



## Office of the Chief Inspector

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

Name of designated centre:	St Rosalie's Residential Service
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	20 May 2019
Centre ID:	OSV-0001425
Fieldwork ID:	MON-0021580

## About the designated centre

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

St. Rosalie's is a residential setting providing care and support for up to eight residents over the age of 18 with an intellectual disability with high support needs. The centre is located in a coastal village in Co. Dublin. The premises comprises of three floors the first of which has a large kitchen, store room, utility room, three dining rooms, two living rooms, two offices and three bathrooms. The first floor consists of eight single occupancy bedrooms, four bathrooms, a staff sleepover room and a clinical room. The second floor consists of a visitor's room, a meeting room, three bathrooms, a dining room with a small kitchenette. There is also a sluice room and laundry room in the premises. The residents also have access to an additional outside space with bathroom and kitchen facilities for engaging in a variety of activities. There is a large well maintained garden areas for residents for sitting and dining. Residents are supported 24 hours a day, seven days a week by a staff team comprising of a person in charge, clinical nurse manager, staff nurses, care staff, a chef and household staff.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	7
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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
20 May 2019	09:15hrs to 18:00hrs	Marie Byrne	Lead

## Views of people who use the service

The inspector had the opportunity to meet and briefly engage with the seven ladies living in the centre on the day of the inspection. Residents did not express their opinions verbally to the inspector but they appeared content and comfortable throughout the inspection. They also appeared comfortable in the presence of, and with the levels of support offered by staff.

The inspector observed residents being supported to make choices in relation to activity planning and their meals. Residents' meetings were held regularly and the agenda items and discussions held were available in an accessible format. Accessible information was available throughout the centre in relation to advocacy, complaints, activity planning and staff on duty.

## Capacity and capability

Overall, the inspector found that the registered provider and person in charge were striving to ensure a good quality and safe service for residents. There was evidence that the person in charge, person participating in the management of the designated centre and the service manager were monitoring the quality and safety of care in the centre. However, the provider was not ensuring full oversight of the centre due to the fact that they had not completed the annual review of care and support in the centre for 2018.

The centre was well managed and residents were being supported to make choices in their daily lives. The staff team reported to the person in charge who in turn reported to the person participating in the management of the designated centre (PPIM). The clinical nurse manager facilitated the inspection, and the person in charge made themselves available at the end of the inspection, following a training course.

There were systems in place including a detailed handover at the beginning of staffs' shifts, a daily management sheet which identified members of the management team on duty and available to staff should they requires support. Audits were being completed regularly in the centre including; residents' assessments of need, medication errors, care plans, finances, medications, infection control, falls and incidents, service user protection and welfare, restrictive practices, social activation and health and safety. The actions following these audits were leading to improvements for residents in relation to their care, levels of support and their home. The six monthly reviews by the provider were identifying areas for improvement in line with the findings of this inspection. They had developed an

action plan following this review and were clearly tracking progress in relation to these actions. Staff meetings were occurring in the area, however; they were not occurring frequently. This was discussed with the person in charge, and they had a schedule in place to ensure they were occurring more frequently.

Staff who spoke with the inspector were knowledgeable in relation to residents' specific care and support needs. Planned and actual rosters were available in the centre. However, they were not fully maintained as agency staff names were not contained on the rosters. The inspector found that staffing numbers were not meeting residents' needs and there were a number of staff vacancies in the centre. The provider was in the process of recruiting to fill these. The provider was attempting to provide continuity for residents through the use of regular relief staff and the use of an induction process for new, relief and agency staff. However, due to the volume of shifts covered by agency staff, this was not always proving possible.

Staff had completed a suite of training and refreshers in line with the residents' assessed needs. However, a number of staff required refresher training in line with residents' assessed needs. The inspector found that there were some arrangements in place for formal staff supervision. The person in charge was formally meeting staff and completing supervision and annual performance reviews. However, regular formal supervision in line with agreed timeframes was not being completed.

There were a number of volunteers in the centre who were supporting residents in their home and to engage in activities in line with their needs and wishes. The volunteers had access to the support and supervision of a volunteer coordinator. They had their roles and responsibilities in writing. In addition, they had signed a confidentiality agreement and had completed Garda vetting prior to commencing in their role as a volunteer.

