



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:	28 September 2021
Centre ID:	OSV-0002395
Fieldwork ID:	MON-0026086

About the designated centre

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

Cromwellsfort Road is a designated centre operated by Saint Michael's House located in South County Dublin. It provides community residential services to six adults with a disability. The centre comprises three separate apartments. Apartment one comprises a bedroom, bathroom facilities and a combined kitchen, dining room and lounge area. Apartment two comprises two bedrooms each with their own en-suite bathroom with walk-in shower, utility room with laundry facilities, additional toilet and combined kitchen, dining room and lounge area. Apartment three comprises three bedrooms each with their own en-suite bathroom with walk-in shower facilities, utility room with laundry facilities, additional toilet, kitchen dining room and separate sitting room. The centre is staffed by a person in charge and social care workers.

The following information outlines some additional data on this centre.

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

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 28 September 2021	10:10 am to 5:05 pm	Louise Renwick	Lead

What residents told us and what inspectors observed

The inspector met the four residents who live in the designated centre and spent time in each of the units talking to residents. Residents also completed a questionnaire to give their views on the designated centre in areas such as how comfortable the centre is, the support from the staff team, the food and mealtime experience, their choice and control in their daily lives and complaints.

On arrival to the designated centre some residents were having breakfast in the kitchen area, and other residents were only getting up and ready for their day. One staff member was on duty to support residents along with the person in charge who was based in the centre during the week to work directly with residents, as well as having additional administrative hours to support their role.

One unit of the designated centre was laid out and designed to promote accessibility for residents who required additional support in relation to their mobility. For example, the parts of the centre for residents' use was on ground floor level, doors and corridors were wide to support easy access for wheelchair users or people using mobility aids and residents had en-suite showering facilities. The person in charge explained to the inspector that plans were being made to address a slight lip between the bedroom and en-suite in some residents bedrooms as it created an additional risk and the technical services were creating a plan to address this.

Another unit was a large apartment on the first floor of a building. Residents told the inspector that they liked living here and had no problems using the stairs and their home suited them. Residents told the inspector that they looked after most of their own responsibilities, such as laundry and household chores. They had checklists and guides to support them to keep things clean and tidy and some residents had chosen to get a cleaner to visit their home once a week to help with bigger tasks that they did not enjoy doing themselves.

There was a third unit which was not in use on the day of the inspection. This was a small one bedroom ground floor apartment. While the bedroom was of good size and had suitable space for personal belongings, the living space in the apartment was very small. For example, apart from the bedroom and shower room there was only one other room. This room had a kitchen area, one armchair, television and a small dining table with space for two seats. While the compact nature of the apartment suited residents in the past, it was limited in space for prospective residents who may move into the centre in the future. The provider was aware of the limitations of space in the apartment and was considering plans for extending the premises if the apartment was required.

Residents spoke to the inspector about the decoration of their centre, and explained that most of the art work on display was made by residents. For example, personal paintings or completed jigsaws that had been professionally framed. Residents liked this as it made the place feel more homely and they were proud that their work was

on display. There was also display cabinets and decoration of photographs of residents and people that were important to them.

Since the previous inspection, the provider had enhanced the fire containment measures in the designated centre by creating a new internal doorway in the hall and enclosing the stairwell up to an attic room that was used as a staff office. The aim of this was to promote more privacy for residents so that if staff were entering the office area, they were not coming straight into the area for residents. The plaster work had not yet been painted in the hallway and the person in charge had requested this.

Some residents showed the inspector their bedroom, which was decorated in line with their own interests and choices. Residents had space in their rooms for clothing and personal belongings and seating areas so they could watch television in their room if they wished. Residents were happy with their bedrooms overall, but three residents noted that they would like more space for personal belongings. The person in charge was looking at this with residents to consider additional free standing chest of drawers or cabinets for additional belongings.

All residents noted that they were happy that staff were easy to talk to, listen to them and knew them well. Some residents said that "staff are amazing and have plenty of time for me..." and "...they are good fun, that's what life's about..." other comments noted "... the staff are always there to support me and listen to what I want..." and "...the staff help me a lot...".

