



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

Issued by the Chief Inspector

Name of designated centre:	Rossan View
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 15
Type of inspection:	Unannounced
Date of inspection:	31 August 2021
Centre ID:	OSV-0005579
Fieldwork ID:	MON-0029716

About the designated centre

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

Rossan View is a community based home providing residential support for up to two adult residents. The centre's mission is to provide a home that is warm, friendly and relaxed providing a quality service while respecting residents' dignity and their individuality. The centre is located in a quiet residential area in Co. Dublin and is close to a number of amenities. The house consists of two storeys and has four bedrooms, one of which has an ensuite bathroom facility. One of the bedrooms is currently used as a work studio and another is the allocated staff sleepover room. A large modern bathroom is available on the first floor and there is another toilet facility downstairs. Communal spaces include a large kitchen and a sitting room. There is a garden space to the back and side of the dwelling. Care and support is provided 24 hours a day, seven days a week by a team consisting of care staff, social care workers and a person in charge. The roster includes a sleepover shift.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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How we inspect

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 31 August 2021	10:00hrs to 14:30hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

From what the inspector observed, from speaking with staff and from reviewing documentation, it was evident that residents were in receipt of a good quality and safe service. There were two residents living in the centre at the time of the inspection and the inspector had an opportunity to meet and briefly engage with each of them. They both appeared happy, comfortable and content in their home and were observed to spend their time engaging in activities of their choice in their home, or to choose to engage in their local community with the support of staff. As this inspection was completed during the COVID-19 pandemic, the time spent with residents and staff was limited and done in line with public health advice.

Through observations and speaking with staff members, it was evident that the staff team were working together to make sure that both residents were supported to enjoy activities which were meaningful to them. In line with restrictions relating to the pandemic residents' opportunities to engage in activities they usually enjoyed in the community had decreased, but now that these restrictions were lifting the staff team were motivated to ensure they got back doing these activities, should they wish to. While restrictions were in place the staff team had made every effort to ensure that each resident had opportunities to engage in activities either in their home, or in their local community every day if they wished to. They continued to go for drives, walks and for take away food and drinks in their local community. Residents had further developed their skills with technology such as phones and tablet computers during the pandemic. They were starting to using the technology for communication, as well as to access activities based on zoom should they so wish.

Throughout the inspection residents were observed to choose how and where they spent their time. They were observed relaxing in their home, and to go out and about with staff. In the morning one resident was supported by staff to go for a drive and a walk along the coast. In the afternoon the other resident went out for a drive with staff. They planned to get a take away desert when they were out as they had their lunch at home before they went. At all times they each appeared content and comfortable with the levels of support offered by staff. There was a clear focus on residents' rights and it was particularly evident that every effort was made to ensure in as far as possible that both residents lived in a restraint free environment.

Members of the staff team spoke with the inspector about how important it was for both residents to have predictable routines and staff who they were familiar with supporting them. The staff team regularly completed additional hours to cover planned and unplanned leave to ensure this continuity of care and support was maintained for residents. The inspector observed kind and caring interactions between residents and members of the staff team during the inspection and staff were observed to be very familiar with residents likes and preferences, and to pick up on their communication cues. Staff were also observed to encourage residents to be as independent as possible in relation to tasks around their home. They took

every opportunity during the inspection to tell the inspector about residents' achievements and talents, and these were also well documented in residents' plans.

The premises appeared very homely and each resident had their own personalised space which they had been supported to decorate in line with their preferences. The house was spacious and they had access to plenty of private and communal spaces. Both residents had their own bedroom and there was a large living room, and kitchen come dining room downstairs. There was an additional workspace upstairs and the inspector observed one resident spending time in it during the inspection. It was decorated with pictures and posters from residents' favourite movies and there was all the equipment they may need to watch their favourite movies on their television, smart phone or tablet computer. Residents had access to plenty of storage for their personal items.

It was evident that residents were involved in the day-to-day running of their home. For example, they were getting involved in the maintenance and upkeep of their home such as doing their laundry, keeping their home clean and tidy, and bringing out the bins. Residents meetings' were occurring weekly and agenda topics varied from week to week. Examples of agenda items discussed included; menu planning, activities, family contact and visits, the charter of rights, health and well being and residents' levels of satisfaction with their care and support. Residents were supported to stay in contact with their relatives during the pandemic and now that restrictions had lifted, were back visiting their family members.

There was information available for residents in an easy-to-read format in relation to areas such as; restrictive practices, visiting, rights, complaints, and on how to access independent advocacy supports. Each resident had an easy-to-read care plan and communication passport which detailed their interests, communication preferences, care and support needs, and their likes and dislikes.

