



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

Issued by the Chief Inspector

Name of designated centre:	Rusheen House
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	17 June 2020
Centre ID:	OSV-0005780
Fieldwork ID:	MON-0029520

## 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
Wednesday 17 June 2020	10:45hrs to 16:15hrs	Angela McCormack	Lead

## What residents told us and what inspectors observed

The inspector got the opportunity to meet with one resident during the inspection. Two other residents were getting ready to go out on the centre's transport with staff as the inspector arrived, and the inspector was informed that residents were going to visit the grave of one of their peers who had died late last year. Another resident was on an outing outside of the centre and had left for this prior to the inspector arriving and had not returned by the time the inspection was completed.

The resident spoken with talked about his family, his home, preferred activities and what his favourite food was. He also spoke about respecting his peers and being nice. When asked, he said that this was discussed with residents at house meetings. The resident appeared content and comfortable in his environment and mentioned some supports that staff give him.

In addition, the inspector got the opportunity to meet with a staff member who was working on the day of inspection. The staff member appeared knowledgeable about the needs of residents and was aware of what to do if any safeguarding concerns arose. Staff stated that the staffing supports in place at the present time met the current needs of the centre and helped support the individual needs of residents.

## Capacity and capability

This inspection was carried out to monitor compliance with the regulations since the last inspection in September 2019.

Overall the inspector found that the governance and management of the centre was good; however some improvements were needed in the oversight and monitoring of the centre to ensure that the quality of care and safety of residents was promoted at all times. Specific improvements were required in the management of restrictive practices, protection against infection, and notifications to the Chief Inspector of Social Services. These will be discussed throughout the report.

A new person in charge had recently commenced in the centre and was found to be knowledgeable about the operational management of the centre and residents' needs. The centre was found to be suitably resourced on the day of inspection and staff spoken with confirmed that the staffing numbers met the current needs of residents. There were two separate rosters in place, one which included a group of staff who were supporting a recent new admission during their transition, and the other roster included staff supporting the remaining residents. The rosters reflected what was being worked on the day of inspection. The person in charge indicated that she would be reviewing the rosters to ensure that going forward all staff would

be included on one roster, rather than using two rosters. There were regular team meetings occurring, and staff spoken with said that they could raise any concerns that they had with the management team and stated that they felt supported in their role.

In general, there was good oversight and monitoring of the centre, with regular review and analysis of incidents that occurred. In addition, there was a quality improvement plan (QIP) in place that included actions identified through HIQA inspections, provider-led audits, risk assessments, senior management evaluation and person in charge self-assessment and audits. However, on review of the QIP it was found that the plan did not include an action that had been mentioned by staff and the person in charge and which was identified in a safeguarding plan in relation to compatibility issues and plans to address this in order to improve the service. The provider ensured that unannounced provider audits and an annual review of the quality and safety of care and support of residents were completed as required by regulation. However, the inspectors found that the most recent annual review did not include feedback received from residents nor did it include if consultation with families had taken place with regard to the review of the service.

A new admission had recently moved into the centre and the inspector found that assessments were completed and plans were in place to support a safe transition. Meetings were held between the person in charge, staff team, senior managers and multidisciplinary team members to review the supports that were required for the new admission. The resident's family did not have the opportunity to visit the centre prior to the admission due to COVID-19, but there was evidence that the resident had been consulted and had visited the centre and that the family was consulted with regard to information required to support their family member. The person in charge stated that the contract for the provision of services was currently in progress to assess the terms and conditions relating to the service agreement, and fees to be charged where appropriate.

#### Regulation 14: Persons in charge

The person in charge had the qualifications and experience to manage the designated centre. The inspector found that the person in charge was knowledgeable about residents' needs and it was evident that residents were familiar with her.

Judgment: Compliant

#### Regulation 15: Staffing

The inspector found that on the day of inspection the numbers and skill mix of staff were suitable for the needs of residents. A rota was maintained which showed that

there was consistent staff in place to ensure continuity of care for residents. A sample of files was reviewed and found to contain Schedule 2 documents.

Judgment: Compliant

### Regulation 23: Governance and management

The provider did not ensure that the annual review of the quality and safety of care and support in the designated centre included consultation with residents and their representatives. The oversight and monitoring of the service by the management team required strengthening to ensure that notifications were submitted to the Chief Inspector as required by the regulations and that the quality improvement plan included all of the actions that had been identified to improve the quality of the service for residents.

Judgment: Substantially compliant

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

A new admission to the centre had been given the opportunity to visit the designated centre prior to admission and a transition plan was in place to support the move. The agreement for the provision of services was currently in progress.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge did not ensure that all notifications were submitted to the Chief Inspector as required by the regulations.