Residents told the inspector that staff supported them to be as independent as possible, and helped them to understand risk associated with their choices. Some residents showed the inspector their journal where staff had worked with the resident to understand the benefits and risks associated with their personal choices. Residents said this helped them to make good decisions and even if they didn't like something they felt they understood why it was the right thing to do. Residents felt accepted and respected by staff in the designated centre, and felt that they could be themselves in their own home and honour their own identities and uniqueness.

Residents spoke to the inspector about COVID-19 and how they kept busy during times of national restrictions and closure of day services and employment. Some residents had been supported to seek new employment which they had recently started and were happy about. Residents were encouraged to talk about the difficulties that the COVID-19 pandemic may have caused them, and had access to additional support from health and social care professionals if they felt this was something they required. Residents had used video calling to keep in touch with family members and had garden space to support window visits and outdoor visits when restrictions eased. Residents told the inspector that they liked to watch sports, listen to music, watch movies and television shows, enjoyed reading and playing games on computer tablets to keep their brain active when they were at home. Residents were happy that they could avail of community facilities and amenities again such as going to local coffee shops, pubs and restaurants and looked forward to returning to horse riding and other activities again.

Residents were aware of the statement of purpose and the type of service that they could expect in the designated centre. Residents were consulted and kept informed of the process if their needs changed and the centre could no longer meet their support needs. While residents really liked their home, they understood that if they required higher support or more medical support they would be supported to find a more suitable home. Residents had a nurse who worked in the centre part-time. Some residents spoke to the inspector about other residents who had moved out recently to live somewhere that could better meet their needs. Residents had kept in touch with the resident and had plans for them to visit for dinner soon.

Overall, from what residents told the inspector and observations on the day residents were happy living in the designated centre, were informed and consulted about decisions regarding their care and supported to maintain and develop skills to promote their independence and their right to make choices and have control over their lives.

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 within a community-based home, with some improvements required in relation to the oversight of staff training and the annual review of the designated centre.

The provider had ensured there were effective leadership and oversight arrangements in place in the designated centre. The provider had appointed a full-time person in charge. The person in charge reported to a services manager, who in turn reported to a Director of Services. Along with a clear management structure for lines of reporting and responsibility, there were effective oversight systems in place. For example, the person in charge reported monthly to the services manager on areas such as adverse events, compliments or complaints or risks and how they were being managed.

There were established 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 every six months, along with an annual review on the quality and safety of care. While the annual review report had been completed by the provider, it did not include the consultation of residents to give their views, and the format of the review did not fully encompass all of the aspects of care and support that had been

completed during the previous year in a comprehensive manner.

There was a stable and consistent staff team identified to work in the designated centre and rosters were maintained to demonstrate the planned and actual hours worked. Residents told the inspector that they felt safe were supportive and helpful and had time for them. Since the previous inspection, the hours of staff support during the day and evening time had increased, to provide longer support based on residents' needs. This was something that the person in charge and senior manager were reviewing constantly based on information from adverse events or emerging risks. There was on-call arrangements in place for times when staff were not on duty in the designated centre, and residents were aware of these arrangements and who to contact if required.

There was a part-time nurse who worked as part of the staff team and other staff members were qualified in social care or other care professions. Staff were provided with routine and refresher training to ensure they had the skills required to meet the needs of residents. While there was oversight of training needs and completed training, the record keeping required improvement to ensure the person in charge was fully aware of all training completed by staff, or any training needs. The changes to the delivery of training during the COVID-19 pandemic and issues with cyber security had proven a challenge for the person in charge to collate clear information on any gaps in training for staff and to be assured that all training was in date. On review of records available, some staff required refresher training in hand hygiene, fire safety training and the safe administration of medicine.

Residents had written agreements in place outlining the terms and conditions of their care and support in the designated centre including any associated fees or costs. This was consistent with the amount of rent paid each week and residents were aware of these agreements and what they contained.

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.

The person in charge maintained a planned and actual roster to demonstrate who was on duty each day.

