



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

Issued by the Chief Inspector

Name of designated centre:	Roseville
Name of provider:	Saint Patrick's Centre (Kilkenny)
Address of centre:	Kilkenny
Type of inspection:	Short Notice Announced
Date of inspection:	13 January 2021
Centre ID:	OSV-0005738
Fieldwork ID:	MON-0031033

About the designated centre

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

Roseville designated centre provides community based living arrangements for up to three adult residents. Roseville is a modern and spacious property that provides residents with a high standard living environment which meets their assessed mobility and social care needs. Each resident has their own bedroom. This service provides supports for residents with severe to profound intellectual disabilities and complex needs. The provider identifies that residents living in this centre require high levels of support and has staffing arrangements in place to ensure residents needs are met. There is a full-time person in charge assigned to the centre, three staff during the day to support residents in having a full and active life and one waking night staff to ensure residents night time needs are met. The centre is resourced with one transport vehicle to support residents' community based activities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 13 January 2021	10:00hrs to 15:00hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

This inspection took place during the COVID 19 pandemic. All required precautions were taken by the inspector in accordance with national guidance. Interactions with staff and residents were completed through the use of social distancing and the wearing of face masks.

The inspector had the opportunity to meet and interact with the three resident's currently residing in the centre. Staff were observed communicating with the residents in accordance with their personal plan. Staff encouraged positive interactions such as showing the inspector their personal belongings and bedroom. The resident's appeared very comfortable in the company of staff and the person in charge. Staff were observed supporting residents and personalities for example singing along with songs and being aware of their communication.

Staff were observed offering the resident a choice of activities and refreshments. The atmosphere in the house was relaxed and low arousal in nature. Relaxing music was playing on residents i-pads. I-pads were utilised to maintain resident's links with family and community. One resident attended a personal appointment via video conferencing platform with the support of their staff team on the day of inspection.

Capacity and capability

The inspector reviewed the capacity and capability of the service provided to residents within Roseville. A high level of compliance was evidenced. This was inspection of the service was completed to inform the decision to renew the registration of the centre. The registered provider has appointed a suitably qualified and experienced person in charge to the centre. They possessed a keen awareness of their regulatory responsibilities including notifications of all required incidents and the regular review of the statement of purpose. The appointed individual also held a high knowledge to the needs of the service users. They held governance responsibilities in three centres, in an effective manner through effective monitoring systems.

A clear governance structure was in place within the centre, however some improvements were required to ensure clear roles and responsibilities were in place for all members of the governance team. The person in charge; whom was supported in their role by a team leader reported directly to the person participating in management. Key duties were set out for the appointed team leader including the supervision of staff, the completion of relevant audits and the overview of action plans. Clear communication was evident between the person in charge and team leader through regular face to face meetings and documented quality conversations.

Whilst the person in charge had received a quality conversation in November 2020 they had not retained a copy of this meeting evidence of escalation of concerns raised was not provided. There was also evidence of information sharing within the organisation through cluster and governance meetings.

The registered provider had ensured the implementation of regulatory required monitoring systems. This included an annual review of service provision completed in February 2020 and unannounced visits to the centre, last completed October 2020. A comprehensive report was generated following both reviews and an action plan was in progress to address any areas that been identified. The person in charge and team leader completed regular reviews of action plans to ensure all actions are achieved within the allocated time line. These were also discussed as part of staff meetings to promote a high level of compliance within the staff team.

In conjunction to the organisational oversight in place the person in charge ensured measures were in place for the day to day oversight of service provision. For example vehicle checks, financial records checks and medication audit. The staff team were allocated duties to maintain this oversight. These staff duties were discussed as part of quality conversations completed by the team leader on a two monthly basis. Should any issue or concern arise these were escalated to the person in charge. Staff were also encouraged to voice their concern or address any issues as part of monthly staff meetings.

The registered provider had ensured the allocation of an appropriate skill mix of staff. Staff spoken with were very aware of the resident's needs. With support from the team leader all staff received formal supervisory meetings in accordance with local policy. One topic discussed was the training needs of staff. The provider had identified mandatory training needs for all staff members. This included safeguarding vulnerable adults from abuse and infection control. The person in charge had ensured that all staff were supported and facilitated to access appropriate training including refresher training. The current staff team afforded consistency to the support needs of the residents and through the COVID pandemic had continue to afford a high level of staffing consistency.

Regulation 14: Persons in charge

The registered provider had ensured the appointment of a suitably qualified and experienced person in charge to the centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the staffing and skill mix allocated to the centre

was appropriate to the current assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training, including refresher. With the support of the appointed team leader measures were in place to ensure that all staff were appropriately supervised.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured a governance structure was appointed at the centre. Some clarity was required to ensure the roles and responsibilities of all members of the governance team were clear.

Systems were in place to ensure that management systems were effective, to ensure that the service provided was safe and appropriate to the residents' needs.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had ensure the statement of purpose was prepared in writing and reviewed as required. Information set out within Schedule 1 was present and correct.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all incidents which required notification were done so in the correct manner.

Judgment: Compliant

Quality and safety

It was evidenced during this inspection that the service afforded to resident currently residing within Roseville was person centred in nature. Residents were consulted in the day to day operation of the centre and in all areas of their support needs where possible. The person in charge had ensured that each individual had personal socially valued goals in place to support their community interactions.

