



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

Issued by the Chief Inspector

Name of designated centre:	Rossmore
Name of provider:	St Michael's House
Address of centre:	Dublin 6w
Type of inspection:	Short Notice Announced
Date of inspection:	10 September 2020
Centre ID:	OSV-0002404
Fieldwork ID:	MON-0025201

About the designated centre

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

Rossmore provides full-time residential support to male and female adults. Rossmore implements a social care model of care and aims to support residents to live as independently as possible. The service is located in a residential area, 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.

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 10 September 2020	11:15hrs to 17:05hrs	Amy McGrath	Lead

What residents told us and what inspectors observed

The inspector met with four of the residents who live in the centre. Two of the residents were preparing to go out when the inspector arrived; each greeted the inspector and continued with their preparations before leaving the centre. The inspector spoke with two other residents who discussed in detail how they spend their days and what they enjoy about living in the centre.

One resident was observed to be relaxing and enjoying a hot drink when the inspector arrived, the resident offered the inspector a drink and was complimentary of the food and drink available in the centre. A resident showed the inspector some areas of their home, including their bedroom. This resident confidently discussed their hobbies and interests and the inspector observed that their bedroom was decorated with objects of interest including books and posters specific to their preferred interests.

A resident discussed with the inspector how they have been communicating with friends and family in recent months given public health restrictions, and stated they were glad to have access to a range of media devices such as tablets, phones and desktop computers in order to email, message and video call their loved ones. This resident also noted that their recreation preferences were respected and supported in their home.

Another resident showed the inspector their bedroom, and commented that they liked the decor and had recently chosen new curtains. This resident told the inspector that they liked spending time in their bedroom. They also shared that they were planning for a holiday in the coming weeks and were looking forward to that. The inspector was told how the resident had had to amend a number of plans due to changing public health guidance, but that they were supported to engage in alternative activities and interests, as well as rescheduling of other events.

Overall, the inspector observed that residents were comfortable and happy in their home, they were confident in making their views and their needs known and satisfied with the service they received. Residents were confident that they could raise concerns or complaints and that their views would be heard.

Capacity and capability

The inspector found that the governance and management arrangements in place ensured that care delivered to residents was safe, of high quality and consistently monitored. The provider demonstrated that they had the capacity and capability to operate the centre in a way that met residents' needs and ensured compliance with

regulations.

There was a statement of purpose in place that was reviewed and updated on a regular basis. While the statement of purpose contained the information required by Schedule 1 of the regulations, some of this information was found to be inaccurate, such as information regarding the full-time equivalent staffing complement, and the provision of respite.

There were established systems in place to ensure that the service was provided in line with residents' needs, such as targeted audits and management meetings. It was found that six-monthly unannounced audits were being carried out on behalf of the provider, with the most recent audit having been carried out by an alternative method to comply with public health guidance. Where audits identified areas requiring improvement, action plans were developed to address these issues. Effective monitoring systems ensured that any actions arising from provider led audits had been addressed.

The person in charge was employed in a full time capacity and had the necessary experience and qualifications to fulfil the role.

There were sufficient staff available, with the required skills and experience to meet the assessed needs of residents. Nursing care was available to residents as outlined in the statement of purpose. There was a planned and maintained roster that accurately reflected the staffing arrangements in the centre. Staffing arrangements took into consideration any changing or emerging needs of residents and facilitated continuity of care.

The person in charge established systems to identify and meet staff training needs. The provider had determined mandatory areas of training and it was found that all staff had received training in these areas. Refresher training was also made available; staff had availed of this and all refresher training had been completed within the time frame set out by the provider. There were arrangements in place for supervision and professional development, including arrangements for clinical supervision.

There was a complaints policy and related procedures in place, including an accessible format of the complaints procedure that was displayed in a prominent place in the centre. The person in charge had recorded and responded to complaints in accordance with the complaints policy, including records of correspondence with the complainant, measures taken to address the complaint, and the satisfaction of the complainant. There was an identified complaints officer, and residents knew how to raise concerns if necessary.

The provider had ensured that the centre was adequately ensured against risks to residents and property.

Regulation 14: Persons in charge

The person in charge was employed in a full time capacity and had the necessary experience and qualifications to fulfil the role.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements in the centre, including staffing levels, skill mix and qualifications, were effective in meeting residents' assessed needs. There was a planned and actual roster maintained by the person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training and development opportunities. Staff had received the necessary training to provide safe and quality care to residents. There were effective supervision arrangements in place.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured that the centre was adequately ensured against risks to residents and property.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the centre was effectively governed and adequately resourced. There were a range of oversight mechanisms in place in order to evaluate the quality of service and address any identified deficits. There was a clear governance structure and reporting mechanisms that ensured any quality or safety issues were escalated appropriately.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place that was reviewed and updated on a regular basis. While the statement of purpose contained the information required by Schedule 1 of the regulations, some of this information was found to be inaccurate.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. It was found that complaints were made infrequently and that any complaints made had been suitably recorded, investigated and resolved.

Judgment: Compliant

Quality and safety

Overall, the governance and management arrangements had ensured that a safe and quality service was delivered to residents. The provider had ensured that the delivery of care was person centred, with residents directing the care and support they received. There was evidence that residents lived in a comfortable environment, exercised choice, and were involved in meaningful activities that they enjoyed. However, some improvement in relation to disposal of medicine, fire containment and maintenance of the premises was required.

The inspector found that residents were provided with care and support appropriate to their needs and wishes. Residents had access to a range of facilities for occupation and recreation; some were members of local clubs and each was supported to engage in hobbies of their choice. Residents attended regular day services, and although these had been suspended in recent months due to public health guidance, the provider had ensured additional staffing was available to provide alternative activities and opportunities for learning and development. Residents were supported to maintain and develop friendships and family relationships. Residents were active consumers in their local community, and enjoyed visiting local shops, restaurants and services.

