



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

Issued by the Chief Inspector

Name of designated centre:	Rose Cottage
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Short Notice Announced
Date of inspection:	04 August 2020
Centre ID:	OSV-0007750
Fieldwork ID:	MON-0030102

About the designated centre

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

This is a service providing residential care and support to three adults with disabilities. The house is located in Co. Louth and is in very close proximity to a large town. Transport is provided so as residents can go for drives and access community based amenities, such as; shopping centres, hotels, shops, pubs and restaurants. The house is a compact terraced bungalow and consists of a large, well equipped kitchen/dining room (including a small TV area), a small separate sitting room, a large communal bathroom, an external laundry facility and very well maintained gardens to the rear and front of the premises. There is also ample on street parking to the front of the property. Each resident has their own bedroom which are personalised to their individual style and preference. The healthcare needs of the residents are comprehensively provided for and access to a range of allied healthcare professionals, including GP services form part of the service provided. The house is staffed on a 24/7 basis by a team of staff nurses, a social care worker and a team of health care assistants. There is also an experienced person in charge who is supported in her role by an experienced team leader/house manager. Three staff members work during the day to support the residents while one staff member works waking nights.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 4 August 2020	10:00hrs to 15:30hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

The inspector met with one resident over the course of this inspection and spoke with one family representative over the phone to get their feedback on the service provided. Staff interactions with the resident were observed to be kind and caring and the resident was observed to be very much at home in the house and happy in the presence of staff.

The inspector spoke with one staff nurse as part of this inspection process and it was observed that they knew the residents needs very well. They were able to describe how best to support the residents in line with their care plans and they also reported that the person in charge and house manager were both very approachable and provided good support.

During the course of the day, two residents engaged in their usual routines and went for drives, walks and coffee out while one stayed at home relaxing in the kitchen. This resident liked to have tea with staff and staff were observed to be attentive to their needs at all times. The resident also liked baking and spending time in the kitchen area doing activities with staff and again, staff were supportive of this and the resident appeared very much at home and happy in the house.

The residents had recently moved from a rural institutionalised setting to their new home, which was based in the heart of the community in a large town. However, while only in their new home seven months, they had become very much part of the community, gotten to know their neighbours and one had joined the residents' association. The residents recently organised an outdoor social distanced bingo event on the road, which was very well supported by neighbours, families and staff members. Feedback from neighbours was very positive about this event with many saying they enjoyed it very much.

The inspector spoke with one family representative over the phone. They were very positive about the service saying the quality and safety of care provided to their loved one was excellent and that since they had moved to their new home, they got to engage in activities which they very much enjoyed such as baking in the kitchen with staff support and doing things that they liked to do. This family member also said that staff were excellent and very kind and caring towards their loved one.

Systems were in place to ensure residents had access allied healthcare services (to include GP services) as required. While some restrictions were in place regarding community based activities due to COVID-19, residents were being supported to engage in activities of interest and social outings such as shopping, coffee out, drives and walks.

The premises, while small, were observed to be clean on the day of this inspection. They were also decorated to the individual style and preference of each resident. There was a large very well maintained back garden for residents to relax and enjoy

spending time in and some of the residents liked to help maintain it. The family member spoken with as part of this inspection said their relative loved spending time in the garden

Overall, at the time of this inspection residents appeared happy and relaxed in the centre and feedback from a family representative about the service provided was very positive. Residents had recently moved from an institutionalised setting and it was observed that they had settled into their new home and community very well.

Capacity and capability

Residents appeared happy and content in this service and the provider ensured that supports were in place to meet their assessed needs. However, some issues were found with the current staffing arrangements.

The centre had a management structure in place which was responsive to residents' needs and feedback. There was a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full time basis in the organisation and was supported in their role by a full time and experienced house manager.

The person in charge was a qualified nursing professional and provided good leadership and support to their team. They ensured staff were appropriately qualified, trained, supervised and supported so as they had the required skills to provide a caring, responsive and effective service to the residents.

Of the staff spoken with, the inspector was assured that they had the skills, experience and knowledge to support the residents in a safe and effective way. They all had undertaken a suite of in-service training to include safeguarding of vulnerable adults, fire training, manual handling and positive behavioural support. This meant they had the skills necessary to respond to the needs of the residents in a consistent, capable and safe way. Some refresher training was overdue at the time of this inspection however, this was due to the current COVID-19 pandemic and management were aware of the situation and had identified it on their auditing system as an issue that needed to be addressed.

