeing and welfare was maintained by a good standard of care and support in the centre. Residents had active lives, and staff supported them to plan and achieve personal goals, such as going on foreign holidays. Residents told the inspector that they were happy living in the centre, and felt safe there. However, some improvements were required to the quality and safety of the service under regulations 7 and 28.

The centre comprised two separate apartments on a site shared with a day service. The first accommodated one resident. The second accommodated three residents, and also contained a staff office and storage spaces. The premises were clean, tidy, well-equipped and nicely furnished, and decorated to be homely. The premises also provided sufficient private and communal spaces, including space for residents to receive visitors. Specialised equipment and aids were available as required by residents, such as mobility aids and sensory equipment.

Since the previous inspection in April 2023, the larger apartment had undergone considerable renovation and refurbishment. Overall, the premises were well maintained, however some minor upkeep was outstanding and had been reported by the person in charge to the provider’s maintenance department.

The inspector observed some good fire precautions, such as fire detection and fighting equipment, and easy-to-open exit doors to aid prompt evacuation. The equipment was serviced on a regular basis to ensure that it was in good working order. The most recent servicing certificate for the extinguishers was not available

during the inspection, but the inspector checked a sample of the extinguishers and observed that they had stickers indicating they were up to date with servicing. Staff and the person in charge also completed regular checks of the fire equipment and precautions. During their walkaround, the inspector released the fire doors, and found that two doors did not close fully (this matter was reported to the provider during the inspection).

The inspector found deficits in the implementation of other precautions and systems to reduce the risk of fire. For example, not all residents had participated in a night-time fire drill to demonstrate that they could be safely evacuated in the event of a fire. In addition, the associated fire evacuation plans were lacking clear guidance for staff to follow, and this posed a risk that they may not appropriately respond to a potential fire in the centre.

The inspector observed one environmental restrictive practice in the centre affecting one resident. The rationale for the restriction was clear (for the resident's safety) and it had been approved by the provider's oversight group. A less restrictive option was identified by the person in charge and service manager: a gate at the entrance of the premises. This option had been escalated to the provider in 2022 and 2023. However, no response was received. Therefore, it was not demonstrated that the provider had considered possible less restrictive options.

Some residents required positive behaviour supports. The inspector read one behaviour support plan and found that it did not encompass information in a related risk assessment. This posed a risk to the effectiveness of the plan being implemented by staff. The inspector also found that the arrangements for ensuring that all staff had completed positive behaviour support required improvement; the person in charge told the inspector that some staff were exempt from the provider's training. However, they could not provider written confirmation from the provider on this.

The inspector also found that not all staff had received training on a resident's individual communication means that had been determined by relevant health and social care professionals, and the associated documentation for staff to follow required review. Therefore, it was not demonstrated that the provider had ensured that each resident was being supported to communicate in line with their individual needs.

The provider had implemented arrangements to safeguard residents from abuse. For example, staff received relevant training to support them in the prevention of and appropriate response to abuse, and the provider's safeguarding policy outlined the procedures to be followed. There were no open or recent safeguarding concerns, and residents told the inspector that they felt safe in the centre.

## Regulation 10: Communication

Improvements were required to ensure that residents were assisted and supported

to communicate their needs and wishes in line with their assessed needs, and that associated support plans were up to date and sufficiently detailed.

One resident had complex communication means, and used some words, gestures, assistive technology, and manual signs to express themselves. The resident's behaviour support plan noted that staff should implement a total communication environment with a focus on manual signs. However, not all staff had received training in this area. While the provider's speech and language therapist had attended a staff team meeting in September 2023 to teach staff some manual signs, not all staff were in attendance.

Furthermore, some of the guidance on communicating with the resident required improvement. The resident's communication support plan, reviewed by staff in July 2024, referred to a manual sign folder. The person in charge was not aware of such folder. The inspector viewed a manual sign 'dictionary'. However, the dictionary, dated 2021, did not appear to have been reviewed since, and it relied on text instead of pictures to illustrate the signs. Therefore, it was not clear how staff, particularly new or non-permanent staff, could understand the dictionary and correctly use the signs to communicate with the resident.

