

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	St Rosalie's Residential Service
<b>Centre ID:</b>	OSV-0001425
<b>Centre county:</b>	Co. Dublin
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Daughters of Charity Disability Support Services Ltd
<b>Provider Nominee:</b>	Lorraine Macken
<b>Lead inspector:</b>	Helen Thompson
<b>Support inspector(s):</b>	Conan O'Hara
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	15
<b>Number of vacancies on the date of inspection:</b>	2

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 13 July 2016 09:35 To: 13 July 2016 19:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

**Background to the inspection**

This was an unannounced inspection that was conducted in line with HIQA's remit to monitor ongoing compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The required actions from the centre's registration inspection in early June 2014 were also followed up as part of this inspection with a particular emphasis on assessing the centre's current status in the implementation of their plans to support residents to move from this small congregate type centre to a community based residence.

**How we gathered our evidence**

The inspectors met with a number of the staff team which included care staff, household staff, the CNM1 who was deputising for the person in charge on the day and other members of the nursing team. Additionally, in assessing the quality of care and support provided to residents, the inspectors spent time observing staff engagement and interactions with residents and during the inspection process met with a resident's family member. Overall, residents appeared happy and contented in

their home and the resident's representative reported that they were satisfied with the care and support provided to their relative. As part of the inspection process the inspectors spoke with the aforementioned staff and reviewed various sources of documentation which included the statement of purpose, residents' files and a number of the centre's policy documents. The inspectors also completed a walk through the centre's premises, paying particular regard to improvements that had been identified as required during the last inspection.

#### Description of the service

The service provider had produced a statement of purpose which outlined the service provided within this centre. The centre was situated in a large suburban seaside village. It consisted of a large three storey building on its own separate grounds which had a surrounding garden area. In addition, the grounds contained a building that was used for facilitating residents' activities and a sun house. The statement of purpose stated that the centre provided long stay high support residential care for residents with significant intellectual disability. Residents' support needs included dementia, mental health needs, sensory disabilities, epilepsy and behaviours that challenge. There was capacity for 17 residents but it was now home to 15 female residents over 18 years of age.

#### Overall judgment of our findings

Eleven outcomes were inspected against and five outcomes were found to be of moderate non-compliance. The inspectors found that residents' healthcare needs were substantially met but improvement was required in the mealtime experience for some of the residents. Due to the actions implemented since HIQA's last inspection, safe and suitable premises was assessed as substantially compliant as the inspectors were acutely aware of the plans for residents to move to a more suitable home. Health and safety and risk management was found to be substantially compliant but some environmental risks needed to be addressed. Assessment of the centre's admissions and contract for the provision of services showed that a resident's contract of care required appropriate consultation with, and consent from their representative to move this outcome to full compliance.

The inspectors found that residents' medication needs were supported and that identified requirements in relation to residents' rights, dignity and consultation had been addressed since the last inspection.

Significant areas for improvement were identified in the core outcomes of safeguarding, governance and management, workforce particularly the adequacy of staffing levels, and family and personal relationships and links with the community. Residents' social care needs required improvement in their review, evaluation and in ensuring that residents are consistently facilitated with opportunities to engage in meaningful activities. Additionally, residents' level of community involvement and participation needed to be further developed and integrated with the transition and future plans for their new living environment.

These findings along with others are further detailed in the body of the report and the action plan at the end.

**Section 41(1)(c) of the Health Act 2007. Compliance 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.**

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The actions identified in the last inspection were addressed. An addendum was attached to each resident's contract of care outlining the fees for the service provided and outlined details of additional charges. Inspectors did not assess other aspects of this outcome.

**Judgment:**

Compliant

**Outcome 03: Family and personal relationships and links with the community**

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The inspectors found that residents were supported to develop and maintain personal relationships and families were noted to be involved in their relatives' lives. However,

improvements were required to ensure that some residents actively and meaningfully participated in their community.

From a review of residents' plans the inspectors observed that contact and relationships with their family members was well supported. It was evident that they were involved in and contributed to ongoing review and planning meetings. On the day of the inspection a resident's family representative attended a case conference and afterwards spoke with the inspectors. In general, they expressed satisfaction with the provision of information regarding their relative's wellbeing and the centre's facilitation of contact and visits with them.

From observations made during the inspection and review of residents' files the inspectors noted that the level of community participation and involvement was very limited for some residents. For example, in the month of June 2016 it was recorded that one resident had four community outings which were all drives during which on one occasion they had an ice-cream and another resident was recorded as going on one outing for the month of May 2016. The remainder of their activities were facilitated in the centre.

