



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

Issued by the Chief Inspector

Name of designated centre:	Sarto Rise
Name of provider:	St Michael's House
Address of centre:	Dublin 13
Type of inspection:	Announced
Date of inspection:	02 December 2021
Centre ID:	OSV-0002347
Fieldwork ID:	MON-0026996

About the designated centre

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

Sarto Rise is a community residential centre operated by St. Michael's House. Sarto Rise can accommodate up to five residents at any given time and provides residential support for up to six residents; two residents avail of this residential service on a time-share arrangement. Sarto Rise supports residents with intellectual disabilities and additional physical or behavioural support needs. The designated centre comprises a large two-storey house which is located in a residential area in north Dublin. The house is in close proximity to various shopping centres, restaurants and public transport networks. The centre is managed by a person in charge and a person participating in management as part of the provider's governance oversight arrangement for the centre. A team of social care workers provide direct support to residents..

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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
Thursday 2 December 2021	9:40 am to 3:00 pm	Jennifer Deasy	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with all of residents on the day of inspection. Some residents chose to speak with the inspector in more detail about their experiences of living in the designated centre. In line with public health guidance, the inspector wore a face mask and maintained physical distancing at all times during interactions with residents and staff. Several of the residents and some family members of residents had completed questionnaires in advance of the inspection and these were made available to the inspector. The inspector used observations, discussions with residents and key staff, resident questionnaires and a review of documentation to form judgments on the quality of residents' lives in their home. Overall, the inspector found that the designated centre was providing a good quality, person-centred service and that residents appeared happy and comfortable in their home.

The inspector observed residents coming and going from the centre during the day. At the time of inspection, day services had been suspended until after Christmas due to a rise in COVID-19 cases. Some residents' day services had not recommenced since they had closed early in the pandemic. The residents in Sarto Rise were supported to engage in activities in the community and at home in lieu of day service. Some residents kept a scrapbook of photographs of their activities during the pandemic. These scrapbooks detailed the variety of community and in-house activities in line with public health guidance that residents accessed at various stages of the pandemic.

On the day of inspection, residents were seen relaxing in the sitting room, listening to music, watching TV and going out in the community for a walk and for coffee. Resident and staff interactions were observed to be warm and friendly. Staff were observed interacting with residents in a kind manner. Staff were seen to use modes of communication which were in line with residents' assessed needs such as Lámh and gestures. Staff clearly knew the residents well and could talk competently about residents' preferences and likes as well as their assessed needs.

The inspector observed that the designated centre was clean and tidy. It had recently benefited from a retrofit and had received new windows and front door. The house was warm and welcoming. Residents had access to two sitting rooms, a large kitchen and a back garden which was equipped with a swing chair and other facilities for recreation. Several residents showed the inspector their bedrooms and were proud of them. The bedrooms had been recently repainted and were decorated in line with resident preferences. Some minor painting works remained outstanding. For example, the plaster around the windows had not been fully painted as there was a requirement to wait for the plaster to dry. However, this did not impact on the homely feel of the centre.

Several residents spoke to the inspector about the meaningful relationships in their lives and how the designated centre respected and supported these. One resident

spoke about how important a second sitting room was to them to support them in having meals and spend time with their loved ones. This resident also regularly preferred to eat alone. Staff supported this by providing an additional dining table and chairs in the second sitting room.

The inspector observed that each resident had access to important documentation relating to them. Documentation such as the residents' "all about me" plan, their personal evacuation plan, the residents' guide and an accessible guide on keeping safe from COVID-19 were all available in an easy-to-access folder in each resident's bedroom.

Residents told the inspector that they liked living in Sarto Rise and were happy with the house and the staff. Through the resident questionnaires, residents stated that they engage in a variety of activities in the community including going to mass, going out for dinner and to the cinema. The residents stated that they liked the people they live with and that they were particularly happy with their new bedrooms, the new paint and the windows and doors.

Family members reported through the questionnaires that they were very happy with the care and support provided in the designated centre. Family members complemented the staff team and the individualised service that was provided to residents.

Overall, the inspector found that the residents in this centre were supported to enjoy a good quality of life which was respectful of their choices and wishes. The person in charge and the staff team were striving to ensure that residents lived in a supportive and safe environment. It was evident that residents were supported to communicate their wishes and views, and that these were listened to and respected.

