



## Office of the Chief Inspector

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

Name of designated centre:	Rusheen House
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	06 September 2019
Centre ID:	OSV-0005780
Fieldwork ID:	MON-0026639

## About the designated centre

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

Rusheen House is a community residential service providing care and support to four male adults with an intellectual disability who have complex health and behaviour support needs. The service is located in a rural setting close to Sligo town. The centre comprises of a two-storey house with four bedrooms and several communal rooms which the residents share. Residents at Rusheen House are supported by a staff team, which includes both nursing and social care staff. The staff support provided is based on the needs and abilities of individuals; there are three staff working in the centre during the day and two waking staff supported residents at night. Residential services are provided in a person centred approach and the provider incorporates a holistic approach to care and support, identifying each resident as an individual, while ensuring a safe, warm, home like environment.

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

Number of residents on the date of inspection:	4
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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
06 September 2019	09:00hrs to 17:00hrs	Thelma O'Neill	Lead

## What residents told us and what inspectors observed

The inspector met with the four residents residing in the house, and one of the residents told the inspector that they were satisfied with the care and support they received at the centre. In particular, the resident said they were satisfied with the changes in the service over recent months, as the house was redecorated and they were more actively involved in the community. They also said that they had moved bedroom to a upstairs room, which provided them with more space and access to the second sitting room where they could relax in a quiet and safe environment.

During the inspection, the inspector observed all of the residents in the centre and found they were comfortable with the support provided in the centre. Residents that could speak said they were happy with the support they received and that they had active daily activities available to them to attend as they wished.

## Capacity and capability

The Health Service Executive (HSE) is the registered provider of this centre. This house was previously registered as part of another designated centre; however, in December 2018 the provider applied to register this centre as a single house in response to a regulatory plan. A site visit was conducted of this centre in October 2018 and this inspection is a follow-up inspection to monitor the regulatory compliance in the centre.

The inspector found significant improvements in the operational management of this centre since September 2018. This residential service had effective leadership, governance and management arrangements in place and clear lines of accountability. The provider, person in charge and person participating in the management (PPIM) operated the centre in a person centred manner and the inspector observed some very good practices over the course of this inspection.

On this inspection, residents' care and support needs were well-monitored and reviewed. Governance systems audited key practice areas such as health and social care, health and safety, risk management and managing behaviours of concern. However, improvements were required in the consistency of staffing and safeguarding documentation.

Residents quality of life had improved in this centre since changes in the management system had taken place, and were found to be very effective. The provider had also ensured that all staff working in the centre had received the required training to support residents living in the centre. The person in charge told

inspectors that she had regular support and supervision meetings with the staff.

On this inspection the inspector found, there was a clearly defined management structure in this centre. The centre was managed locally by a person in charge, who worked full-time in this centre. She had the qualification and experience to manage community residential services. However, the staff team that previously worked in the centre had changed in recent months and there was a significant shortage of nurses in this centre. This had resulted in staff nurses working in the centre, that were unfamiliar to residents and this has had a negative impact on residents' care. For example, example, there were several occasions where there were medication errors, due to unfamiliar nurses administering medication. However, the person in charge had escalated this risk to the senior management team, and they had a plan to relocate two new nurses to the centre in mid September.

The provider had completed the six monthly unannounced audits and they had plans in place to complete the annual review in the coming months. There was regular communication between the local and the senior management team and the person in charge told the inspector she felt well supported by the provider.

#### Regulation 14: Persons in charge

The person in charge works full-time in the centre and had the required qualifications, skills and experience necessary to manage the designated centre. She was very knowledgeable regarding the individual needs of each resident. She had completed several audits in the centre and was competent and capable in her role as a person in charge.

Judgment: Compliant

#### Regulation 15: Staffing

The inspector found that there has been no consistent staff nurses working in the centre for the past few months. This has negatively impacted on residents receiving their medication. Furthermore, the staff roster did not reflect the actual staff working in the centre, as there were two staff members on long-term sick leave that were shown as working in the centre.

Judgment: Not compliant

#### Regulation 16: Training and staff development

The provider had updated the staff training analysis and the person in charge was clearly able to demonstrate that all staff had received the required training to ensure they had the skills and capacity to attend to the residents' care and support needs.

Judgment: Compliant

## Regulation 23: Governance and management

There was significant improvements in the governance and management of this centre since the last inspection. Effective governance, leadership and management arrangements had been put in place to govern the centre. The person in charge was appointed to work solely in this centre. She had implemented good governance arrangements, including a review of the staff team, daily work routines, and ensured there were robust systems in place, such as audits, staff supervision and management meetings, to ensure that the service was provided in line with residents' needs and as described in the statement of purpose. The person in charge was supported by the senior management team who had regular operational governance meetings to monitor the progress and implementation of the quality enhancement plan as agreed following the last inspection.

Judgment: Compliant

## Quality and safety

The inspector found this was a well-managed and safe service, and the provider had measures in place to ensure there were robust quality and safety procedures in place in this centre. The findings from this inspection demonstrate an improvement in the quality and safety of care provided to the resident since the last inspection in September 2018.