Each resident had a comprehensive personal plan in place. These plans incorporated a holistic approach to support needs and incorporated guidance from relevant members of the multi-disciplinary team including speech and language and dietician. Through Visioning meetings each resident had been supported to identify socially valued goals. These included a sports fan and a lady of leisure. Staff were observed supporting residents to achieve these goals. Through completion of a monthly review there was clear evidence of progression of goals .A number of goals had been adapted due to COVID 19 restrictions.

Each personal plan also incorporated the health care needs of all residents. The registered provider had ensured that each resident was supported to achieve the best possible physical and mental health. Staff were afforded guidance to afford health are supports in a consistent manner. Where recommendations were in place from members of the multi-disciplinary team these were clearly laid out for staff to adhere to. In some instances photographs had been used to further enhance guidance for staff. Staff spoken with were also keenly aware of these support needs.

The design and layout of the centre met the objectives and function as set out in the statement of purpose. Each resident had individualised bedroom and a large dining kitchen room and living room was present. Residents were supported with the decoration and maintenance of their personal areas. The centre was clean and overall, well presented with accessibility facilitated throughout. Some areas did require painting work and repair internally. This had been delayed due to COVID 19 restrictions. The team leader did obtain assurances that this work would be completed in due course.

This inspection took place during the COVID 19 pandemic. All staff were observed to adhere to the current national guidance including the use of PPE equipment, and social distancing.. An organisational contingency plan was in place to ensure all staff were aware of procedures to adhere in a suspected or confirmed case of COVID 19 for staff and residents. Weekly newsletters were utilised to ensure all staff and residents were aware of the most up to date local and national guidance. Staff members were facilitated to complete the required training such as infection control and hand hygiene to ensure adherence to these guidelines.

The registered provider had ensured effective systems were in place to ensure the

centre was operated in a safe manner. The registered provider had ensured that each resident was assisted to protect themselves from abuse. Where a safeguarding concern was identified, measures were implemented to protect the individual from all forms of abuse. There was clear evidence of ongoing review of any concern arising. There was also evidence of ongoing communication with social work department for guidance and support, The personal and intimate care needs of all residents was laid out in personal plan in a dignified and respectful manner. The registered provider had ensured that effective fire safety management systems are in place, this incorporated staff training, fire fighting equipment and resident and staff awareness of evacuation procedures.

Regulation 17: Premises

The design and layout of the centre met the objectives and function as set out in the statement of purpose. The centre was clean and overall, well presented with accessibility facilitated throughout. Some areas did require painting work and repair internally. This had been delayed due to COVID 19 restrictions. The team leader did obtain assurances that this work would be completed in due course.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The registered provider had ensured the development of a risk management policy. This incorporated the regulatory required risks. The person in charge had implemented measures to ensure the effective assessment, management and ongoing review of risk including both environmental and individual.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had ensured that residents, staff and visitors were protected from infectious disease by adopting procedures consistent with the standards for the prevention and control of health care associated infections published by the Authority and adhered to current national guidance

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems are in place, this incorporated staff training, fire fighting equipment and resident and staff awareness of evacuation procedures.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive personal plan in place. These plans incorporated a holistic approach to support needs and incorporated guidance from relevant members of the multi-disciplinary team.

Judgment: Compliant

Regulation 6: Health care

The registered provider had ensured that each resident was supported to achieve the best possible physical and mental health

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured that each resident was assisted to protect themselves from abuse. Where a safeguarding concern was identified, measures were implemented to protect the individual from all forms of abuse.

The personal and intimate care needs of all residents was laid out in personal plan in a dignified and respectful manner.

Judgment: Compliant

Regulation 9: Residents' rights

The designated centre was operated in a manner that was respectful of all residents valuing their individualism. Residents were consulted in the day to day operations of the centre and consulted on all aspects of their support needs.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	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	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Roseville OSV-0005738

Inspection ID: MON-0031033

Date of inspection: 13/01/2021

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>There is a clear governance structure in place for Roseville. The PIC has 3 designated centres within her remit and is supported by a Team Leader in Roseville. The PIC is reporting directly to the PPIM.</p> <p>A cluster support administration has commenced work within the PPIMs cluster in December 2020 and is now coordinating the work remit within the PPIMs cluster across all designated centres to ensure the PPIMs attendance at team meetings and person's annual reviews as well as completion of Quality Conversations in line with SPC policy.</p> <p>Outstanding minutes of a Quality Conversation between the PPIM and the PIC were submitted to the PIC. The PPIM will ensure escalation of concerns raised and provide feedback to the PIC in relation to same.</p> <p>At the QA meeting on the 27/01/2021 feedback from recent HIQA inspections in regards to Regulation 23 were discussed with all PICs, PPIMs and TLs to ensure a clear understanding of the responsibilities within each role. Regulation 23 has been identified as priority theme within QA meetings for 2021 and sharing of experiences, using of tool sets etc. will be facilitated going forward.</p> <p>Non compliance trends in regards to Regulation 23 are also discussed at monthly operations team meetings. Findings from Roseville inspection will be discussed at the operations meeting on the 10/02/2021.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: SPC Health & Safety Department have develop house maintenance plans for each designated centre in SPC for 2021. The maintenance plans evidence:</p> <ul style="list-style-type: none">• Requested and identified maintenance works• If quotations are obtained• If funding is available• Approved• Scheduled and completed <p>The PIC requested maintenance work for Roseville to be carried out. Funding has been approved and works are now being scheduled for March/April 2021 depending on the development of COVID-19 pandemic. Internal cosmetic works in SPC houses are to be put on hold until it is safe to do so and only essential works to be carried out.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	15/04/2021
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Substantially Compliant	Yellow	10/02/2021