



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

Issued by the Chief Inspector

Name of designated centre:	Rosevale
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	24 September 2021
Centre ID:	OSV-0007948
Fieldwork ID:	MON-0032045

About the designated centre

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

Rosevale is operated by Saint John of Gods services and provides 24 hour support to four male and female adults that live here. It is located in a new housing estate in a small town in Co. Louth. The premises comprises of a large detached two storey house and has a good sized garden to the back of the property. There are five en-suite bedrooms (although only four are occupied), a large open plan kitchen, dining and sitting area and another sitting room downstairs. Off the kitchen there is a small utility room. The staff team consists of two nurses, five healthcare assistants, a person in charge and a clinic nurse manager. There are two staff on duty during the day and one waking night staff. The residents here are supported to have a meaningful day, some attend day services on a fulltime basis and some attend on a part time basis. Otherwise residents are supported by staff to choose activities they like on a daily/weekly basis in line with their personal preferences. A car is provided also. Residents are supported by staff with their healthcare needs and have access to a wide range of allied health professionals to enhance the support provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 24 September 2021	09:30hrs to 17:00hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

This centre was well resourced and residents appeared to be happy living here. A number of minor improvements were required in four of the regulations which included, personal plans, residents rights, fire safety and contracts of care.

The inspector got to meet all of the residents who had all moved to the centre in March 2021. Three of the residents spoke to the inspector about what it was like to live in their new home. All of the residents reported that they liked their home and liked the people they were sharing the house with.

An issue had initially occurred for two residents about sharing with other residents and this had been addressed by the staff team. This informed the inspector that residents' rights were respected in relation to having their own private space respected.

One resident showed the inspector around the house. The house was homely, decorated and maintained to a very high standard and was very clean. Residents had their own bedrooms all of which had an en-suite bathroom. There was a garden to the back of the property where a large seating area was provided. The resident showed the inspector some of the jobs they liked to do around the house, which included being responsible for bin days and making sure that the proper bins were put out for the specific days. Some of the other residents were also learning new skills to enable them to be involved in running their own home.

The inspector observed that the atmosphere in the centre was relaxed and quiet. Staff were observed treating residents with dignity and respect at all times and residents appeared relaxed in their company. Both the staff and the management team had a good knowledge of the residents' needs in the centre.

Residents were observed to be involved in activities during the inspection. One resident went for a walk to the beach and another was attending their work placement. Some were spending one to one time with staff doing activities that were important to them. Some of the residents showed the inspector their bedrooms which were personalised and maintained in line with their preferences. The residents spoke about their family members and some of their personal possessions which they kept in their rooms and some of their interests which was reflected in their bedrooms. For example; one resident was an avid fan of a music group and had posters and pictures reflecting this.

Residents had a number of goals in place which they were being supported to achieve. Some of the residents goals were also linked to their interests and some were aimed at increasing independent living skills. For example; one resident was learning how to make a snack independently.

There were no complaints logged in the centre, however some compliments had

been recorded which two family representatives had made. Both were complimenting the staff team on the support they gave their family members in the centre. The inspector also found that there was a focus on maintaining links with family members and some residents enjoyed regular visits home to their family. Visits to the centre were also encouraged in line with public health advice and one resident was looking forward to a visit from a family member the day after the inspection. Another resident showed the inspector pictures of some of their family and they were looking forward to seeing them in the coming weeks.

There was link between what the residents told the inspector and what was contained in their personal plans. Two residents went through some aspects of their personal care plans with the inspector. One resident had a plan with pictures of their early memories and events that had occurred in their life. The resident spoke about some of these events. Another resident spoke about some of the goals they had in place and some of their health care needs. This informed the inspector that residents were informed about their care and support needs and wishes.

A party was in the process of being planned in the house next month and one resident said they were looking forward to this. This again informed the inspector that residents were kept informed about things happening in the centre and were included in decisions.

There were a number of examples of where residents rights were respected in the centre. Residents had easy read personal plans in place where pictures were displayed of the allied health professionals who supported them. Since COVID-19 residents had been supported to keep in contact with family members on a regular basis. Residents were also being informed of issues relating to COVID-19 and easy read information was available to them. Residents had received vaccinations for COVID-19 and a decision making checklist had been completed with residents and family members to consent to the vaccination. One resident who had received both vaccinations said that they were very happy to have gotten the vaccination.

Overall, the residents were being supported to live a good quality of life in this centre. The inspector also observed that staff appeared to know the residents well and were respectful, caring and professional in their interactions with the residents. Some improvements were required to three of the regulations.

Capacity and capability

Overall while a number of regulation required some improvements, this centre was well resourced and centred around providing good standards of care to the residents living there.

The centre had a defined management structure in place which consisted of an

experienced person in charge who worked on a full-time basis in the organisation. They are responsible for a number of other designated centres under this provider and in order to assure effective oversight of the care and support needs of the residents, a clinic nurse manager is employed also. The person in charge was a qualified nurse who provided good leadership and support to their team. The residents knew the person in charge and said that they liked them.