Since the last inspection, there was a significant improvement in the management of risk in this centre. The risk register was updated with the current operational risks, and the risk-management procedures had improved. Staff could demonstrate to the inspector, that there were now effective risk management procedures in operation. The management team had also implemented new systems to identify and manage risk in the centre. These measures assured the provider that the safety of the residents was promoted in the centre and consistency of care was maintained to a good standard.

The residents had regular access to their GP of choice and was supported to attend consultant appointments and specialists. The provider had an effective system in place to assist the resident to attend scheduled appointments. This system also

assisted staff to ensure that consistency of care was provided to the residents. An individualised plan of care was also developed for the residents who supported staff in the delivery of care.

Since the last inspection, the residents' behaviour support plans were updated with input from the Behaviour Support Specialist and psychologist. Monthly meetings have taken place with the attendance of multidisciplinary team members. Incidents of concern had significantly reduced since previous inspections, therefore, the need for restrictive practices had reduced. The inspector found that staff were consistent in implementing behaviour support practices, which had a positive effect on the residents.

The inspector found the policies and procedures in place in this centre had ensured that residents' well-being was promoted at all times, and that they received a good-quality service. Residents received person-centred care and support that allowed them to enjoy activities and lifestyles of their choice. There was evidence that the residents actively participated in their local community and were supported to do so by a structured and varied plan of activities.

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. There were procedures in place for the management of fire safety equipment and fire safety training for staff in the in the centre.

The management team took measures to safeguard residents from being harmed or experiencing abuse. There was a safeguarding policy in place, and all staff had received specific safeguarding training. This ensured that they had the knowledge and skills to treat each resident with respect and dignity and to recognise the signs of abuse and or neglect. However, the inspector found that although there were safeguarding measures in place to protect residents from potential abuse, some residents at risk did not have a safeguarding plan in place. Furthermore, the compatibility of residents living in the centre required review, as there was evidence that some residents were negatively impacting on others living in the centre.

Monthly house meetings were held in the centre, and this provided residents with the opportunity to express their views and preferences. The inspector noticed that staff discussed views and preferences with residents on an ongoing basis, and this was evident in the minutes of house meetings, and from discussions observed during the inspection.

Personal planning arrangements ensured that each resident's needs were subject to regular reviews both annually and more frequently if required. Residents' personal plans were also formulated in an accessible version to increase residents' knowledge and understanding of their own goals for the coming year. The personal planning process ensured that sufficient supports were in place to assist residents in achieving their chosen goals.

## Regulation 26: Risk management procedures



The provider had ensured that risk management procedures were robust and risks were identified, monitored and managed effectively. These arrangements were reflected in staff practices and knowledge.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had appropriate systems in place to ensure that effective fire safety measures were in place in the centre. This includes, fire evacuation procedures, staff training, and appropriate fire equipment.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

A recent review by the pharmacist and the person in charge had ensured there were now safe medication management practices in the centre and there was an up-to-date policy to guide staff. Residents' medication was securely stored at the centre and staff who administered medication had received training in the safe administration of medication.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents and were based on each resident's assessed needs. Annual personal planning meetings, which included the involvement of the resident or their representatives had taken place. Residents' personal goals were agreed at these meetings and short-term goals were developed at six-monthly intervals. These were made available to residents in a user friendly format where required

Judgment: Compliant

### Regulation 6: Health care

Health care plans and assessments were up-to-date, with residents being facilitated to access allied health professional and achieve the best possible health.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There were significant improvements in the management of behaviours of concern since previous inspections. Staff had a good awareness of residents' behaviour support plans and there was evidence that the residents' plans were implemented daily, which had resulted in a reduction of incidents in the centre.

Judgment: Compliant

### Regulation 8: Protection

The provider had put measures in place to protect residents from peer to peer abuse. However, on review; the residents did not have safeguarding plans in place to identify, record and manage safeguarding concerns in the centre. Furthermore, although the provider had safeguarding measures in place to protect residents from peer to peer abuse, the compatibility of residents was found to be a issue and required further review.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

# Compliance Plan for Rusheen House OSV-0005780

Inspection ID: MON-0026639

Date of inspection: 13/09/2019

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

**Section 1**

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: A forensic review of the staffing compliment within the center has now taken place. Vacancies have been identified and appropriate HR process has taken place. There is now consistent staff nurses within the Centre as reflected in the Statement of Purpose. Two additional staff nurses commenced on 30/09/2019 There is planned and actual roster in place, this clearly reflects the actual staff working in the Centre.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: To further support each resident the Provider has ensured that each residents “How To Keep Me Safe” is documented on the safeguarding plans. These “How To Keep Me Safe” identify record and manage safeguarding concerns in the Centre. In addition all staff are familiar with these documents prior to commencement of duty. Further compatibility studies have commenced for all residents within the Centre.	

## 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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	30/09/2019
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Not Compliant	Orange	30/09/2019
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	22/10/2019