As part of the most recent annual review in the centre, residents were supported to complete a service user survey in relation to care and support in the centre. Both residents indicated in their surveys that they liked their home and were well supported. Residents' representatives were also offered an opportunity to complete surveys but these had not been returned at the time that the annual report was written. However, the person in charge had contacted them by phone and it was reported that they did not have any concerns in relation to care and support in the centre. There was a complaints policy and this was available in the centre for residents and their representatives.

In summary, residents appeared happy, content and comfortable in their home. They also appeared very comfortable in the presence of staff who were observed to be familiar with their communication preferences and to be readily available to support them, should they require any assistance.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

Overall, the inspector found that the centre was well managed and that the provider had systems in place to monitor the quality and safety of care and support for residents. They were identifying areas for improvement and completing the majority of the required actions to make these improvements. These actions were found to be leading to improvements in relation to residents' care and support, and their home.

The person in charge was newly appointed in 2021 and was also identified as person in charge of another designated centre within the organisation. They were supported in their role by a number of persons participating in the management of the designated centre (PPIM) and a service manager. They were on leave on the day of the inspection and one of the persons participating in the management of the designated centre (PPIM) facilitated the unannounced inspection. This PPIM was previously person in charge of this centre and were found to be very knowledgeable in relation to residents' care and support needs. They were also motivated to ensure that residents had a good life and were regularly engaging in activities in line with their wishes and preferences. Due to restrictions relating to the pandemic the person in charge had not been visiting the centre as regularly as planned for a number of months. However, since further restrictions had recently lifted, they had been visiting the centre more regularly in the month preceding this inspection.

The provider had systems in place to monitor the quality of care and support for residents such as six monthly reviews and an annual review. These reviews were capturing areas for improvements in line with the findings of this inspection and the majority of actions from these reviews were complete. However, a number remained outstanding such as; the requirement for frequent staff meetings, the need to complete regular formal staff supervision, and the need to complete audits in line with their audit schedule. The inspector acknowledges that the latest annual review had just been finalised and discussed with the person in charge; however some of the actions identified in this review had previously been identified in six monthly unannounced visits in the centre.

As previously mentioned, residents were supported by a staff team who were familiar with their care and support needs. The staff team were working with each resident to develop and maintain their independence, and to identify their likes, dislikes and preferences by sampling different activities to find out which ones they enjoyed the most. Staff were completing daily verbal handover at change of shift and the inspector observed one of these handovers. Staff members discussed how each resident was during the shift any plans they may have for the day. Staff were also observed to review residents' records to see if there had been any changes in relation to each residents' care and support since they were last on shift.

Regulation 15: Staffing

From reviewing a sample of rosters and speaking with members of the staff team, it was evident that residents were supported by a team who were familiar with their likes, dislikes and preferences.

There were planned and actual rosters and they were well maintained.

Judgment: Compliant

Regulation 16: Training and staff development

For the most part, staff had completed mandatory training in line with the organisation's policy. In addition, staff had completed a number of trainings in line with residents assessed needs, such as autism awareness training. However, one staff member required refresher training in managing behaviour that is challenging and one staff member required safe administration of medication training.

As identified by the provider in their latest six monthly and annual reviews in this centre, improvements were required in relation to the completion of regular formal supervision in line with the organisation's policy, and it had been identified that staff meetings were not occurring regularly. The inspector reviewed staff meetings minutes and there was only one recorded in 2021 which was completed with the service manager and the staff team.

Judgment: Substantially compliant

Regulation 22: Insurance

There was written confirmation that there was valid insurance in place against the risks in the centre, including the risk of injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

Overall, the centre was found to be well managed. For the most part, the provider and person in charge was ensuring oversight through regular audits and reviews. However, as previously mentioned, and as identified in the provider's most recent

annual review and a number of six monthly reviews in the centre, improvements were required in relation to the frequency of staff meetings, the completion of audits as scheduled, and in the completion of regular formal staff supervision.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose contained the required information and had been reviewed in line with the time frame identified in the regulations. A copy was available in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The Chief Inspector was notified in writing of all incidents occurring in the centre which required to be notified in line with the requirements of the regulations. They had recently identified an environmental restrictive practice, and while works were completed to reduce and possibly eliminate this restriction they planned to return this in the next quarterly returns to the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

There were complaints policies and procedures in place and these were available in an easy-to-read format in the centre. There was a nominated complaints officer and there was system in place to record and follow up on complaints.