The registered provider had ensured that residents had access to different media sources, including televisions, radios, printed media, and the Internet.

Judgment: Substantially compliant

## Regulation 11: Visits

Residents could freely receive visitors in the centre and in accordance with their wishes.

The premises provided suitable communal facilities and private space for residents to spend time with their visitors. Residents told the inspector that they could receive visitors, such as friends and family, as they wished.

Judgment: Compliant

## Regulation 17: Premises

The centre comprised two separate premises located on a site shared with a day service. The premises were found to be appropriate to the needs of the residents living in the centre at the time of the inspection.

The premises were found to be clean, bright, homely, and nicely furnished. Since the previous inspection in April 2023, considerable renovation had taken place in the

larger house, which included full refurbishment of the kitchen, decoration of the sitting room, and replacement of flooring in a bedroom.

The inspector observed that there was sufficient communal space including living spaces, bathrooms, and laundry facilities. The kitchens were well-maintained and equipped. Residents' bedrooms were personalised to their tastes, and provided sufficient space for their belongings. Residents spoken with told the inspector that they were happy with the premises, and were satisfied with the space and facilities it provided. The inspector also observed that the centre was decorated to be homely and in line with the residents' needs and interests. For example, one resident had their own sensory room that contained aids and equipment, such as a projector, comfortable floor mats, coloured lights, and a large fish tank.

Generally, the centre was well maintained. Some further minor upkeep was required, such as the removal of stains on a bathroom floor, and had been reported to the providers' maintenance department.

Judgment: Compliant

## Regulation 20: Information for residents

The registered provider had ensured that a residents' guide was available to residents in the centre. The guide was written in an easy-to-read format. It contained information on the services and facilities provided in the centre, visiting arrangements, complaints, accessing inspection reports, and residents' involvement in the running of the centre.

Judgment: Compliant

## Regulation 28: Fire precautions

The registered provider had implemented precautions and measures to reduce the risk of fire in the centre. However, the inspector found that they required improvement to ensure that they were consistent, comprehensive, and effective.

In the larger building, the residents did not require staff presence at night. They had received guidance on fire safety during their house meetings, and two residents told the inspector that they were familiar with the evacuation procedures. They had also participated in day and night fire drills without issue (however, a night time drill was overdue by approximately six months).

However, the resident living in the other building was assessed as requiring staff support at all times. The inspector found that they had been involved in day time fire drills, but had not always evacuated. The person in charge told the inspector if

the resident refused to evacuate, staff would try to use particular prompts to encourage them to evacuate. The inspector found that the resident's personal evacuation plan did not reference that they may refuse to evacuate or the specific prompts that should be tried. This posed a risk that staff, particularly non-permanent staff, would not be sufficiently informed on the procedures to evacuate the resident.

The provider's fire safety expert carried out a fire safety risk assessment in April 2023. They had made recommendations on the resident's refusal to evacuate, such as liaising with a named person to develop a specific support plan. However, the person in charge told the inspector that this recommendation had not been completed, and the risk assessment had not been reviewed since. This showed poor regard for the risk. Furthermore, the person in charge told the inspector that the resident had not participated in any night time fire drill, as they had been granted an exemption. However, the person in charge could not provide evidence of this exemption. Therefore, it was not demonstrated if the resident could be safely evacuated at night time.

The inspector read four evacuation plans; one for each house and two for the overall centre. The plans were similar in format, and it was difficult to decipher which was the most current. The plans were also lacking in detail on some of the risks, such as one resident potentially refusing to evacuate, and on the exact steps to be followed by staff if they had to evacuate the larger apartment while also providing one to one support to the other resident. The plans required better cohesion and detail to ensure that they provided sufficient guidance for staff to follow.