However, the inspectors did note that there had been some improvement since HIQA's last inspection and that some other residents went to swimming, bowling, horse riding, clubs and socialising in the local community.

The inspectors also found that some residents go out shopping for their toiletries and some foodstuff. Staff highlighted that this is being particularly facilitated with the residents that are preparing for their move to a community house.

**Judgment:**

Non Compliant - Moderate

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The centre had addressed issues identified in the previous inspection. Inspectors reviewed a sample of contracts and the attached addendum which detailed additional charges to residents. Inspectors reviewed a letter that was sent to the residents and their representatives providing information on additional costs. Review of the updated

contracts showed that they were signed by the resident, their representative where appropriate and the service. However, one resident's contract was signed by a previous member of management in place of the resident's representative and this practice required review to ensure regulatory compliance.

Six residents in the centre were in the process of transitioning to a community centre. Inspectors reviewed the transition plans and found them to be supportive of the residents' needs, wishes and safety and also the plans considered the safety of other residents that were proposed to live with them.

**Judgment:**  
Substantially Compliant

### **Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**  
Effective Services

### **Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

### **Findings:**

In general, the inspectors found that the wellbeing and welfare of residents was supported with their needs outlined in their personal plan. However, improvements were required for some residents regarding the identification, implementation, review and evaluation of their social goals. Some residents' opportunities to engage in meaningful activities needed to be further developed, particularly with their proposed move to the community. The inspectors observed that the residents and their representative were involved in the personal planning process and accessibility in documentation was noted. The inspectors observed that residents were consulted with and supported in their plans to move to smaller community based settings.

From a review of plans, discussion with staff and residents' representatives and general observation the inspectors found that the needs and wishes of residents were assessed as required. Plans were available to inform and guide staff in supporting residents' daily needs and wishes. The inspectors noted that plans were made available in accessible formats. Residents' representatives were involved in review and planning meetings and in discussion, reported to the inspectors that they were happy with the care and support provided to their relative. The level of multidisciplinary support available to residents

was especially highlighted.

However, some residents' social goals were noted to be somewhat limited and additionally the review and evaluation of goal implementation was not completed in a timely or comprehensive manner. Some documentation, for example, a resident's profile document had not been reviewed within its stipulated timeframe.

From review of residents' files and interviews with staff and a resident's representative the inspectors observed strong evidence that residents were being supported with moving from their current large residential setting to a smaller house in the community. The inspectors met with the CNM2 who was co-ordinating the project and supporting residents with their transitional planning. The inspectors noted that future planning was included in residents' goal setting. Residents needs and wishes were assessed and this information was central in ensuring that their new living arrangements would fully support them. Each resident had a comprehensive individualised transition plan to underpin their move to their new home. The plan was very accessible with strong usage of pictures and approximately a fortnight before the actual move date the CNM2 plans to augment this with a specific visual transition aid. The inspectors noted that there was significant multidisciplinary involvement in the assessing and planning process. Also, residents' families were participating and advocating for their relatives in the decision making process. It was clearly evident that residents' choice was being facilitated with them, for example, noted to be involved in the painting and decorating of their new home. The inspectors observed that the six residents who are initially moving had been visiting their new community home with their visits recorded and evaluated. Residents had commenced some initial skill development, for example shopping, to assist them with their move and plans for further enhancement of daily living skills were outlined by the CNM2.

The inspectors were informed that presently the service provider is actively looking for houses to facilitate the other residents in moving to a new community based home. The inspectors were informed by family members that communication regarding updates on the status of this project could be improved.

**Judgment:**

Non Compliant - Moderate

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services



**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The centre had addressed two of the three issues identified in the previous inspection. Inspectors found the maintenance work to improve the suitability of the house for the residents' was completed - the entrance was adapted and the bathrooms were upgraded. However, the layout of the premises did not meet the needs of the residents in terms of their mobility, especially with regard to using the stairs.

Inspectors acknowledged that the centre was in the process of planning the transition of the residents to a community based residential setting, that each resident had a risk assessment completed regarding their mobility and using the stairs, and additionally a traffic light system was introduced to support this need. Inspectors also observed that since the last inspection, one resident had moved location in the house and was now being accommodated on the ground floor due to their increased mobility needs.

**Judgment:**

Substantially Compliant

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Overall, inspectors found that there were systems in place to ensure the health and safety of residents, staff and visitors and the actions identified in the previous inspection had been addressed. Some improvement was required with the management of risk.

The centre had an evacuation plan with a traffic light system in place which considered the support requirements of the residents. Staff spoken to were knowledgeable of this system. The centre had a health and safety statement in place and a missing persons policy.

