



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

Issued by the Chief Inspector

Name of designated centre:	Rushmere House
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Louth
Type of inspection:	Short Notice Announced
Date of inspection:	10 December 2020
Centre ID:	OSV-0007787
Fieldwork ID:	MON-0030798

About the designated centre

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

Rushmere House provides a residential service for up to five male and female adults. The house is a five bedroom detached two storey home situated close to a small village in Co. Louth. Each resident has their own bedroom, one of which has an en-suite bathroom. One of the bedrooms is situated on the ground floor and the others are located upstairs. On the ground floor there is also a large kitchen cum dining room, a utility room, sun room, living room and staff office. There are two bathrooms, one on the ground floor and one upstairs. The house is surrounded by a large driveway and garden.

The staff team comprises of social care workers and direct support workers. There are two staff on duty during the day and two staff on waking night duty. Where additional supports are required, they will be provided. The person in charge works full-time in the centre Monday to Friday.

Nursing support is provided by community nurses employed in the organisation who support residents and staff to ensure that resident's health care needs are being met. A range of allied health care professionals are also available to support residents with their assessed needs.

Residents do not attend any formal day service but rather are supported by staff to plan a meaningful active day in line with their personal preferences. Transport is provided to support residents with accessing community amenities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Thursday 10 December 2020	09:30hrs to 15:50hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

The inspector briefly met the four residents living in the centre and conducted a brief walk around of the centre. The residents had only moved to their new home in May of this year and were still adjusting to the change of environment, change of routines and integrating into their local community. As a result of the public health restrictions some community activities had to be postponed from time to time. This meant that some goals for residents could not progress in a timely manner. However, alternatives activities were being provided. For example; one resident liked to walk on the beach, and could not during the public health restrictions instead, an alternative walk had been arranged.

Equipment had been purchased for the garden so residents could enjoy outdoor activities. There was also plans to make a sensory garden at the back of the property so residents could develop their gardening skills. One resident had two cats which were very important to them.

Residents' meetings were held weekly. Easy read information was available on specific topics discussed, such as COVID-19, safeguarding and making a complaint. Social stories had been developed to support the residents to understand the information. A sample of minutes viewed found menus and activities for the week were planned. Choices were based on the residents' likes and dislikes. Residents were also informed about purchasing new garden equipment and other items for the house.

The inspector spoke to two residents' representatives over the phone. Overall their feedback was very positive. They had regular contact with the person in charge and the staff team about any changes to their family members care and support.

They had been involved in the transition plans for residents and had been shown pictures of the new home as they were unable to visit it at the time due to public health restrictions.

Capacity and capability

The person in charge and the staff team were supporting residents to settle into their new home and were reviewing these supports to ensure that they were effective. The centre was resourced in line with the Statement of Purpose for the centre. However, improvements were required under infection control, risk management, safeguarding measures and governance and management arrangements. One issue pertaining to the management of COVID-19 required significant improvements to the extent that an urgent action plan was issued to the

provider the day after the inspection. This required the provider to submit assurances to the Health Information and Quality Authority (HIQA) in a timely manner to address these concerns. The provider complied with this and assurances were provided within the specified time frame.

The centre had a clearly defined management structure in place which consisted of a person in charge who worked on a full-time basis in the centre. They were supported in their role by social care workers and direct support workers. A team lead was also in place to oversee care practices in the centre. The person in charge reported to the head of community residential services who is also a person participating in the management of this centre.

The person in charge had the appropriate qualifications and managerial experience as required under the regulations. They provided good leadership and support to their team and knew the residents well. The inspector found that they were responsive to the inspection process and aware of their remit and responsibilities under the regulations.

There was a consistent staff team employed in the centre at the time of the inspection. A regular number of relief staff were also employed to cover planned and unplanned leave. This meant that residents were provided with consistent care during these times. Two staff were on duty everyday to support residents. The person in charge also worked Monday to Friday from 9-5 and could also support residents needs. However, given the assessed needs of the residents and current safeguarding plans the staffing levels required review. For example; staff spoken to felt that it was difficult to ensure the residents needs were being met while ensuring that safeguarding measures were also implemented.

Staff who spoke with the inspector felt supported in their role and were able to raise concerns, if needed, to the person in charge directly but also through monthly staff meetings and three monthly supervision meetings.