It was observed that the staffing arrangements required review. This was because at times, when there was only one staff member on duty, they had to lock the kitchen door. This only happened when staff could not provide supervision in the kitchen area and it was noted that it was to ensure the residents' safety and was for the shortest duration possible.

The person in charge and house manager ensured the centre was monitored and audited as required by the regulations. The annual review of the quality and safety of care was not completed at the time of this inspection (as the centre was only in operation for the last seven months), however; a six-monthly auditing report was

available, along with local audits carried out by the person in charge. Such audits were ensuring the service remained responsive to the needs of the residents.

Systems were in place to record and respond to complaints. There were no complaints on file about the service since it had opened. It was observed however, that there were a number of compliments on file from family members and neighbours.

Overall, from spending time with and observing one of the residents, from speaking with management and staff and from speaking with one family representative during the course of this inspection, the inspector was assured that the service was being managed so as to meet the assessed needs of the residents. Residents appeared very happy in their new home, has settled very well into the community and one family member spoken with reported that the quality and safety of care provided in the service was excellent.

Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre, who was a qualified professional with significant experience of working in and managing services for people with disabilities.

They were also aware of his remit to the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements required review. This was because at times, when there was only one staff member on duty, they had to lock the kitchen door. It was observed however, that this only happened when staff could not provide supervision in the kitchen area and it was observed that it was to ensure the residents safety and was for the shortest duration possible.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Of the staff spoken with the inspector was assured that they had the skills,

experience and knowledge to support the residents in a safe and effective way. They all had undertaken a suite of in-service training to include safeguarding of vulnerable adults, fire training, manual handling and positive behavioural support. It was observed that some refresher training was overdue at the time of this inspection however, this was due to the COVID-19 crisis and management were aware of the situation and had identified it on their auditing system.

Judgment: Compliant

Regulation 23: Governance and management

The inspector was satisfied that the quality of care and experience of the residents was being monitored and evaluated on an ongoing basis. Management systems were also in place to support and promote the delivery of safe, quality care services. The centre was also being monitored and audited appropriately so as to ensure the service remained responsive to the assessed needs of the residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector was satisfied that the statement of purpose met the requirements of the Regulations. The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents. It accurately described the service that will be provided in the centre and the person in charge informed the inspector that it will be kept under regular review

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector saw that there was a logging system in place to record complaints, which included the nature of the complaint, how it would be addressed and if it was addressed to the satisfaction of the complainant. However, it was observed that there had been no recent complaints made about the service.

Judgment: Compliant

Quality and safety

Residents were supported to have meaningful and active lives within the centre and within their community. The quality and safety of care was being monitored and systems were in place to provide for the assessed needs of the residents. However, some issues were identified with fire safety and premises.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to achieve personal and social goals and to maintain links with their families and build links in their new community. While some social activities and achievement of goals had been curtailed due to COVID-19, residents were still being supported to use their community, go for drives and walks, go to the local shops and shopping centres and go for coffee out. It was also observed that during lock down, residents had taken up new hobbies of which they enjoyed such as gardening and baking. Although only seven months in their new home, the residents had also got to know their neighbours and recently held a successful outdoor social distance bingo on the street. This event was very well supported and feedback on it from the local community was very positive.

Residents were supported with their health care needs and were supported to access a range of allied health care professionals who worked for the service on an as required basis. The inspector saw that residents also had as required access to GP services, dentist, dietitian, speech and language therapy occupational therapy and physiotherapy. Hospital appointments were facilitated as required and comprehensive care plans were in place to support residents in achieving best possible health. These plans helped to ensure that staff provided consistent care in line with the recommendations and advice of the health care professionals.

Residents were also supported to enjoy best possible emotional health and well being. Where required, they had access to behavioural support and had a positive behavioural support plan in place. Staff also had training in positive behavioural support techniques so as they had the skills required to support residents in a professional and calm manner. There were some restrictive practices in place so as to ensure the safety of the residents. These were kept on file, recorded when used and reviewed as required by the regulations. One issue was identified with the use of one restrictive practice. This is discussed and addressed under regulation 15: staffing.