The person in charge reported to the director of care who was also a person participating in the management (PPIM) of the centre.

The staff team consisted of two nurses and five health care assistants who had consistently worked in the centre since it opened. At the time of the inspection there were sufficient staff on duty to meet the needs of the residents.

In order to ensure that some residents were supported to transition to this centre, some of the staff that had previously worked with some residents in their previous home, had moved to this centre. This meant that they knew the residents well and were able to share this knowledge with the other team members. The staffing numbers enabled planned leave to be taken, meaning that relief or agency staff were not required. In instances where unplanned leave was taken a regular relief staff had been employed to support the residents. This ensured consistency of care to the residents.

Staff who spoke to the inspector said that they felt very supported in their role and were able to raise concerns, if needed, to a manager. They had a good knowledge of the residents' needs and reported to the inspector that one residents quality of life had really improved since moving here as the environment was more relaxed and quieter. This suited the residents' needs and the inspector found from reviewing the residents personal plan that this was evident. A supervision schedule was also in place for the year and the inspector reviewed a sample of supervision records for staff that had taken place in May 2021.

Staff personnel files were not reviewed at this inspection. However, the person in charge maintained up to date garda vetting records for each staff member which showed that garda vetting was in place for all staff.

From a small sample of training records viewed the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. For example, staff had undertaken a number of in-service training sessions which included; basic life support, safeguarding adults, fire safety, manual handling, supporting residents with dysphagia, infection prevention and control and the safe administration of medication. The providers own audits showed that refresher training was due for some staff, which had to be postponed due to public health advice, however; there were plans in place to complete this in the coming weeks. In addition, the provider had ensured that staff had completed the theory element of some refresher training programmes while the practical session (which had been on hold due to restrictions) was planned for the coming weeks.

The centre was being monitored and audited as required by the regulations. There had been a six monthly audit of the quality and safety of care conducted in the

centre in August 2021. Overall this found good levels of compliance, with a small number of actions which were either completed or in progress at the time of the inspection. For example; as already mentioned some refresher training was due.

Other audits were also completed in areas such as; fire safety, medication management and residents' personal plans. Overall the findings from these audits were, for the most part, compliant and where areas of improvement had been identified they had been addressed. For example; a recent audit had been conducted on residents personal plans and there was an action plan in place to ensure that updates were made to the records stored in the plans.

The admission criteria for the centre was outlined in the statement of purpose for the centre. Contracts of care were in place which outlined the care and support to be provided and the fees associated with these supports. However, a sample viewed had not been signed by the resident or their representative.

A review of incidents that had occurred since the centre opened, informed the inspector that the person in charge had notified the Health Information and Quality Authority as required under the regulations.

Regulation 14: Persons in charge

The person in charge was a qualified nurse, who was supported in their role by a clinic nurse manager. They had many years of experience working in disability services.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staff on duty to meet the needs of the residents at the time of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been provided with training in order to meet the needs of the residents.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place provided effective oversight of the care and support being provided to the residents.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The contracts of care in place had not been signed by the resident or their representative where required.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had an up to date statement of purpose which detailed the requirements set out in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of incidents that had occurred since the centre opened, informed the inspector that the person in charge had notified the Health Information and Quality Authority as required under the regulations.

Judgment: Compliant

Quality and safety

Overall the residents enjoyed a safe quality service, however some improvements

were required in the residents personal plans, fire safety and residents rights.

As stated the property was finished to a very high standard and provided adequate communal space which allowed for residents to meet family and friends privately should they wish.

Personal plans were in place for all residents. This included an assessment of need for all residents that for the most part had been updated recently. One residents assessment had not been updated to reflect a change in the residents' needs and the support plan in place had not been updated either.

From viewing a small sample of files, the inspector saw that residents were being supported to achieve personal and social goals and to maintain links with their families and community. All of the residents had goals in place, some were aimed at residents attending concerts, going to particular community activities and learning new skills to enhance their independence and sense of community. One resident was being supported to go and pay their rent each week, another resident was learning to prepare small snacks and one was going horse riding every two weeks. The staff team were reviewing the goals regularly to ensure that residents got to achieve them.

Residents were supported with their health care needs and as required access to a range of allied health care professionals, to include GP, dietitian, occupational therapy and physiotherapy. Hospital appointments were facilitated as required and care plans were in place to support residents in achieving best possible health. Some of the residents were able to talk about their health care needs and why some interventions were in place to support them. Residents had been advised of national health screening programmes, however as discussed under residents rights improvements were required in the consent process.

Residents were supported to experience best possible mental health and where required had access to behavioural support and had a positive behaviour support plan in place to guide practice. Staff were knowledgeable around the supports outlined in these plans.