A sample of staff personnel files viewed were found to contain the requirements of the regulations. A sample of training records also found that staff were provided with training in order to respond to the needs of the residents. For example, staff had undertaken a number of in-service training sessions which included; supporting people with autism, safeguarding adults, fire safety, manual handling, positive behavioural support and infection prevention and control. This meant they had the skills necessary to respond to the needs of the residents in a consistent and capable manner. Some refresher training was due for staff, however; there were plans in place to complete this in the coming weeks.

The centre was also being monitored and audited as required by the regulations. A six-monthly audit had been conducted which outlined some areas that needed improvements. One of those improvements included safeguarding all residents. This was under review with the provider at the time of the inspection. For example; one residents placement was being reconsidered as it may not be suitable to meet their needs.

Other audits were also completed in areas such as; fire safety, risk management

and safeguarding. Overall the findings from these audits were, for the most part, compliant and where areas of improvement had been identified they had been completed. For example; one action required that contracts of care were signed by the residents' representatives and this had been completed.

However, given the findings of this inspection improvements were required to ensure that the issues found on this inspection were being identified by the provider through their own audits and monitoring practices.

Regulation 14: Persons in charge

The person in charge had the appropriate qualifications and managerial experience as required under the regulations. They provided good leadership and support to their team and knew the residents well. The inspector found that they were responsive to the inspection process and aware of their remit and responsibilities under the regulations.

Judgment: Compliant

Regulation 15: Staffing

There was a consistent staff team employed in the centre at the time of the inspection. A regular number of relief staff were also employed to cover planned and unplanned leave. This meant that residents were provided with consistent care during these times. Two staff were on duty everyday to support residents. The person in charge also worked Monday to Friday from 9-5 who could also support residents. However, given the assessed needs of the residents and current safeguarding plans, staffing levels required review. For example; staff spoken to felt that it was difficult to ensure the residents needs were being met while ensuring that safeguarding measures were implemented. This is discussed further under regulation 8 protection.

A sample of staff personnel files viewed were found to contain the requirements of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

A sample of training records viewed, found that staff were provided with training in order to respond to the needs of the residents. For example, staff had undertaken a

number of in-service training sessions which included; supporting people with autism, safeguarding adults, fire safety, manual handling, positive behavioural support and infection prevention and control. This meant they had the skills necessary to respond to the needs of the residents in a consistent and capable manner. Some refresher training was due for staff, however; there were plans in place to complete this in the coming weeks.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place which consisted of a person in charge who worked on a full-time basis in the centre. They were supported in their role by social care workers and direct support workers. A team lead was also in place to oversee care practices in the centre. The person in charge reported to the head of community residential services who is also a person participating in the management of this centre.

The centre was also being monitored and audited as required by the regulations. A six-monthly audit had been conducted which outlined some areas that needed improvements. One of which included safeguarding all residents. This was under review with the provider at the time of the inspection. For example; one residents placement was being reconsidered as it may not be suitable to meet their needs.

However, given the findings of this inspection improvements were required to ensure that the issues found on this inspection were being identified by the provider through their own audits and monitoring practices.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had notified the Chief Inspector of any adverse incidents that had occurred in the centre where required.

Judgment: Compliant

Quality and safety

The quality and safety of care provided to the residents was being monitored and

systems were in place to ensure that residents health and social care needs were being supported. However, as discussed earlier in this report significant improvements were required in infection control and risk management and some improvements were required in safeguarding plans.

The centre was clean and homely on the day of the inspection. There was a large garden to the back and front of the property. Residents bedrooms were personalised. One communal room had been developed into a sensory room for one resident who liked this type of space to relax. Some equipment had been purchased for residents to use in the garden such as a trampoline and large swing.

Residents had personal plan folders which contained an overview of their needs and supports and other more detailed versions were stored on a computerised system. Residents had access to allied health professionals to support them with their needs. For example; one resident had started Lamh training to enhance their communication skills. Goals had been developed for residents to start integrating into their local community. For example; some residents were planning to join a local community football club which would enable them to access some of the amenities there. An interest checklist was also being collated to assess what activities residents liked and did not like. This would enable staff to ensure that activities were planned around the residents' preferences.

Residents were supported with their health care needs. Regular and as required access to a range of allied health care professionals formed part of the service provided. This included access to GP services, a psychiatrist, speech and language therapist, occupational therapist and a dietitian. Care plans were in place to support residents in achieving good health. They were also supported to enjoy best possible mental health and where required had access to behavioural support specialists.