Judgment: Not compliant

## Regulation 7: Positive behavioural support

Some residents required support from staff to manage their behaviours. However, improvements were required to ensure that the support was fully effective. The inspector reviewed one resident's behaviour support plan. The inspector was not assured that the plan was comprehensive of all relevant information as behaviours and associated control measures outlined in a risk assessment were not referenced in the support plan. This posed a risk that staff may not be aware of this important information and may not respond appropriately to reduce and manage the behaviour.

It was not demonstrated that all staff had the required knowledge and skills necessary to support residents with behaviours of concern. Staff were required to complete the provider's positive behaviour support training. However, the person in charge told the inspector that some staff were exempt from this training. Confirmation from the provider of these exemptions was not provided to the

inspector during the inspection or within two days of the inspection as agreed.

There were some restrictive practices affecting one resident. The rationale for the restrictions was clear, and their use had been approved by the provider's oversight group. The person in charge had made efforts to reduce the restrictions. For example, an environmental restriction had been removed earlier in the year to make the outdoor space more accessible. The current environmental restriction prevented a resident from opening their front door as it was close to a very busy road. The person in charge and service manager, in 2022 and 2023, requested that the provider's maintenance department install a fence at the front of the property, as this would be less restrictive. However, no response was received, and therefore it was demonstrated that less restrictive options had been considered by the provider in a timely manner.

The inspector also read a risk assessment with control measures that presented possible restrictive practices. These required assessment from the provider.

Judgment: Substantially compliant

## Regulation 8: Protection

There were no current or recent safeguarding concerns reported in the centre.

The registered provider and person in charge had implemented systems to safeguard residents from abuse, which were underpinned by a written policy. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns, and there was guidance for them in the centre to refer to. Safeguarding principles such as respecting privacy and living in shared spaces had also been discussed at residents' meetings to help them understand these matters.

The person in charge had ensured that intimate care plans had been prepared to guide staff in delivering care to residents in a manner that respected their dignity and bodily integrity.

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 | Substantially compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| **Quality and safety** | |
| Regulation 10: Communication | Substantially compliant |
| Regulation 11: Visits | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 28: Fire precautions | Not compliant |
| Regulation 7: Positive behavioural support | Substantially compliant |
| Regulation 8: Protection | Compliant |

# Compliance Plan for Cromwellsfort Road Residential OSV-0002395

## Inspection ID: MON-0036115

## Date of inspection: 10/09/2024

**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:<br><br>There was a roster review on the 2nd of October, At this review the WTE was discussed, further discussion and follow up is required, alongside ongoing review and monitoring to ensure best use of resources. At this time WTE stands at 9.<br>The Provider will complete an additional roster review in 3 months' time to review the assessed needs of the residents and line with the WTE of the centre<br>SOP has been updated to reflect the final agreed WTE for the centre.<br><br>Full names, titles and employee numbers have been added to the rosters and will be added from now on. Colour codes and explanations of colour codes will be clear on the roster going forward, this is in now in place. | |
| Regulation 10: Communication | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 10: Communication:<br><br>Support plan to create a signing environment in the centre in place. This outlines the needs of the resident and the signs the resident is currently familiar with. This will consider the signs used in residents' day service. All associated support plans have been reviewed and updated.<br><br>LÁMH training has been requested from training department and LÁMH signs will be part of the staff meeting agenda going forward. A focused sign per week initiative has commenced within the DC.<br>An updated sign dictionary has been developed with support and input from SALT. This consists of a number of signs that resident currently uses within day service and at home in order to encourage development of a signing environment to support the resident. There are pictures of the signs in the diary, with accompanying written guidance. This dictionary will be reviewed regularly and can be expanded as appropriate to include any | |

additional signs resident may develop use of. This dictionary is stored in residents living area for ease of access and reference.

| Regulation 28: Fire precautions | Not Compliant |
|---|---|

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

Fire training had been originally scheduled for earlier in the year 2024 but had been cancelled due to COVID. Training was re-scheduled and took place on 08/10/24. At this training potential issues with resident who may refuse to evacuate was discussed This training also included a simulated role play that staff complete to ensure all are clear with the fire evacuation procedure and plan.
Centre fire risk assessment is being reviewed and completed by SMH Fire Officer following training and building inspection on 08/10/2024.
Personal evacuation plans have been reviewed and are now more detailed to reflect the needs of the residents. This was done in consultation with SMH fire officer. Use of props and prompts have been added where applicable, more detailed description of resident and potential for refusal to evacuate has been included.