Fire drills were carried out regularly and inspectors reviewed the last four fire drills. It was evident from reviewing the drills that issues were identified and addressed. For example, ski sheets were introduced and staff had received a demonstration on how to use them and some residents had moved bedrooms to address mobility issues. The centre had appropriate fire equipment in place. Inspectors reviewed certificates that fire equipment, extinguishers, the fire alarm and emergency lighting was serviced regularly.

The centre had a risk management policy which included the specified risks identified in Regulation 26. The centre had a robust risk management system, however, it required some improvements. Site specific risk assessments were completed and detailed the risk and control measures in place to reduce the risk in areas such as staffing, challenging behaviour, chemicals, injury, manual handling and gas. However, inspectors identified that not all risks on the risk register were applicable to the centre, for example, a swimming pool and that not all risks were identified. There were no risk assessments in place regarding a hot pipe that was observed to be partly exposed and the storage of oxygen cylinders.

There were also individual risk assessments for challenging behaviour, choking, stairs usage and fire which were reviewed quarterly. Inspectors reviewed a sample of incidents and found that they were well managed and followed up appropriately.

The centre had systems in place for infection control. The centre employed household staff and inspectors found the centre to be clean. There was adequate hand washing facilities and personal protective equipment available throughout the centre.

The vehicles used by the centre were not inspected as part of this inspection.

**Judgment:**

Substantially Compliant

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Overall, the inspectors found that there were measures in place in the centre to protect residents from being harmed or suffering abuse. There was a positive behaviour support approach evident for residents that engaged in behaviour that was challenging. The centre promoted a restrictive free environment for residents but some improvement was required to meet regulatory requirements.

The inspectors found that there were systems in operation for responding to incidents, allegations and suspicions of abuse and that these were being appropriately utilised to ensure that residents were protected. Also, staff noted to the inspectors that incidents and allegations of abuse were discussed at team meetings and in individual meetings with the person in charge.

Staff members, including agency staff, outlined how they would respond to potentially abusive situations for residents and were clear with regard to their reporting responsibilities. Staff training in relation to safeguarding residents was found to be current. Residents personal and intimate care needs were outlined in plans which informed staff practices.

The inspectors found that residents' positive behaviour support needs were being supported and this was also highlighted in discussion with a resident's representative. Residents were supported by the multidisciplinary team which included a clinical nurse specialist in behaviour, psychology, social work and psychiatry. The inspectors noted that there was evidence of regular reviews of the residents' behaviour that was challenging, noting that the timeframe was responsive to changes in the frequency and severity of the residents' presentation.

The inspectors noted that a restraint free environment was promoted with, for example, the use of padded cot sides for a resident reviewed and substituted by the use of an alternative option. However, the inspectors observed that there was no evidence of current consent nor regular communication with family regarding the usage of a restraint in response to behaviour that was challenging.

Also, there were gaps identified in positive behaviour support training. Staff had not been provided with all the necessary training and education to facilitate them in fully supporting the needs of some residents that engaged in behaviours of concern.

During the inspection staff were observed to treat residents in a warm and respectful manner with the inspectors observing that residents appeared contented. The centre had policies in place as required by regulation.

**Judgment:**

Non Compliant - Moderate

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Overall the inspectors found that residents in this centre were supported to achieve and enjoy the best possible health.

A review of residents' plans showed that their healthcare needs were being responded to in a timely manner, assessed and supported. The inspectors found that residents were supported by a multidisciplinary team which included psychiatry, clinical nurse specialists in dementia and challenging behaviour, psychology, occupational therapy and physiotherapy. Residents also attended allied health care services which included oncology, neurology, ophthalmology, audiology and dentistry.

The inspectors observed that residents were well supported by their general practitioner who held a weekly clinic in the centre and was available to the residents in his local practice on the other week days.

Residents' nutritional needs were assessed and documented in their care plans and the inspectors noted that a dietician was available to residents as required. Specialised diets were facilitated and residents' weights were monitored. The inspectors found that residents' choice and preferences were acknowledged and supported. Drinks and snacks were available outside of residents' mealtimes.

A mealtime experience was observed in two of the centre's dining rooms. It was found to be a relaxed, social event for some residents but not positive for others. Some residents' food was served in a haphazard manner and overall their experience was of a functional and task like nature. The inspectors observed that the staffing level was not sufficient in ensuring that residents' support needs were fully met during mealtimes.

**Judgment:**

Substantially Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Overall, the inspectors found that residents were protected by the centre's policies and procedures for medication management. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Medicines in the centre were stored as required and residents' medication records were

kept in a safe and accessible place.

