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

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|---|---|
| Name of designated centre: | Rossmore |
| Name of provider: | St Michael's House |
| Address of centre: | Dublin 6w |
| Type of inspection: | Unannounced |
| Date of inspection: | 04 January 2023 |
| Centre ID: | OSV-0002404 |
| Fieldwork ID: | MON-0034469 |

## 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.**

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| Number of residents on the date of inspection: | 5 |

## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 4 January 2023 | 10:15hrs to 17:10hrs | Louise Renwick | Lead |

## What residents told us and what inspectors observed

At the time of the inspection, four residents lived in the centre in a full-time capacity and one resident was transitioning into full-time residential and was availing of four overnights a week as part of their transition plan. The inspector met and spoke with four residents who lived in the designated centre to gather their views and feedback.

All residents spoke positively about the staff team, how nice and helpful the team were and that they got on well with everyone who supported them in the designated centre. Residents spoke highly of the person in charge, and felt that they could bring any issue or concern to the person in charge or team member and felt that they would be listened to.

Residents told the inspector about their life and the things that they enjoyed doing. Residents were supported to maintain good relationships with their families and friends, and all residents had spent the Christmas period with family, which they really enjoyed. Residents had access to day services, which they chose to attend as often as they liked, for some this was four days a week and others less. Residents were actively retired, and enjoyed using their local community amenities, transport links and facilities to take part in activities that they enjoyed. For example, walking to the local hairdressers, going out for lunch, travelling to different counties for short breaks or going on holidays abroad.

Some residents chose not to attend day services, and spent their time in the designated centre. During the colder months, they preferred to stay home but had options and encouragement to go out with staff, which they often declined.

Residents told the inspector that most of the time, they all got on well with each other and had lived together for many years. A new resident had recently moved into the designated centre and they had settled in well. Some residents told the inspector that sometimes people got upset in the house, and banged things or shouted loudly, which could be really frustrating and upsetting for others. Residents had been supported with an external advocate in relation to this, and there were three open formal complaints recorded with the provider, which had not yet been resolved.

Some residents spoke to the inspector about how much they loved living in the designated centre, and how it was the best place that they had ever lived. Others told the inspector that they wished to move out of the designated centre and they were currently exploring their options with support from the staff team and members of the allied health and social care professionals team, but no decisions had been made just yet.

All residents liked the designated centre in its design and layout, the communal space that was available and their own individual bedroom. Some residents had

raised an issue with the height of the dining room table, and this had been acted upon by the person in charge and a new table had been ordered.

During the inspection, the inspector saw that residents directed their own day, choosing whether to come back to the centre for lunch or to go out themselves, deciding what they wished to have for their main meal and how they wanted to spend their time. For example, in the afternoon a resident decided to go to the local music store to get some equipment that they needed. There were two staff on duty during the day, and staff were seen to support residents to follow through on their own plans and decisions.

Most residents had busy and active days, and enjoyed relaxing in the evening time during the week to watch television, or do activities at home. At the weekends, residents decided how they wished to spend their time, either with the support of staff or going out themselves for different errands or activities.

Residents told the inspector that they had regular house meetings for all residents, and they decided upon the plan for the week ahead, spoke about fire safety and good infection control practices such as hand-washing and could raise any household issues too. Residents felt that they could bring issues to their peers at these meetings to discuss solutions or find new ways of doing things that suited everyone.

The designated centre was a large and spacious two storey house which was clean and tidy, and well maintained. Residents had their own bedroom, two of which were downstairs which supported residents' mobility needs. The centre had a large bright living room, a dining room, second television room, separate utility room, kitchen and an accessible back garden with outdoor furniture. There was a main bathroom downstairs with an accessible shower and an accessible bath which all residents used regularly. There were two bathrooms upstairs, one with a sink, toilet and a bath tub, and a second with a sink, toilet and a step in shower. However, all five residents used the main bathing and showering facilities downstairs as this better suited their mobility needs. The person in charge had put forward a request to the provider to convert the bathrooms upstairs into one usable and accessible wet room for residents, this was awaiting funding approval at the time of the inspection.

At meal times, it was seen that residents made their own decisions and choices about what they wanted to eat or prepare. For example, there were two different dinner options being cooked to ensure all residents had meals that they enjoyed. The dining room had two large tables to comfortably seat all residents during their meals.

The designated centre was decorated with residents' photographs and craft work and residents were involved in some of the household chores and in decisions about the decoration of the centre, for example, in choosing the new sofa for the living room, and taking responsibility for their own ironing and laundry. The centre was accessible, with a ramp entrance, wide hallways and doorways downstairs and enough space for residents to move around the building with ease when using mobility aids.