Review meetings were happening to assess and review the residents' care and support needs since transitioning to the centre. Family representatives and allied health professionals had contributed to this review also. From speaking to the staff and the person in charge they demonstrated a very good awareness of the residents' needs in the centre.

The provider had contingency plans in place to manage or prevent an outbreak of COVID-19 in the centre. However, there was no planned contingency for one resident who would find self isolation in their bedroom or wearing personal protective equipment very difficult should they be required to do so. The provider had not taken this into consideration as part of their contingency plan for the centre. As a result and as discussed earlier the provider was requested to submit assurances around this to HIQA and was able to demonstrate that they now had a planned contingency in place for the resident prior to writing this report.

Notwithstanding this, the inspector was assured that the providers other contingency plans were in line with current public health advice. For example; all staff were trained in infection control, residents and staff were checked daily for potential symptoms of COVID-19, cleaning schedules were in place and staff were observed wearing masks. Staff were also aware of the procedures to follow in the

event of a suspected case of COVID-19.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. This included a risk register and individual risk assessments for each resident. A sample viewed were found to contain the necessary controls to mitigate and manage risks. However, a number of similar incidents had occurred in the centre over the last number of months. The inspector found that there was no risk assessment in place regarding this. It was also found that the follow up to these incidents did not consider all of the potential risks to the people involved and therefore actions had not been taken to address these risks. This required review to ensure the safety of all residents and staff who had been involved in the incidents. The person participating in the management of the centre confirmed the day after the inspection that this was being followed up on.

All staff had been provided with training in safeguarding adults. Staff were aware of the procedures to follow in the event of safeguarding concerns occurring in the centre. The provider had submitted a number of notifications to HIQA prior to the inspection regarding safeguarding concerns that had occurred in the centre. These related to incidents of behaviours of concern which impacted on other residents in the centre. The provider had reported these to the relevant authorities. Safeguarding plans had been developed and reviewed. However, this review was not comprehensive and did not consider whether sufficient staff were in place to implement the plans at all times, or the impact that some of the safeguarding measures had on other residents in the centre.

The inspector found some examples of how residents' rights were being respected. For example; residents were supported with social stories to explain information to them. There were detailed communication plans in place which highlighted the specific likes and dislikes of residents. One resident was being supported to enhance their communication skills and staff were being trained in this also. Following a risk assessment, one resident was still being supported to visit their family home. This was very important to the resident.

Regulation 17: Premises

From a quick walk around of the centre, the inspector was satisfied that the premises met the requirements of the regulations. The centre was clean, spacious and had been personalised to create a home like environment.

Judgment: Compliant

Regulation 26: Risk management procedures

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

the centre. This included a risk register and individual risk assessments for each resident. A sample viewed were found to contain the necessary controls to mitigate and manage risks.

However, a number of similar incidents had occurred in the centre over the last number of months. The inspector found that there was no risk assessment in place regarding this. It was also found that the follow up to these incidents did not consider all of the potential risks to the people involved and therefore actions had not been taken to address these risks. This required review to ensure the safety of all residents and staff who had been involved in the incidents.

From records viewed the bus provided in the centre was insured and had an up to date road worthy certificate.

Judgment: Not compliant

Regulation 27: Protection against infection

The provider had contingency plans in place to manage or prevent and outbreak of COVID-19 in the centre. However, there was no planned contingency for one resident who would find self isolation in their bedroom or wearing personal protective equipment very difficult should they be required to do so. The provider had not taken this into consideration as part of their contingency plan for the centre. As a result and as discussed earlier the provider was given an immediate action and requested to submit assurances around this to HIQA. These were provided to the inspector in the days after the inspection which demonstrated that they now had a planned contingency in place for the resident prior to writing this report.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents had personal plan folders which contained an overview of their needs and supports and other more detailed versions were stored on a computerised system. Residents had access to allied health professionals to support them with their needs. For example; one resident had started Lamh training to enhance their communication skills. Goals had been developed for residents to start integrating into their local community. For example some residents were planning to join a local community football club which would enable them to access some of the amenities there. An interest checklist was also being collated to assess what activities residents liked and did not like. This would enable staff to ensure that activities were planned around the residents' preferences.