Staffing hours had been extended in response to information from adverse events and changing needs of residents, and the person in charge reviewed staffing regularly to identify any changes required.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training as part of continuous professional development. The management of records and oversight of the training needs of staff required improvement to ensure all staff completed refresher training as needed and some staff required training in mandatory areas.

Staff were appropriately supervised, both formally and informally by the person in charge in the designated centre.

Information on the Health Act 2007 (as amended), regulations and standards, along with guidance documents on best practice were available in the designated centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had put in place a management structure in the designated centre, with clear lines of reporting and responsibility.

There were oversight arrangements and monitoring systems in place, and pathways for information and escalation from the person in charge to the provider. For example, through monthly information reviews with the services manager.

The provider had completed unannounced visits to the centre every six months, and had completed an annual review of the quality of care and support, however this review did not include consultation with residents and was not comprehensive.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The provider had clear criteria on admission to the designated centre, which was included in the statement of purpose.

The person in charge had ensured residents had written agreements in place which outlined the terms on which residents reside in the designated centre and any cost or fees associated with this.

Judgment: Compliant

Quality and safety

This inspection found that the provider and person in charge were operating and managing the centre in a manner that ensured residents were in receipt of a service that was person-centred, was a part of the local community and promoted residents' independence.

Residents' health and safety was promoted through effective risk management policies and procedures, emergency planning and incident recording and management systems. Where risks had been identified and assessed, control measures to reduce or remove these had been put in place by the staff team. The provider and person in charge were aware of the risks associated with the model of support and staffing hours available in the designated centre and had robust risk management systems in place to assess and manage these risks, in consultation with residents. For example, to manage risks during the night-time there was repeated training and revision of emergency plans and what to do in the event of an emergency if staff were not present with residents along with the use of technology and devices to support residents to seek help if an emergency was to occur. Residents told the inspector that they felt safe in the designated centre at all times, even when staff were not on shift and they felt secure with the additional supports in place that supported them to be home alone and exercise their independence.

Residents were consulted and involved in decisions about their care, and consented to any changes to their care and support that might impact on their rights. For example, agreeing to change their nightly routine to better support their sleep patterns and reduce risk of falls. Residents were supported and encouraged to take positive risks through informed choice making by discussing the benefits and negatives of decisions and considering risks associated with their personal choices.

The centre was managed in a way that identified and promoted residents' good health, personal development and well-being. Residents' needs were noted and assessed in a comprehensive manner using an assessment tool implemented by the provider. Based on these assessments, personal plans or care plans were written up to outline how each individual need would be met and supported. Residents had access to their own general practitioner (GP) and other health and social care professionals, and were supported to keep healthy through attending regular health appointments, follow-up appointments or adopting the advice of health professionals. To better understand the needs of residents during times when staff were not present in the centre, the person in charge was planning to assess this in a discreet and respectful way, to assist in informing decisions regarding staff support and the management of risk. Residents also had had time each month to discuss with their key-worker their goals and aspirations and things they wanted to work towards in relation to their personal and social needs. Residents told the inspector about their interests in mindfulness, art and crafts, jigsaws, reading, knitting, gardening, horse riding, learning Spanish and history.

Residents told the inspector they were very happy in their home and that they got

on well with each other. There were policies, procedures and pathways in place to identify and respond to any safeguarding concerns or risks, and staff had received training in safeguarding vulnerable adults. If required, safeguarding plans were put in place, to promote residents' safety. Residents knew how to raise a complaint or a concern, and felt comfortable raising issues with the person in charge or any member of the staff team. Residents had monthly meetings to discuss the centre and also to discuss health and safety, infection control and emergency response plans.

Residents were protected against the risk of fire in the designated centre, through fire safety systems and local procedures. Residents knew where the assembly point was and the plan to follow if the alarm sounded during the day or night time. Residents were familiar with the process to be followed, through regular drills and practical exercises and the plan to follow in the event of emergencies was routinely discussed with residents to ensure they understood what to do. Residents told the inspector that they felt safe in the designated centre, even at times without staff support as they understood how to keep safe and what to do.