Overall, the provider and person in charge were providing a warm, comfortable designated centre for residents, who were supported by an experienced and familiar staff team that knew residents well. Residents' choices were respected and residents had personal goals to strive towards and were active members of their community. However, due to differing and changing needs in the designated centre some safeguarding incidents continued to occur between peers and a long-term solution had not been found to prevent residents from experiencing times of distress.

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 the capacity and capability to resource and operate the designated centre in a manner that was promoting residents' active citizenship and was person-centred. Improvements were required to implementing a longer term solution to safeguarding incidents between peers and to ensure complaints were fully resolved.

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 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. There was ongoing monitoring of incidents of a safeguarding nature and meetings with members of management and the allied health and social care professionals, along with meetings with residents regarding this, in order to support all residents.

Residents were supported by a stable and consistent staff team of social care workers, a nurse and direct support workers who worked in the designated centre. 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.

Residents were aware of the complaint process and knew how to raise a complaint locally, or through more formal methods. Residents had been supported with external advocacy services regarding complaints. However, three complaints remained open and unresolved since August 2020 and these had not been escalated to external parties, as per the provider's policy on complaint management. While the

provider was actively seeking a resolution to the issues raised and keeping in contact with complainants, a suitable resolution had not yet been found.

Overall, the provider and person in charge were operating and managing the designated centre in a manner that, for the most part resulted in a very positive experience for residents, with improvements required in relation to finding a long term solution to compatibility issues in the designated centre that at times resulted in safeguarding incidents and corresponding complaints.

## Regulation 15: Staffing

The staffing resources in the designated centre were well managed to suit the needs and number of residents. Residents were afforded with staff support from familiar staff who knew them well. Staffing resources were planned in a way that was meeting residents' needs, with two staff available in the centre when all residents were at home, for example in the evenings.

Planned leave or absenteeism was covered from within the permanent staff team or by temporary staff employed by the provider, to ensure continuity of care for residents.

The person in charge maintained a planned and actual staff roster for the designated centre.

There was a system in place for formal supervision of individual staff members and staff team meetings were held regularly.

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. There was clear recording, reporting and monitoring of concerns and complaints in the designated centre, and ongoing engagement with residents, their representatives and referral to persons in the Health Services Executive (HSE) who had responsibility for residents' placements.

There was a defined governance structure in the designated centre with clear lines of reporting and responsibility.

Judgment: Compliant

## Regulation 24: Admissions and contract for the provision of services

New residents had the opportunity to visit the designated centre, prior to admission. For example, coming for dinner and trialling an overnight stay.

Residents were supported through comprehensive and person-centred transition plans, to support them to settle into the designated centre, and to enhance self-care skills such as laundry management, medication management and household tasks.

New residents had written agreements outlining their care and support arrangements, including any associated fees or charges.

The provider had considered and assessed the compatibility of new residents with existing residents, to promote their safety and where monitoring their admission to ensure it was appropriate.

Judgment: Compliant

## Regulation 34: Complaints procedure

While residents had been supported to raise formal complaints, through a user-friendly complaints process, the provider had not put required measures for

improvement or resolution in place.

Three open complaints were in place since August 2020, while there had been ongoing engagement with residents this had not been referred onto external parties as per provider policy when a resolution could not be found or found to be satisfactory.

Judgment: Not compliant

## Quality and safety

The provider and person in charge were promoting a good quality, person-centred service that encouraged residents to remain active in their retirement and active members of their community. Improvements were required in relation to the promotion of residents' safety and well-being, due to the ongoing occurrence of peer to peer issues that resulted in upset for all 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. Newly admitted residents had their needs assessed and planned for within the time-frames of the regulations and these were consistently reviewed through their admissions process. Residents had access to allied health and social care professionals to support the delivery of their care and support.

Residents were supported to engage in activities that were meaningful to them, and had returned to external day services during the day-time midweek. Residents were supported to use community based amenities and facilities and to direct their own lives. Residents were supported to keep in contact with family and friends through visits home and spending regular time with family.

Residents were protected against the risk of fire in the designated centre, through effective fire safety systems and local practices and engagement with residents.

The premises were well laid out and suitable to residents' needs, with some improvements required to bathrooms on the upper floor, which were being discussed and planned for renovation to better suit residents' needs. The designated centre was comfortable, well located to local links and accessible for residents.

While residents were seen to be relaxed and to get on well in each others' company during the inspection, there were times when this was not the case. For example, when residents were upset and anxious due to the behaviour of others. At these times, residents felt frustrated and this impacted on all residents well-being. While the provider and person in charge had been actively supporting all residents and

had clear safeguarding plans in place to reduce impact, due to changing needs and external issues a long-term solution had not yet been found to prevent these incidents from occurring.