The next two sections of this report will 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 provided.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and to contribute to the decision-making process for the renewal of the centre's registration. The inspector found that this centre met and exceeded the requirements of the regulations in many areas of service provision.

There were effective management arrangements in place that ensured the safety and the quality of the service was consistently and closely monitored. The provider had systems in place to monitor and review the quality of services provided within the centre such as bi-annual unannounced visits and an annual review of the quality and safety of care. The annual review clearly set out how the views of residents,

family members and staff were captured in order to inform the review.

There were clearly defined management structures in place which identified the lines of accountability and authority within the designated centre. The centre was managed by a suitably qualified and experienced person in charge. The person in charge had worked in the centre for many years and knew the residents well. The person in charge had sole responsibility for the designated centre and had set management hours which were detailed on the roster.

The provider had completed several audits in the designated centre over the last 12 months in order to enhance oversight. These audits included a finance audit and a hygiene audit. Actions were identified as a result of these audits and allocated to a responsible individual. At the time of inspection, several of these actions had been completed and there was a time line for completion of additional actions. This demonstrated that the provider was using audits to drive continuous service improvement.

Staffing levels and skill mix were appropriate to the assessed needs of the residents and were in line with the centre's statement of purpose. Due to recent changes to day service provision, the person in charge had identified that an additional whole time equivalent would be beneficial in order to ensure that residents continued to be supported with general welfare and development and to engage in meaningful activities. The person in charge stated that they had submitted a business case to the provider in support of an allocation of an increase in whole time equivalents. Where relief staff were required, these came from a small panel of agency and relief staff. This supported continuity of care for residents.

A review of the training matrix identified that staff had access to a high level of mandatory and refresher training. Two staff required refresher training in first aid. Dates had been secured for these staff to complete this training in the coming weeks. Staff also had access to regular quality supervision, the frequency of which was in line with the provider's policy. Regular staff meetings were held which covered aspects of the day to day running of the centre, health and safety and planning for progressing resident goals and updates care plans.

Regulation 14: Persons in charge

The centre was run by a suitably qualified and experienced person in charge. The person in charge was employed on a full-time basis and had responsibility solely for this designated centre.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff was in line with residents' assessed needs and as per the statement of purpose. A planned and actual roster was maintained. The roster demonstrated that where relief staff were required, these came from a small panel of agency and relief staff which supported continuity of care for the residents.

Judgment: Compliant

Regulation 16: Training and staff development

A review of the training matrix demonstrated that staff had access to mandatory and refresher training. Education and training had been provided to staff which enabled them to provide care that reflected up-to-date, evidence based best practice. All staff were up-to-date with all mandatory training, with the exception of first aid training. Two staff required refresher first aid training. A date for this training had been secured for the coming weeks. Staff also had access to regular quality supervision. Regular staff meetings were held which enhanced the provision of good quality care in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined governance structure that facilitated the delivery of good quality care and support that was routinely monitored and evaluated. An annual review had been completed in consultation with residents and families. Additional audits in the areas of resident finances and hygiene enhanced the oversight of the centre. There was evidence that actions identified as a result of these audits were progressed in a timely manner and that audits were being used to drive continuous service improvement. The centre was managed by a suitably experienced and qualified person in charge who knew the residents well. The centre was sufficiently resourced to meet the needs of all residents.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service and how safe it was for the residents who lived in the designated centre. Overall, the inspector

found that the day-to-day practice within this centre ensured that residents were safe and were receiving a good quality and person-centred service.

The designated centre was located in a quiet cul-de-sac in an urban area with easy access to local shops and community facilities for leisure and recreation. Each resident had their own bedroom and also had access to two sitting rooms, a kitchen and a utility room. The house had recently been retrofitted with enhanced insulation. A new, energy-efficient front door and windows were also installed. Resident bedrooms had been recently painted and were decorated in line with resident preferences. New carpets had been fitted in resident bedrooms. The centre was very clean, bright and homely. A large back garden was available for residents' use with facilities for relaxation and occupation. For example, one resident had expressed a wish for a sensory kitchen in their recent person centred plan. A sensory kitchen was available in the back garden on the day of inspection.

There were some outstanding premises issues such as painting required around the recently installed new windows and replacement of the carpet on the stairs. However, these did not impact on the overall homely feel of the centre. A maintenance log was kept which demonstrated that many maintenance actions were completed and that the identified outstanding items had been logged with maintenance for completion.