The provider had also ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19 through formal risk assessments. Personal protective equipment was available and used by staff. Residents understood standard precautions and the requirement to report symptoms and isolate if unwell. Residents had an assessment of need completed for the event of a suspected symptom of COVID-19 and how the resident would be supported. There were practices in place daily in line with national guidance. For example, twice daily temperature checks and cleaning logs of high use areas for enhanced cleaning.

Regulation 13: General welfare and development

Residents were provided with appropriate care and support in line with their assessed needs. The provider had extended the arrangements for staffing support until later in the evening in response to residents' needs.

Residents enjoyed participating in activities in line with their own interests and choices, and had been encouraged to remain connected to activities through alternative methods during times of restrictions.

Residents had opportunities for occupation and were supported to seek employment and residents were supported to maintain relationships and links to the wider community in accordance with their wishes.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises were well maintained, suitably designed and laid out to meet the needs of residents and were nicely decorated. Some recent building works to the staircase in the main building required decoration to cover exposed plaster.

While the requirements for Schedule 6 were met in two units of the designated centre, one vacant apartment was small in size and did not provide adequate space for recreational, living and dining space.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Residents' safety was promoted through effective risk management systems in the designated centre, for example, there was a policy in place outlining how risks were identified, assessed, managed and reviewed and the person in charge maintained a risk register of known personal and environmental risks. Residents were supported to understand their right to take a risk, balanced with clear information on benefits and negatives related to their personal choices.

The provider had written plans in place to follow in the event of an emergency, for example, if there was a flood or loss of power.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had put in place procedures for the management of the risk of infections in the designated centre, which were guided by public health guidance and national standards. The risk of COVID-19 was assessed and reviewed regularly, and the provider had plans in place to support residents to isolate if they were required to.

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 was a written plan to follow in the event of a fire or emergency during the day or night, and fire drills had taken place in the designated centre along with regular revision of the evacuation plan with residents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a system in place to assess and plan for residents' needs and these documents were reviewed regularly. Where a need had been identified, there was a written personal plan in place outlining how each resident would be supported.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with appropriate healthcare as outlined in their personal plans.

Residents had access to their own general practitioner (GP) along with access to other health and social care professionals through referral to the primary care team or to professionals made available by the provider.

Advice or recommendations from health and social care professionals was incorporated into residents' personal plans, and put into practice by the staff team. Residents were encouraged to take control of their health, and to make healthy choices.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured there were policies, procedures in place to identify, report and respond to safeguarding concerns in the designated centre. The person in charge was aware of their responsibilities in this regard and staff had received training in adult safeguarding.

Judgment: Compliant

Regulation 9: Residents' rights

The designated centre was operated in a manner that was respectful of residents' age, gender, sexual orientation, disability, religious beliefs and cultural backgrounds.

Residents participated and consented in the decisions about their care and support, and were supported to make informed choices and have control over their daily lives.

Residents' privacy and dignity were respected by the staff team and the manner in which the centre was operated.

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 - 2015 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	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cromwellsfort Road Residential OSV-0002395

Inspection ID: MON-0026086

Date of inspection: 28/09/2021

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Person in charge has implemented a local system where all staff will submit evidence of completion of training courses, which will include date that they are successfully completed. Training records will be stored within the designated centre	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Person in charge will ensure that Annual reviews reflect and capture consultation with all residents	

Regulation 17: Premises	Substantially Compliant
<p data-bbox="172 208 1377 315">Outline how you are going to come into compliance with Regulation 17: Premises: Person in charge will ensure that outstanding paint work to the stairwell and office is completed</p> <p data-bbox="172 360 1262 394">Person in charge will ensure that the grounds are free from moss and weeds</p> <p data-bbox="172 439 1426 546">The Provider has reduced the number of resident's from six to five in the application for renewal. Therefore the small apartment will now be utilized as a store room. Floor plans will be amended to reflect the change of use.</p>	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	29/12/2021
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	28/02/2022
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	09/11/2021
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to	Substantially Compliant	Yellow	30/03/2022

	in subparagraph (d) shall provide for consultation with residents and their representatives.			
--	--	--	--	--