Centre evacuation plans have been reviewed and condensed. Again in consultation with SMH fire officer. These are in place.

Fire officer at centre training on 8/10/2024 made some suggestions regarding developing an emergency file specifically for the apartment for the resident who lives alone, this would have a copy of the residents personal evacuation plan, an evacuation plan for that apartment, guidance on what the staff in that apartment can do out of hours to support the residents in the other house in the event of an emergency. This is currently being developed and will be in place by 18/10/2024

PIC has contacted and spoken to named SMH staff regarding possible use of desensitization techniques to lessen the negative impact of the alarm sound on the resident. A draft programme received which has been forwarded to Centre psychologist to adapt for resident.
Service User Fire safety training took place on 2nd October 2024 with Fire Officer for 3 residents.
All residents took part in night time drill on the 30th September 2024.

| Regulation 7: Positive behavioural support | Substantially Compliant |
|---|---|

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

Multi - Element plan was sent to the psychologist to update to include information regarding transport of the resident on the centre bus.

PIC confirmed with the training department that staff who have completed the Open Training College Degree in Social Care are exempt from the initial PBS training for three years and this is in line with organisational training requirements.

PAMG were contacted to clarify if the transport practice for this resident is in fact a restrictive practice, they replied to say they do not view this as an environmental or mechanical restriction.

PIC has emailed technical services to follow up on possible costings for instalment of an electric gate at the front of the premises, or alternative. Request for PAMG to carry out a site review on the premises regarding the restrictions has been made. An impact assessment of the use of an electronic gate on the wider centre to be completed and overall risk assessment in relation to gate versus fob system to be completed.
ICM scheduled for 22/10/2024 for clinical team discussion and decision regarding restriction.

## 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 10(1) | The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes. | Substantially Compliant | Yellow | 31/01/2025 |
| Regulation 10(2) | The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan. | Substantially Compliant | Yellow | 30/09/2025 |
| 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 | Substantially Compliant | Yellow | 31/01/2025 |

| | | | | |
|---|---|---|---|---|
| | statement of purpose and the size and layout of the designated centre. | | | |
| Regulation 15(4) | The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained. | Substantially Compliant | Yellow | 30/09/2024 |
| Regulation 28(1) | The registered provider shall ensure that effective fire safety management systems are in place. | Substantially Compliant | Yellow | 31/10/2024 |
| Regulation 28(2)(b)(ii) | The registered provider shall make adequate arrangements for reviewing fire precautions. | Substantially Compliant | Yellow | 31/10/2024 |
| Regulation 28(3)(d) | The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations. | Not Compliant | Orange | 11/10/2024 |
| 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 | Substantially Compliant | Yellow | 25/10/2024 |

| | | | | |
|---|---|---|---|---|
| | practicable, residents, are aware of the procedure to be followed in the case of fire. | | | |
| Regulation 28(5) | The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre. | Substantially Compliant | Yellow | 25/10/2024 |
| Regulation 07(1) | The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour. | Substantially Compliant | Yellow | 20/09/2024 |
| Regulation 07(2) | The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques. | Substantially Compliant | Yellow | 20/09/2024 |
| Regulation 07(5)(c) | The person in charge shall ensure that, where a resident's behaviour necessitates intervention under | Substantially Compliant | Yellow | 30/06/2025 |

| | | | | |
|---|---|---|---|---|
| | this Regulation the least restrictive procedure, for the shortest duration necessary, is used. | | | |