### Regulation 15: Staffing

Residents were observed to receive assistance in a kind, caring and respectful manner throughout the inspection. There were a number of staffing vacancies and the provider was attempting to minimise the impact of this for residents by using regular relief staff while they were in the process of recruiting staff to fill the current vacancies. However, due to the heavy reliance on agency staff this was not always proving possible. The actual rosters required review to ensure they contained the names of all staff on duty in the centre daily.

Judgment: Not compliant

### Regulation 16: Training and staff development

Staff had access to training and refreshers in line with residents' needs. However, a

number of staff required refresher training to support residents in line with their assessed needs. Staff were in receipt of formal supervision and had annual performance reviews. Staff who spoke with the inspector stated that they were well supported in their role. However, supervision was not occurring in line with identified timeframes.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There were clearly defined management structures in place and staff had clearly defined roles and responsibilities. The person in charge, PPIM and service manager were monitoring the quality of care and support in the centre. However, the provider was not ensuring full oversight of the centre as they had not completed the annual review for 2018.

Judgment: Not compliant

### Regulation 3: Statement of purpose

The statement of purpose contained all the information required by schedule 1 of the regulations and had been reviewed in line with the timeframe identified in the regulations.

Judgment: Compliant

### Regulation 30: Volunteers

There were a number of volunteers in the centre and they were in receipt of regular support and supervision from a volunteer coordinator. They had clearly defined roles and responsibilities in writing and had completed Garda vetting prior to commencing in their roles.

Judgment: Compliant

### Quality and safety

Overall, the inspector found that the provider and person in charge were striving to ensure that the quality of the service provided for residents was good. Residents lived in a caring environment. However, the design and layout of the premises was not meeting the residents' current or evolving needs.

The provider had plans in place in relation to the future direction of the service and the inspector found that additional efforts had been made to make the premises more homely since the last inspection. There was previously capacity for 17 residents in the centre, seven ladies were now residing in the centre. One lady had been supported to transition from the centre in line with her changing needs since the last inspection, and a further three ladies were in the process of transitioning to a new home. Residents' bedrooms were personalised with different colours, soft furnishings and family photos. The centre was warm, clean, comfortable and well maintained on the day of the inspection.

Residents had an assessment of need completed and they had care plans and guidelines in place to guide staff to support them in line with their needs and preferences. There was evidence of regular review and update of their personal plans in line with their changing needs, including evidence of annual multidisciplinary review of personal plans. The inspector viewed a number of residents' personal plans in an accessible format. They were person-centred and included photos of the ladies enjoying activities and holidays. Personal plans were regularly audited and residents' had access to keyworkers to support them to develop and achieve their goals.

Residents were being supported to enjoy best possible health. They had access to allied health professionals in line with their assessed needs and staff were knowledgeable in relation to their care and support needs. Care plans were developed as required and there was evidence of regular review and update of these. Residents were in the process of being supported to access national health screening programmes in line with their age profile.

There were a number of restrictive practices in place due to the assessed needs of the residents. These practices were applied in accordance with evidence based practices and national policy. There was evidence of a reduction in the number and frequency of restrictive practices since the last inspection. However, a number of restrictions were in place on the day of the inspection which required review, and which had not been notified to the OCI. Staff had received training to support residents in line with their assessed needs. However, a number of staff required refresher training in line with residents' needs. Residents had access to the support of relevant allied health professionals in line with their needs, and their plans were reviewed and updated regularly.

Improvements had been made since the last inspection to make sure that residents were engaging in meaningful activities in their local community. There was evidence of improvements in relation to the development, review and achievement of residents' social goals. The inspector viewed pictures in a number of residents' person centred plans of them on recent holidays. However, audits were being completed in relation to residents' activities and these audits were identifying that



improvements were still required in relation to residents opportunities to engage in meaningful activities in the community. There was evidence of an increased focus for residents' to engage in their local community. However, from reviewing residents' activity records, limited evidence of involvement in their local community remained for most residents.

One lady had transitioned from the centre since the last inspection. In addition, there were three ladies in the process of transitioning in line with their needs and preferences. Each resident who had or was in the process of transitioning from the centre, had a detailed transition plan in place and they had visited their new home on several occasions. The inspector viewed pictures of the ladies in their new home and evidence of their involvement in relation to choosing items and paint colours for their new home.