Judgment: Compliant

Quality and safety

The inspector found that the quality and safety of care provided for residents was to a high standard. They were in receipt of person-centred care and support, and were living in a clean, warm and comfortable home. Their likes, dislikes and preferences

were documented and the staff team were found to be motivated to ensure they were happy and safe.

Residents were protected by the policies, procedures and practices in place in relation to safeguarding and protection in the centre. Staff had completed training and were found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse. Both residents had an intimate care assessment and plans in place which detailed their support needs and preferences.

The location, design and layout of the centre was suitable to meet residents' needs, and the premises had been decorated in line with their wishes and preferences. Rooms were of a suitable size and layout and there was plenty of private and communal space available for residents' use. They each had access to plenty of storage for their personal use and their bedroom were personalised in line with their tastes. For the most part the premises was well maintained both internally and externally. There were a number of areas where repairs and painting were required and these had been reported and the required works were scheduled.

Residents were protected by the policies, procedures and practices relating to infection prevention and control in the centre. The provider had developed procedures and contingency plans in relation to COVID-19. The premises was clean throughout and there were systems in place to ensure that each area of the house was cleaned regularly. There were stocks of personal protective equipment available and systems for stock control. Staff had completed a number of infection prevention and control related trainings.

Residents were also protected by the fire precautions in the centre. Suitable fire equipment was available and there were systems in place to make sure it was maintained and being regularly serviced. Fire drills were occurring regularly and both residents had a personal emergency evacuation plan in place to guide staff on supports they may require both day and night to safely evacuate the centre. Plans were in place to change the locking system on the gate from the back garden to make it easier for residents and staff to use.

As mentioned earlier in this report, residents were involved in the decisions in relation to their care and support and the running and operation of their home. Residents' meetings were occurring regularly and agenda items included residents' rights, health and wellbeing, visiting, and menu planning. There were also a number of social stories and other information relating to rights, complaints, safeguarding and advocacy available in an easy read format.

Regulation 17: Premises

Both residents lived in a clean, comfortable, and spacious home which had been designed and decorated in line with their wishes and preferences. Rooms were of a suitable size and layout and there was plenty of private and communal space

available for residents' use.

For the most part the premises was well maintained both internally and externally. There were a number of works and repairs required to the inside of the premises most of which related to painting following the fixing of a leak. An external external pane of a double glazed window also required repair and these repairs had been reported and were on a schedule to be completed. For example, repairs were occurring on upstairs blinds during the inspection, and a member of the maintenance team was on site to assess necessary works to the back gate in the centre.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide which had been recently reviewed and which contained the information required by the regulations. It was available in the centre in an easy-to-read format.

Judgment: Compliant

Regulation 27: Protection against infection

Residents was protected by the infection prevention and control policies, procedures and practices in the centre. Information was available for residents and staff in relation to COVID-19.

All areas of the premises was found to be clean during the inspection and there were systems in place to ensure that each area was cleaned on a regular basis.

There were stocks of PPE available and there was a stock control system in place.

Staff had completed training in relation to infection prevention and control such as hand hygiene training.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable arrangements for detecting, containing and extinguishing fires in the centre, and there were adequate means of escape and emergency lighting in

place.

There were systems to ensure fire equipment was regularly serviced, tested and maintained. The evacuation plan was on display and residents' personal emergency evacuation plans were detailed in relation to the supports they may require to safely evacuate the centre, both during the day and at night.

Fire drills had occurred by day and night, to demonstrate that residents could safely evacuate the centre in the event of an emergency. As previously mentioned, works were planned to make the lock on the back gate easier to use in the event of an emergency.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. There was information available in an easy read format in the centre.

Staff had completed training in relation to safeguarding and protection. Residents had intimate care plans in place which detailed their support needs and preferences.

Judgment: Compliant

Regulation 9: Residents' rights

Residents could freely access information in the centre on rights and accessing advocacy services. They were supported to exercise choice and control over their day-to-day life and were being involved in the running of the centre. They had opportunities to engage in activities in line with their interests.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rossan View OSV-0005579

Inspection ID: MON-0029716

Date of inspection: 31/08/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Outstanding training identified by PIC and email sent to training co-ordinator to schedule refresher training as soon as places are available. PIC to complete supervision with all staff by end of December 2021. PIC to complete audits regularly and complete actions within specified timeframes. Staff meetings with PIC to be completed monthly</p>	
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>PIC to complete supervision with all staff by end of December 2021. PIC to complete audits regularly and complete actions within specified timeframes. Staff meeting to be completed monthly.</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/12/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/12/2021
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	31/12/2021