Systems were in place to safeguard the residents. Where required, safeguarding plans were in place and from a sample of files viewed, staff had training in safeguarding of vulnerable adults and open disclosure. Of the staff spoken with, the inspector was assured they had the knowledge to respond accordingly to any concern if they had one. There were also systems in place to manage and mitigate risk and keep residents safe in the centre. For example, where a resident may be at risk of falling, they had a falls risk assessment in place, were reviewed by an occupational therapist and/or a physiotherapist and specialised equipment was

available to the residents to mitigate this risk.

There were systems in place to ensure all fire fighting equipment was serviced as required. A sample of documentation informed the inspector that staff undertook as required checks on all fire fighting equipment and where required, reported any issues or faults. However, it was observed that one fire door did not shut completely when released.

From a small sample of files viewed, the inspector observed that staff had training in fire safety. Fire drills were being undertaken in the centre and it was observed that during a fire drill in February 2020, it took two staff members to support one resident evacuate the premises. The residents personal emergency evacuation plan was updated to reflect they may need additional support/prompting during a fire drill however, at the time of this inspection no drill had been conducted with minimal staffing . This was of concern to the inspector as there was only one staff member on duty from 10pm each night and the inspector was not assured that this current arrangement was adequate for the timely evacuation of residents in the event of a fire. It was observed however, that there were no issues reported with a scheduled evacuation on the most recent fire drill in June 2020.

The registered provider and person in charge had ensured that control measures were in place to protect against and minimise the risk of infection of COVID-19 to residents and staff working in the centre. The premises were observed to be clean, there was sufficient access to hand sanitising gels and hand-washing facilities and all staff had adequate access to a range of personal protective equipment (PPE) as required. Staff also had up-to-date training in infection control. Staff temperatures were also taken prior to commencing work. Where physical distancing was not possible, staff wore personal protective equipment (PPE) as required by national policy and guidelines. The inspector witnessed some of these measures in place on the day of the inspection.

The premises were observed to be compact and clean throughout. They were decorated to take into account the residents' tastes and preferences. While they were observed to be small, residents appeared very happy and content in their home and since the last inspection, additional storage facilities had been provided in the back garden which also included a separate utility facility. However, it was observed that the sitting room required some painting and redecorating.

Overall, residents appeared happy and content in their home and feedback from a family representative was very positive on the service provided. While some issues were identified with fire safety (and more minor issues with aspects of the premises), the provider representative and person in charge had put adequate supports in place so as to ensure the residents assessed needs were provided for and to support them settle into their new home and community.

Regulation 17: Premises

The premises were observed to be compact and clean throughout. They were decorated to take into account the residents individual tastes and preferences. However, it was observed that the sitting room required some painting and redecorating.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep residents safe in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider and person in charge had ensured that control measures were in place to protect against and minimise the risk of infection of COVID-19 to residents and staff working in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place to ensure all fire fighting equipment was serviced as required. However, the arrangements at night time to evacuate the residents when there was only one staff on duty required review. It was also observed that one fire door did not close completely when released.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to achieve personal and social goals and to maintain links with their families and build links in their community.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their health care needs and as required access to a range of allied health care professionals formed part of the service provided. The inspector saw that residents had as required access to GP services, dentist, dietitian, speech and language therapy and physiotherapy. Hospital appointments were facilitated as required and comprehensive care plans were in place to support residents in achieving best possible health.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were also supported to enjoy best possible emotional health and well being and where required had access to behavioural support. Where required, residents had a positive behavioural support plan in place and staff had training in positive behavioural support techniques so as they had the skills required to support residents in a professional and calm manner.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents in the house. Where required, safeguarding plans were in place and from a sample of files viewed, staff had training in safeguarding of vulnerable adults and open disclosure

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Rose Cottage OSV-0007750

Inspection ID: MON-0030102

Date of inspection: 04/08/2020

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Management team reviewed restrictive practice of the kitchen door being locked and this restriction has been removed as it is no longer a requirement.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Sitting room will be painted and redecorated</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Deep sleep fire drill carried out on 12.08.20. Two residents evacuated with the support of one staff. One resident declined to evacuate.</p> <p>Contact made with fire department and Chief fire officer visited home on the 13.08.20 advised to complete pre fire planning survey, same submitted along with floor plans of house and resident's bedroom highlighted. The house is currently on the red flag list for high supports if in the event of fire.</p>	

The Fire door which was not working sufficiently has been serviced and is now in working order.

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.	Substantially Compliant	Yellow	13/08/2020
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	30/08/2020
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment,	Substantially Compliant	Yellow	13/08/2020

	means of escape, building fabric and building services.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	13/08/2020