One restrictive practice was used to manage some behaviours of concern. This was reviewed by the allied health professional who had prescribed it and by the team to ensure that it was the least restrictive measure. However, as discussed under residents' rights improvements were required to ensure that the resident or their representative had consented to these.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was low level of incidents occurring in the centre, there had only been three incidents since the centre opened. There were individual risk assessments in place for resident and a risk register for overall risks in the centre and individual risk assessments for each resident. Incidents in the centre were reviewed regularly and any actions agreed to mitigate risks had been implemented. For example; a medication incident had occurred in the centre, this had been reported to a senior nursing staff and a general practitioner for advice and follow up. The person in charge had also changed the practices in the centre to ensure

that this type of incident would not happen again.

All staff had been provided with training in safeguarding adults. Of the staff met, they were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. Residents met said they felt safe in the centre and said that if they were not happy they would talk to staff or their family.

Fire safety systems in place were reviewed. Staff had been provided with training in fire safety. Fire fighting equipment was available and had been serviced recently. While staff met were knowledgeable about how to support residents in evacuating the centre, there was some confusion about when the fire alarm sounded whether staff should check where the fire had started. This was also not outlined in the fire evacuation plan for the centre. The person in charge sought assurances around this and by the end of the inspection, this had been addressed.

Infection control measures were also in place. Staff had been provided with training in infection prevention control and donning and doffing of personal protective equipment (PPE). There were adequate supplies of PPE available in the centre. This was being used in line with national guidelines. For example; masks were worn by staff when social distancing could not be maintained. There were adequate hand-washing facilities and hand sanitising gels available and there were enhanced cleaning schedules in place. Staff were knowledgeable about what to do in the event that a staff or a resident was suspected of having COVID-19. There were measures in place to ensure that both staff and residents were monitored for possible symptoms. One staff member was also appointed as the lead person for the management of COVID-19 in the centre. This person was responsible for carrying out audits to ensure ongoing compliance with public health guidance. A sample of these audits were viewed and no actions had been required from them.

As already stated earlier in this report there were a number of examples of where residents' rights were respected in the centre. Residents were supported to consent to getting the vaccination for COVID-19. Notwithstanding, some improvements were required in relation to residents consenting to national health screening programmes and the use of one restrictive practice in the centre.

Regulation 11: Visits

Residents were supported to receive visitors in line with public health advice.

Judgment: Compliant

Regulation 13: General welfare and development

The general welfare and development of residents was supported in the centre. Some residents attended day services, others were supported on a daily basis to have meaningful activities.

Judgment: Compliant

Regulation 17: Premises

The property was finished to a very high standard and provided adequate communal space which allowed for residents to meet family and friends privately should they wish.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents guide which outlined a summary of the services and facilities provided in the centre.

Judgment: 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 provider had systems in place to manage or prevent an outbreak of COVID-19 in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

On the day of the inspection, the fire evacuation plan did not fully guide practice in relation to checking the fire panel prior to evacuating the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

One residents assessment of need had not been updated to reflect a change in the residents' needs and the support plan in place had not been updated either.

Judgment: Substantially 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, to include GP, dietitian, occupational therapy and physiotherapy.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience best possible mental health and where required had access to behavioural support and had a positive behaviour support plan in place to guide practice. Staff were knowledgeable around the supports outlined in these plans.

One restrictive practice was used to manage some behaviours of concern. This was reviewed by the allied health professional who had prescribed it and by the team to ensure that it was the least restrictive measure. However, as discussed under residents' rights improvements were required to ensure that the resident or their representative had consented to these.

Judgment: Compliant

Regulation 8: Protection

All staff had been provided with training in safeguarding adults. Of the staff met, they were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. Residents met said they felt safe in the centre and said that if they were not happy they would talk to staff or their family.

Judgment: Compliant

Regulation 9: Residents' rights

There were a number of examples of where residents' rights were respected in the centre. Residents were supported to consent to getting the vaccination for COVID-19. Notwithstanding, some improvements were required in relation to residents consenting to national health screening programmes and the use of one restrictive practice in the centre.

Judgment: Substantially 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	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Rosevale OSV-0007948

Inspection ID: MON-0032045

Date of inspection: 24/09/2021

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 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: Residents contracts of care will be signed by residents and their representatives	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The emergency response plan has been updated to reflect the current fire safety and evacuation arrangements in the DC. All staff have been made aware of these changes.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Resident's personal plan has been updated to reflect the resident's current needs	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: <ul style="list-style-type: none"> • Resident referred to The National Breast Screening Programme. • A referral will be submitted to the human rights committee in the organisation for review on behalf of a resident who opted out of The National Cervical Screening Programme • A referral will be submitted to the human rights committee in the organisation for review on behalf of a resident who uses protective sleeves to reduce the risk of soft-tissue damage from self-injury. 	

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 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	30/11/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	20/10/2021
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall	Substantially Compliant	Yellow	20/10/2021

	take into account changes in circumstances and new developments.			
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	30/11/2021