The centre was furnished with equipment to support recreation and relaxation. Residents had access to technologies including tablet devices, an interactive smart speaker device and CD players. Several bedrooms were also equipped with residents' preferred sensory tools for relaxation including a sensory mirror and bubble column. Equipment to support residents' assessed needs was also available. For example, one resident had a height adjustable bed which was kept at a lowered position. This was due to an assessed knee problem which made it difficult for the resident to stand independently from a regular height bed.

A review of several resident files identified that the provider had completed a comprehensive assessment of need which had been reviewed and updated within the last 12 months. The assessment of need was used to inform care plans for residents' assessed needs. Care plans were written in a person-centred manner and provided clear guidance for staff on how they should provide support to residents which was respectful of residents' dignity and autonomy. It was evident that residents had access to a variety of health care professionals as required including psychology, occupational therapy and physiotherapy. Where guidelines were in place from specific allied health care professionals, there was evidence that staff had read and signed off on these.

Staff were observed supporting residents in line with their care plans and assessed needs. Some residents had assessed needs in the area of communication. Staff were seen to use Lámh and gestures with residents in line with their communication care plans. Photographs and pictures were available throughout the house to support residents in making choices and to participate in the day to day running of the house.

Residents had also been supported by keyworkers to have a "My Life" meeting within the last year. This meeting identified goals that the resident would like to achieve. There was evidence that progress towards achieving goals was regularly monitored and, at the time of inspection, several residents had achieved their goals for the year.

There was evidence that the designated centre was operated in a manner which was respectful of individual residents' rights. Support plans were in place as required in areas such as relationships, sexuality and religion. Residents' choices and preferences in these areas were clearly documented. Residents were consulted with in regard to their care plans and these were written in a person-centred manner. Regular resident meetings were held which supported residents to plan meals and activities for the centre. These house meetings also covered house health and safety and residents' rights to dignity and respect.

There were systems in place to ensure that residents were safe and protected from harm. All staff had completed safeguarding training and Children First training. There was evidence that where safeguarding concerns had been identified that these were notified to the relevant statutory agencies and investigated accordingly. Safeguarding plans were implemented if required. These plans detailed the measures the provider had taken to support residents to develop skills for self-protection. For example, staff had supported a resident to learn through role play how to inform staff if they were worried or upset about something. Staff spoken with were knowledgeable in relation to safeguarding. Intimate care plans were in place where required. These were written in a respectful manner and provided guidance for staff on how to assist residents while supporting residents' autonomy and dignity.

A comprehensive risk register was in place for the centre which reflected all known risks. Individual risk assessments were on file and were up-to-date. Where a specific risk had been identified, the associated risk assessment detailed clear control measures to mitigate against the risk. A site specific safety statement was available which had been reviewed within the last 12 months. This set out details on how to manage incidents and the roles and responsibilities of staff in doing so. An up-to-date risk management policy was also available to staff.

The provider had taken measures to mitigate against the risk of residents contracting a healthcare associated infection. The centre was observed to be very clean. Regular temperature checks of the fridge, freezer and of cooked food were taken. There were colour coded chopping boards, food hygiene signage and a separate hand washing sink available in the kitchen. The inspector observed staff supporting residents to maintain good hand hygiene on return from a community outing. There was a COVID-19 folder available which set out clear processes for staff in managing suspected cases of COVID-19. There was also a recently reviewed COVID-19 house plan which detailed the steps that would be taken if there was an outbreak in the centre. The inspector saw that the centre had adequate supply of personal protective equipment (PPE) and that staff were observed wearing face masks and physically distancing as much as was possible.

The provider had ensured that effective fire safety systems were in place in the designated centre, and that staff were trained in fire safety and knew how to respond in an emergency. An emergency file was maintained and all staff had signed off on having read this in 2021. All staff had completed fire safety training. Regular fire safety checks were completed. There was evidence that where actions were identified as a result of the fire safety checks that these were progressed in a timely manner. Regular fire drills were completed at both day time and night time. Where issues were identified during fire drills, measures were implemented to address these. A fire safety report was completed in August of 2021. This report demonstrated that the provider had taken measures to address fire risks in the premises. For example, the garage door was upgraded to a suitable fire safety standard and self-closers were fitted to internal doors.