A pharmacist was available to the residents and there was evidence of ongoing review of the residents' medical status and their medication. Medication in this centre was only administered by registered nurses. The inspectors observed the bank list, dated 15 June 15 2016, of nursing staff signatures with their initials and correlating registration numbers.

There was a system in place for reviewing and monitoring safe medication management practices. The inspectors noted that two medication errors were reported, reviewed and followed up in January 2016. Medication management auditing was completed by the person in charge on a quarterly basis.

The inspectors noted that no residents in this centre were responsible for the administration of their own medication.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Overall, the inspectors found that the management systems in place in the centre ensured the delivery of safe and quality services. However, improvements were required to ensure that the service provided is effectively monitored and that residents and their representatives are consulted.

No annual review of the quality and safety of care in the centre was available for the inspectors to view and a residents' representative reported that they had not seen or been consulted in such a process. The inspectors observed that the six monthly unannounced visits were conducted with areas for improvement identified. However, the most recent visit was completed in December 2015.

It was observed that the auditing process is established in the centre and the inspectors noted that audits had been completed for medication and the NF03 notifications submitted for residents.

Inspectors found that there was a clearly defined management structure in place with clear lines of authority and accountability. The person in charge had been in the role for a number of years and is supported by a CNM3/service manager. There are clear arrangements for the absence of the person in charge which were observed on the day of the inspection as the CNM1 deputised. Also, the inspectors observed that there were arrangements in place for staff to exercise their responsibilities and express any concerns regarding the quality and safety of the services provided.

**Judgment:**

Non Compliant - Moderate

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Some actions from the previous inspection had been completed. However, the inspectors observed that there was insufficient staff to consistently meet the assessed needs of residents.

The centre maintained a planned and actual rota. Inspectors reviewed the rota and found there to be an over reliance on relief staff. Inspectors were informed that there were staff vacancies in the centre. The centre used a panel of regular relief staff to try and ensure consistency of care for residents and had advertised to fill both nursing and social care worker vacancies.

Inspectors found that there was insufficient staffing levels to meet all the needs of the residents. The inspectors noted that some residents' social goals were cancelled due to insufficient staffing, that some residents' positive behaviour support needs could not be facilitated especially when participating in the community and additionally the mealtime experience for others was adversely effected by the level of staff present. While inspectors observed staff interacting warmly with residents, it was adversely impacted

by the inspectors observation that a significant level of engagement was task orientated, especially due to the insufficient staffing levels in one area of the centre.

Inspectors reviewed a sample of training records and found that staff had up to date training in safeguarding, fire prevention and management and manual handling.

There were supervision arrangements in place, such as a supernumerary person in charge on the daily shifts and regular, detailed staff meetings. Staff appraisals were also in place and the centre was in the process of completing appraisals for 2016.

Staff files were not reviewed as part of this inspection as they were found to be compliant in the previous inspection.

Volunteers were active in supporting residents within the centre and the community. They were supported by the service provider's volunteer co-ordinator. The inspectors observed that they had provided a vetting disclosure, had their roles and responsibilities set out in writing and were receiving supervision.

**Judgment:**

Non Compliant - Moderate

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### *Report Compiled by:*

Helen Thompson  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate

## Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	St Rosalie's Residential Service
<b>Centre ID:</b>	OSV-0001425
<b>Date of Inspection:</b>	13 July 2016
<b>Date of response:</b>	11 August 2016

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 03: Family and personal relationships and links with the community

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Some residents were found to have limited participation and involvement in their community.

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.



**1. Action Required:**

Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

**Please state the actions you have taken or are planning to take:**

The need to enhance the level of community engagement and roles for the individual ladies is recognised by the service. This is a focus for the service going forward. Below are a number of key actions that are being taken:

1. A member of staff will be designated to explore activities and opportunities which would engage the service users locally .This staff will lead out on establishing and building links with local communities and organisations and will as part of the Team work towards the inclusion of Service Users for whom this may be a choice.
2. Service users will be supported by their keyworker to explore activities in accordance with their wishes. Documentation will reflect this and plans to incorporate these activities into the individuals lives will be reflected in schedules. Community activity sampling will commence 4th September.
3. A workshop will be provided for all staff on Person Centred Planning by 18th October 2016. This training will incorporate a focus on how to ensure community integration and how to develop relationships within the community.
4. Further use of volunteers will be explored with volunteer co-ordinator to enhance links with the wider community by 7th September.

**Proposed Timescale:** 31/12/2016

**Outcome 04: Admissions and Contract for the Provision of Services**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

One contract of care was not signed by the resident or their representative.

**2. Action Required:**

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

**Please state the actions you have taken or are planning to take:**

Contract of Care for service user has been updated 09/08/2016.