Judgment: Not compliant

## Quality and safety

Overall the inspector found that residents safety and quality of care was maintained to a good standard; however improvements were required in the area of restrictive

practices and risks around infection prevention and control measures..

Residents had a range of care plans in place specific to their assessed needs and had access to multidisciplinary support where required. Assessments had been completed for a recent admission to the centre and a personal plan was being finalised, with some goals identified for the short-term while COVID-19 restrictions were in place. This plan included consultation with the resident and their family representatives.

The inspector found that safeguarding concerns were taken seriously and safeguarding procedures were followed, with plans in place where required. Safeguarding was a standing agenda item at team meetings and staff spoken with were aware of what to do in the event of abuse. In addition, residents were supported to develop the awareness and skills to self-protect by use of discussion at residents' meetings and a resident spoken with talked about having respect and being nice to peers.

Residents who required support with behaviours of concern had plans in place which had a multidisciplinary input. These plans detailed triggers to behaviours and proactive and reactive strategies to be employed to support residents. Staff received training in managing behaviours of concern and while one staff who recently commenced in the centre had not completed behaviour management training due to COVID 19 restrictions, the person in charge had plans to address this in order to support all staff to have the up-to-date knowledge and skills.

A restrictive practice log was in place in the centre which demonstrated that restrictive practices were reviewed by the multidisciplinary team. However, on review of the protocols for PRN medication, it was found that the instructions on its use required review to ensure that the instructions were clear and specific in guiding staff on when to use this medication. The inspector found that it was not clear from the protocol what the threshold was to administer this medication, in order to ensure that it was the least restrictive option. In addition, the nursing intervention notes that referenced when the PRN medication could be used was not consistent with the details on the protocol. This required review to ensure that residents' safety was maintained at all times.

The inspector found that in general there were good systems in place for infection prevention and control; including hand hygiene equipment, posters, PPE, staff training and discussion with residents about COVID-19. There was a folder in place with up-to-date information about COVID-19 that included contingency plans in the event of an outbreak of COVID-19. Residents had individual care plans in place in relation to infection prevention and control management. However, it was found that one risk in relation to one resident not tolerating staff wearing some PPE items, which had been assessed as being high, did not have additional controls in place to mitigate against this risk, nor was it evident that the resident had been supported to address their anxieties about staff using PPE. The person in charge stated that she would follow up with the multidisciplinary team to support the resident with this concern.



## Regulation 27: Protection against infection

The inspector found that one risk in relation to infection prevention and control that was assessed as high, had not been reviewed to determine if additional control measures could be put in place to mitigate against this high risk.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

Residents were found to have assessments completed for health, personal and social care needs and care plans to guide staff were put in place where appropriate. Residents had personal plans in place which detailed goals identified for the future including short-term goals during COVID-19 restrictions.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The protocols in relation to PRN medication to support residents required review to ensure that the instructions for its use was clear, specific, consistent with nursing care notes and to ensure that they were used as last resort and the least restrictive option.

Judgment: Substantially compliant

## Regulation 8: Protection

The inspector found that safeguarding procedures were followed with regard to concerns raised, and that staff and residents were supported to understand safeguarding through staff training, discussion at team meetings and residents' house meetings. Intimate care plans were in place for residents which were reviewed as required.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Not compliant
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Rusheen House OSV-0005780

Inspection ID: MON-0029520

Date of inspection: 17/06/2020

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider has ensured the following</p> <ul style="list-style-type: none"> <li>• All Families and Resident's will be given questionnaire to complete and the annual review will be updated with their feedback.</li> <li>• The quality improvement plan has now been updated to include all actions required within this designated centre, the Director of Nursing has oversight of plan</li> <li>• All notifications have now been submitted in relation to the quarterly returns.</li> </ul>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> <li>• All Notifications have now been submitted that were outstanding</li> <li>• An audit process in place to alert for notifiable incidents through the monthly incident review. The ADON and DON have oversight of all notifications through the HIQA portal and they also have oversight of all incidents within the center.</li> </ul>	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> <li>• The person in Charge has ensured that the Risk Assessment on Infection Prevention and Control has been reviewed and updated to include additional controls, this includes the risk rating review.</li> <li>• The risk assessment is in line with Standards for the Prevention and Control of health care associated infections.</li> </ul>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> <li>• The Provider has ensured that all PRN protocols have been reviewed so that they are clear, specific and consistent with all Nursing notes, with the least restrictive options used at any time</li> </ul>	

## 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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	10/07/2020
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	07/07/2020
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are	Substantially Compliant	Yellow	22/06/2020

	protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).	Not Compliant	Orange	07/07/2020
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	08/07/2020