There were arrangements in place to protect residents against potential safety risks.

Safeguarding risks had been identified and investigated appropriately and there were measures in place to protect residents from risk of abuse. While there were safeguarding plans in place, they did not detail the measures to be taken to protect residents from risk of abuse; the inspector was not satisfied that safeguarding plans directed staff in how to maintain residents' safety. Staff had training in safeguarding vulnerable adults and there was a designated officer identified.

There were substantial measures in place to protect residents from the risk of acquiring a health care associated infection. There were ongoing hygiene and infection control procedures in place, as well as others specifically aimed at protecting residents from the risk of contracting COVID-19. The person in charge had carried out a preparedness self assessment, and implemented any actions identified to improve infection prevention and control management. There were contingency plans in place in relation to areas such as staffing and supply of personal protective equipment. Residents and staff were kept informed of public health guidance.

Residents had access to a pharmacist of their choice, and were supported to manage their medicines in accordance with their preferences and needs. There were adequate arrangements in place in relation to the ordering, receipt, and administration of medicines. There were secure storage facilities in place for medicines, however an out of date medicine was found not to have been stored separately to other medicines. Staff had received training in safe administration of medicines.

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed. These included measures to manage infection control risks. Risks specific to individuals, such as falls risks, had also been assessed to inform care practices. The person in charge maintained a record of all incidents and accidents that occurred in the centre, and learning from incidents informed risk management procedures.

In general, the premises was found to be in a good state of repair, however there were water stains evident in some rooms and the kitchen cabinets were damaged. These issues had been identified by the provider and there were plans in place to address them. The facilities set out in Schedule 6 of the regulations had been provided for residents, such as adequate private and communal space, sufficient shower and bathing facilities, and kitchen and laundry services.

There were established fire safety management systems in place, including fire alarms, emergency lighting and fire fighting equipment, each of which was regularly serviced. The provider had previously identified deficits in relation to fire containment, and commenced works to address this in 2018. Since then, fire doors had been installed and a self closing device was installed on one kitchen door. The provider's own action plans identified that additional self close devices would be installed to manage this risk; although no further devices had been installed since 2018. At the time of inspection it was found that the kitchen had two entry points, and the door with the self close device did not seal fully when tested. This issue was

escalated to the responsible department on the day of inspection.

The inspector found that residents took part in planned evacuations, and that learning from fire drills was incorporated into personal evacuation plans. Staff had received training in fire safety and on-site fire drill training. There were clear procedures to be followed in the event of a fire, however these were not displayed in a prominent place in the centre.

Regulation 13: General welfare and development

Residents needs were found to be met in a manner that promoted their welfare and development. They had access to a range of social, leisure and development opportunities and contributed to plans about their care. Residents were supported to maintain and develop personal friendships and relationships.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the premises was suitable in meeting the assessed needs of residents. Generally, the premises was in a good state of repair, and was well decorated. There were some maintenance issues that required addressing, although these had been identified by the provider.

The facilities set out in Schedule 6 of the Regulations had been provided for residents.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed. These included measures to manage infection control risks. Risks specific to individuals, such as falls risks, had also been assessed to inform care practices.

Judgment: Compliant

Regulation 27: Protection against infection

There were measures in place to manage infection controls risks in the centre, both on an ongoing basis and in relation to COVID-19. The premises was maintained in a clean and hygienic condition throughout and hand washing and sanitising facilities were available for use. Infection control information and protocols were available and staff had received relevant training.

Judgment: Compliant

Regulation 28: Fire precautions

There were a range of fire safety management measures in place to protect residents and staff. The provider ensured that fire safety risks were identified and that risks in this area were routinely assessed. For the most part, risks identified had been addressed, however further action was required in relation to fire containment.

Staff had received training in fire safety and evacuation. The procedures for evacuation were not displayed in a prominent place.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

While for the most part, there were adequate arrangements in place with regard to the ordering, receipt, administration and storage of medicines, the inspector found improvement was required in relation to the arrangements for the storage of and disposal of out of date medicines.

Judgment: Substantially compliant

Regulation 8: Protection

Safeguarding risks had been identified and investigated appropriately, there were measures in place to protect residents from risk of abuse. Safeguarding plans did not detail the measures to be taken to protect residents from risk of abuse.

Judgment: Substantially 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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	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	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Rossmore OSV-0002404

Inspection ID: MON-0025201

Date of inspection: 10/09/2020

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 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The statement of purpose has been reviewed and amended to provide accurate information as set out in schedule 1 of the regulations. This was reissued to HIQA on the 13/10/20.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The PIC has contacted the Housing Association to discuss the work required within the centre. Full kitchen refurbishment and painting as required will be completed by the 30/11/20.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The self closure on the dining room door has been reviewed by an electrician and further consultation is required by a specialist company to fix this issue. This will be completed by the 19/10/20.</p> <p>Further self closures, as identified will be in place by the 31/12/21.</p>	

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>The expired medication was removed on the day of inspection and replaced. The PIC discussed at the staff meeting on the 06/10/20 the importance of checking all expiration dates on all medication during weekly audits.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>Safeguarding plans will include all measures in place to protect residents from abuse. This will include redirection to other documents, which will also outline control measures for the person alleged to have caused concern.</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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/11/2020
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2021
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Not Compliant	Orange	10/10/2020
Regulation 29(4)(c)	The person in charge shall	Substantially Compliant	Yellow	06/10/2020

	ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	13/09/2020
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	10/09/2020