**Proposed Timescale:** 09/08/2016

## Outcome 05: Social Care Needs

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Some residents' goals were not clearly reviewed, updated and evaluated.

### **3. Action Required:**

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

**Please state the actions you have taken or are planning to take:**

1. Person in charge will ensure that each individual's personal plan is reviewed annually and more frequent if individuals needs or circumstances are changed.
2. All individuals will continue to have a multidisciplinary annual review of their personal plans.
3. Service users will be supported by their keyworker to identify short term and long term social goals in accordance with their individual wishes age and nature of her disability as part of their personal centred plan. Each goal will be evaluated as per agreed schedule. Each goal will have a review date. The review will be informed by the evaluation.
4. PIC/PPIM will audit individual's social goals on a monthly basis.

**Proposed Timescale:** 30/10/2016

## Outcome 06: Safe and suitable premises

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The layout of the premises did not meet the needs of the residents, particularly in relation to their evolving mobility issues.

### **4. Action Required:**

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

**Please state the actions you have taken or are planning to take:**

1. In 2016 six service users will transfer to a community house. This will enable the layout of the current premises to operate from ground and first floor only. Risk Assessments will continue to be updated annually or sooner if required regarding service users' mobility and use of the stairs.
2. Eight Service users will move to three community houses as part of the HSE "Transforming Lives" Reform Agenda by 2018. Capital funding is currently being considered by the local authority for two houses in the community for six ladies (three

ladies in each house) 2016/2017. Capital funding will be applied for a house for two ladies when suitable accommodation is obtained.

**Proposed Timescale:** 31/12/2018

### **Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

All risks to residents were not identified, assessed and addressed.

**5. Action Required:**

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

**Please state the actions you have taken or are planning to take:**

The risk register has been reviewed and updated. All risks identified as non applicable have been removed. Risk assessments have been completed for exposure of hot pipes and storage of oxygen cylinders. Control measures implemented regarding same.

**Proposed Timescale:** 10/08/2016

### **Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Staff had not been provided with all the necessary training and education to facilitate them in fully supporting the needs of some residents that engaged in behaviours of concern.

**6. Action Required:**

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

**Please state the actions you have taken or are planning to take:**

Staff will be provided with training in relation to Positive Behaviour Support by 30th October 2016.

**Proposed Timescale:** 30/10/2016

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was no evidence of current consent nor regular communication with family regarding the usage of a restraint in response to behaviour that was challenging.

**7. Action Required:**

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

**Please state the actions you have taken or are planning to take:**

1. Up-to-date consent to be obtained by 16 September 2016 in relation to restraint in response to behaviour that is challenging.
2. Families will be informed three-monthly regarding usage of same.
3. In instances of changes family will be informed immediately.

**Proposed Timescale:** 16/09/2016

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Some residents' food was served in a haphazard manner and overall their mealtime experience was of a functional and task like nature.

**8. Action Required:**

Under Regulation 18 (2) (a) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

**Please state the actions you have taken or are planning to take:**

Dining room experience has been reviewed:

1. Two separate dining areas are currently being trialled in one area with extra support of staff until the 23rd September 2016.
2. Mealtimes in all areas have become a "protected time" and phone/visitors to be diverted until meal time is complete.
3. Staff will be provided with guidelines & information sessions in relation to meal time support and environment.

**Proposed Timescale:** 23/09/2016

## Outcome 14: Governance and Management

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The timeframe for the unannounced visits to the centre was longer than the required six months.

**9. Action Required:**

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

**Please state the actions you have taken or are planning to take:**

The registered provider will provide an unannounced visit to the designated centre once every six months or more frequently as determined. A written report will be provided in the centre to address any concerns regarding standard of care and support.

**Proposed Timescale:** 30/09/2016

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

No annual review of the quality and safety of care and support in the centre was completed.

**10. Action Required:**

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

**Please state the actions you have taken or are planning to take:**

Annual review of quality and safety of care and support in the centre took place on the 12th July. The report relating to this review will be agreed with PIC and Provider Nominee, available in the service and will be completed by 15th August 2016.

**Proposed Timescale:** 20/08/2016

## Outcome 17: Workforce

**Theme:** Responsive Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There were insufficient staff to consistently meet the assessed needs and wishes of residents.

**11. Action Required:**

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**

Current staff is under review. In relation to the centre and the opening of a community house 3 Social Care workers are currently undergoing the recruitment process. One social care worker to commence on 15th August 2016. Interviews scheduled for further social care worker and care staff on 11th August 2016.

**Proposed Timescale:** 30/10/2016