### Regulation 13: General welfare and development

There was evidence of an increased focus in relation to meaningful community based activities for the ladies since the last inspection. However, in line with findings of audits on activities in the centre, improvement was still improved to ensure that the ladies were regularly engaging in their local community.

Judgment: Substantially compliant

### Regulation 17: Premises

The design and layout of the centre did not meet the current or evolving needs of residents in the centre. The provider had recognised this and residents were in the process of transitioning from the centre.

Judgment: Substantially compliant

### Regulation 25: Temporary absence, transition and discharge of residents

Residents were in receipt of the necessary supports as they transitioned from the centre. There had clear step-by-step transition plans in place to ensure transitions occurred at a pace suitable to the resident.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Residents' care and support needs were assessed and they had a person-centred, personal plan in place. There was evidence of review of their assessment of need and care plans to ensure they were effective. They were updated in line with residents' changing needs.

Judgment: Compliant

## Regulation 6: Health care

Residents were supported to enjoy best possible health. They had access to the support of relevant allied health professionals in line with their needs. They were in the process of being supported to participate in national screening programmes in line with their wishes and preferences.

Judgment: Compliant

## Regulation 7: Positive behavioural support

There was evidence of a reduction in the number and frequency of restrictive practices since the last inspection. However, a number of restrictions were in place on the day of the inspection which required review, and which had not been notified to the OCI. Staff had received training to support residents in line with their assessed needs. However, a number of staff required refresher training in line with residents' needs.

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
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant

# Compliance Plan for St Rosalie's Residential Service OSV-0001425

Inspection ID: MON-0021580

Date of inspection: 20/05/2019

## 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.

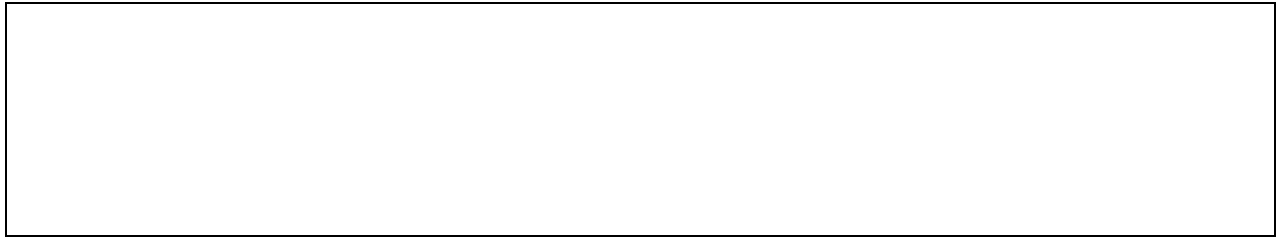
## Section 1

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Actual Rosters reviewed, now include daily names of agency staff. Staff vacancies, care staff x 2 to be re advertised and staff processed by 31/10/19. To continue to ensure consistency in regular agency staff bookings.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Three staff require refresher training in the management of behaviours that challenge for 2019. Training request has been sent to the training co-ordinator, awaiting confirmation of training dates.</p> <p>Supervision timeframes have been revised for 2019 and according to time schedule they will all be completed by 31st December 2019.</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Annual Review for 2018 will be completed by 31st of August 2019.</p>	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development: Focus on individual meaningful community based activities has been reviewed. Two individual staff members have been appointed to further explore local areas with a view to enhance further community integration. Audits on activities in the centre will continue and will be regularly evaluated.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Two community houses have been sourced as part of the HSE "transforming lives" reform agenda. The recruitment process will completed for house one by 31/10/19 and house two by 31/12/19.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: All restrictions reviewed, two non-compliant restrictions have been reviewed and are now compliant with notifications as required. Three staff require refresher training in the management of behaviours that challenge for 2019. Training request has been sent to the training co-ordinator, awaiting confirmation of training dates.</p>	



## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	31/12/2019
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Substantially Compliant	Yellow	31/12/2019
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is	Not Compliant	Orange	31/10/2019



	appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.			
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/10/2019
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	20/06/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/12/2019
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/12/2019
Regulation	The registered	Substantially	Yellow	31/12/2019

17(1)(a)	provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Compliant		
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	31/08/2019
Regulation 23(1)(d)	The registered provider shall ensure that 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.	Not Compliant	Orange	31/08/2019
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive	Substantially Compliant	Yellow	23/06/2019

	procedure is used.			
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