## Regulation 13: General welfare and development

Residents had access to recreation and occupation and activities that they enjoyed and found meaningful.

Residents were encouraged to maintain relationships with their families and friends, for example, by spending the holidays with family members or visiting friends.

The designated centre was well located within a community in South Dublin and had local amenities and facilities available, which residents were encouraged to use.

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.

The provider had self-identified a number of areas to further enhance the current fire safety systems, and had plans in place to complete these in 2023. For example, replacing the fire panel with an upgraded model.

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. Assessments and plans were regularly reviewed, and formally reviewed yearly. Residents had accessible information available to them to understand their plans

and goals, if they chose to.

New residents had their needs comprehensively assessed prior to admission, and personal plans were put in place shortly after their admission.

While for the most part the designated centre was suitable to meet the needs of all residents, some further assessments and discovery were required to determine the ideal living arrangement and type of service for some residents. Similarly, as mentioned some renovation works to the upstairs bathrooms were required to ensure they were fully usable and accessible for residents. These issues were in discussion currently and the provider had taken steps to begin to rectify them.

Judgment: Substantially compliant

## Regulation 8: Protection

While safeguarding plans and control measures for risks were implemented by the staff team to promote residents' safety, there was an ongoing risk to residents of verbal or psychological abuse at times, until a longer term plan was put in place by the provider.

Judgment: Not compliant

## Regulation 9: Residents' rights

The designated centre was operated in a manner that was respectful of residents. Residents' had choice and control over their daily lives, and directed and consented to decisions about their own care and support.

Residents had been supported to avail of external advocacy services, and were actively encouraged to self-advocate. Residents consulted and participated in decisions about their designated centre.

Residents' privacy was protected and promoted in the designated 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 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Admissions and contract for the provision of services | Compliant |
| Regulation 34: Complaints procedure | Not compliant |
| **Quality and safety** | |
| Regulation 13: General welfare and development | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 5: Individual assessment and personal plan | Substantially compliant |
| Regulation 8: Protection | Not compliant |
| Regulation 9: Residents' rights | Compliant |

# Compliance Plan for Rossmore OSV-0002404

## Inspection ID: MON-0034469

## Date of inspection: 04/01/2023

**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 34: Complaints procedure | Not Compliant |
| Outline how you are going to come into compliance with Regulation 34: Complaints procedure:<br>The resident's complaints have been reviewed by the CEO's office in line with the organisation's complaints policy. The CEO and Director of Adult Services will visit the centre on the 31.01.23 to discuss the open complaint with the residents and actions that are being taken to address this. | |
| Regulation 5: Individual assessment and personal plan | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:<br>A meeting was held with a resident, a family representative, the Person in Charge, the Director of Adult Services and Principal Social Worker on 16.01.23 to further discuss the resident's wishes to move out of the centre. The resident's will and preference was central to the meeting and alternative living arrangements were discussed with them. Consent was given by the resident to further explore available options with an external agency. Engagement with the external agency has commenced and available options will be discussed with the resident and their family representative. The Director of Adult Services and the Director of Operations shall continue this engagement to ensure the assessed needs of residents are met. An independent advocate has been requested to support the resident with their exploration. The National Advocacy Service is providing this in the coming weeks.<br>The resident will continue to be supported by a multi disciplinary team, who know them very well to ensure they continue to receive consistent support to make decisions/ plans in the coming months. | |

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|---|---|
| Regulation 8: Protection | Not Compliant |
| Outline how you are going to come into compliance with Regulation 8: Protection:<br>The registered provider shall ensure that residents will continue to be supported through the utilization of formal safeguarding plans in the centre, in line with the National safeguarding policy. The PIC will continue to ensure that all incidents of suspected psychological abuse will be reported internally, to the HSE safeguarding team and HIQA. A stable and experienced staff team will continue to be employed in the centre to ensure a consistent and reassuring service to all residents in the centre. Multi disciplinary support will continue to be made available for all residents in the centre. A reduced number of service users currently reside in the centre and this will be maintained until an acceptable solution can be found. | |

## 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 34(2)(d) | The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process. | Substantially Compliant | Yellow | 27/07/2023 |
| Regulation 34(2)(e) | The registered provider shall ensure that any measures required for improvement in response to a complaint are put in place. | Not Compliant | Orange | 27/07/2023 |
| Regulation 05(3) | The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1). | Substantially Compliant | Yellow | 27/07/2023 |
| Regulation 08(2) | The registered provider shall protect residents | Not Compliant | Orange | 27/07/2023 |

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| | from all forms of abuse. | | | |