Review meetings were happening to assess and review the residents' care and support needs since transitioning to the centre. Family representatives and allied health professionals had contributed to this review also. From speaking to the staff and the person in charge they demonstrated a very awareness of the residents' needs in the centre.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their health care needs. Regular and as required access to a range of allied health care professionals also formed part of the service provided. This included access to GP services, a psychiatrist, speech and language therapist, occupational therapist and a dietitian. Care plans were in place to support residents in achieving good health. They were also supported to enjoy best possible mental health and where required had access to behavioural support specialists.

Judgment: Compliant

Regulation 8: Protection

All staff had been provided with training in safeguarding adults. Staff were aware of the procedures to follow in the event of safeguarding concerns occurring in the centre. The provider had submitted a number of notifications to HIQA prior to the inspection regarding safeguarding concerns that had occurred in the centre. These related to incidents of behaviours of concern which impacted on other residents in the centre. The provider had reported these to the relevant authorities.

Safeguarding plans had been developed and reviewed. However, this review was not comprehensive and did not consider whether sufficient staff were in place to implement the plans at all times and the impact that some of the safeguarding measures had on other residents in the centre.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The inspector found some examples of how residents' rights were being respected. For example; residents were supported with social stories to explain information to them. There were detailed communication plans in place which highlighted the

specific likes and dislikes of residents. One resident was being supported to enhance their communication skills and staff were being trained in this also. Following a risk assessment, one resident was still being supported to visit their family home. This was very important to the resident.

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 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rushmere House OSV-0007787

Inspection ID: MON-0030798

Date of inspection: 10/12/2020

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>An internal multi-disciplinary meeting chaired by the PPIM was held on 05/01/21 to review the residents placement needs, manage risk, and review the safeguarding plans in place. Several additional control measures have been implemented and both short term and long-term plans agreed. This includes additional staffing hours in place to ensure the effective implementation of the current safeguarding plan. A follow up meeting is scheduled in three weeks' time to review and ensure all actions agreed have been completed. Ongoing oversight of risk and review of incidents will continue by management and any presenting risks reviewed and actioned if required.</p> <p>Resident identified has also been placed on the internal transition list for consideration of an alternative placement.</p>	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>HSE Louth and Dublin vaccination offices have been contacted in relation to sourcing vaccination records for the identified resident. The residents GPs have been contacted in relation to the sourcing of vaccination records specifically (Hep B). Company archives files have been gathered and are being inspected by the community nurse to check for historical Hep B vaccinations. If no record of vaccinations is found, then full blood works</p>	

will be completed on the residents to check for Hep B antibodies. If same is not present, a course of Hep B vaccinations will be completed with the resident's consent. Individual risk assessments relating to aggression towards peers and staff have been updated to minimize risk.

Regulation 27: Protection against infection	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:
 The Service Contingency Plan has been updated from V5 26.11.2020 to V6 11.12.2020 to take into account residents who cannot self-isolate in their own bedrooms in their own home due to their presentation and in line with best practice guidelines. If a resident is experiencing symptoms of Covid 19 and they are awaiting a test or test result and they are unable to self-isolate, our Revised Contingency Plan, Step 4 sets out our protocol for a resident to transition to an identified isolation area within a registered facility. The isolation area is within the facility OSV 0007922 which was registered with HIQA this week, 9th December 2020. The isolation area has been adapted to ensure it meets with infection control requirements and is a separate identified area within the designated centre. If a resident is compliant with wearing a face mask and can safely self-isolate in their own bedroom, this option will be availed of to minimise stress and disruption to the resident. Full PPE is provided for all staff, as well as residents in each designated centre and it is mandatory for staff to always wear face mask. The individual risk assessment for the house has been updated to reflect the changes to the Contingency Plan V6. The updated Contingency Plan V6 has been circulated to all staff for their immediate attention.

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:
 An internal multi-disciplinary meeting chaired by the PPIM was held on 05/01/21 to review one of the residents placement needs, manage risk, and review the safeguarding plans in place. Several additional control measures have been implemented and both short term and long-term plans agreed. This includes additional staffing hours in place to ensure the effective implementation of the current safeguarding plan. The safeguarding plan will be subject to ongoing review and update by the PIC. A follow up meeting to review progress and track actions is scheduled.



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	31/01/2021
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.	Not Compliant	Orange	31/01/2021
Regulation 27	The registered	Not Compliant	Red	14/12/2020

	<p>provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.</p>			
Regulation 08(2)	<p>The registered provider shall protect residents from all forms of abuse.</p>	Substantially Compliant	Yellow	05/01/2021