Overall, this inspection demonstrated that the designated centre was compliant with the regulations and was providing a person-centred service which was respectful of residents' rights.

Regulation 10: Communication

Residents were assisted and supported to communicate in line with their assessed needs. Staff were observed using Lámh and gestures with residents and there were readily available photographs and pictures throughout the centre to inform residents and to support decision making. Residents had access to a variety of accessibly written documentation in relation to COVID-19, their personal evacuation plan and their My Life meeting goals.

The centre was equipped with technology for communication and for recreation. Technology included tablet devices, mobile phones, interactive digital speakers, TV and radio. Residents spoke about being supported to use technology to maintain communication with their loved ones particularly during restrictions over the last two years.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to facilities for recreation and occupation and were supported to participate in activities in accordance with their interests, capacities and needs. Many residents had been unable to return to day services since they closed early in the pandemic. Residents showed the inspector scrapbooks which detailed the activities that they had taken part in in lieu of day services. The person in charge had identified that an additional whole time equivalent staff would be a support to continue to support residents' general welfare and development. The person in

charge had submitted a business case to the provider for an increase in staffing levels.

Judgment: Compliant

Regulation 17: Premises

The designated centre was clean, bright and homely. It was designed and laid out to meet the needs of the residents. The premises had recently undergone a retrofit and was of sound construction and was suitable decorated. Residents bedrooms were decorated in line with individual preferences and residents' artwork decorated the landing. Some minor premises issues required addressing subsequent to the retrofit. These had been logged with maintenance and were due for completion. The house was equipped with appropriate equipment including a height adjustable bed and smart technology to support residents to maintain their full capabilities and independence.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had implemented a risk management policy. A risk register was in place that accurately reflected the known risks in the designated centre. Individual risk assessments were available and were up-to-date.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had adopted and implemented appropriate policies and procedures to mitigate against the risk of a healthcare associated infection. The centre was observed to be clean and tidy. Staff were observed wearing appropriate PPE and socially distancing where possible. The centre had an up-to-date COVID-19 contingency plan. Staff were aware of their roles and responsibilities in reducing the risk of a healthcare associated outbreak. There were hygienic facilities for food preparation. Staff were observed supporting residents to maintain good hand hygiene.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that adequate fire safety management systems were in place. The provider had systems in place to detect, give warning of and contain fires. All staff had completed fire safety training. Fire prevention was discussed as part of the regular night-time routine for sleepover staff.

Regular fire drills were held which demonstrated that the centre could be evacuated within a safe time frame. Where issues were identified during fire drills, these were auctioned and measures were taken to reduce risks. Personal evacuation plans were in place for each resident. All residents had access to their own easy-to-read version of their personal evacuation plan in their bedrooms.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector found that there was a system in place for assessing the residents' needs and for ensuring plans were in place to meet these assessed needs. On a review of residents' files, the inspector identified that support plans contained clear information and guidance on how staff should support residents in a respectful and person-centred manner.

Assessments and care plans were inclusive of input and advice from allied health care professionals as required. Staff spoken with were knowledgeable regarding residents' assessed needs and were observed providing support that was in line with residents' care plans.

Judgment: Compliant

Regulation 6: Health care

The provider ensured the residents had access to appropriate health care. Residents' health care plans detailed access to a variety of health care professionals as required. These included speech and language therapy, physiotherapy, general practitioner and occupational therapy. Residents were also supported to attend hospital appointments as required.

Judgment: Compliant

Regulation 8: Protection

The person in charge and their team had a good understanding of their responsibilities to safeguard residents from all forms of abuse. Where safeguarding concerns had been identified, the provider had investigated these and adhered to national guidance and statutory requirements. Safeguarding plans were implemented.

There was evidence that staff also supported residents to develop skills to for self-protection. Staff spoken with demonstrated an understanding of their responsibilities in identifying and reporting safeguarding risks.

Judgment: Compliant

Regulation 9: Residents' rights

The designated centre was operated in a manner which was respectful of individual residents' rights. Support plans guided staff as to residents' preferences and choices in areas including relationships, sexuality and religion. Residents were consulted with in regard to their care plans and these were written in a person-centred manner.

Regular resident meetings were held which supported residents to plan meals and activities for the centre. These house meetings also covered residents' rights.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	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