



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

Issued by the Chief Inspector

Name of designated centre:	Rathmore House
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Wicklow
Type of inspection:	Short Notice Announced
Date of inspection:	22 July 2020
Centre ID:	OSV-0002037
Fieldwork ID:	MON-0029592

About the designated centre

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

Rathmore House is a designated centre operated by Enable Ireland based in Co. Wicklow. It provides a respite service for up to 70 people who currently avail of a day service within Enable Ireland Dublin. The maximum amount of service users who can avail of a respite break at any one time is four. The size of the group depends on service user requests, support/dependency levels and staffing levels are allocated to reflect the support needs of service users. The centre is a two storey house which consists of six bedrooms, a large conservatory, sitting room and kitchen. The centre is staffed by the person in charge, social care workers and personal care assistants are responsible for supporting the care needs of all service users throughout their break.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 22 July 2020	10:00hrs to 16:10hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with the two people availing of the service on the day of the inspection. Both service users spoken with said they enjoyed their time in Rathmore House. The inspector also observed elements of their daily lives at different times over the course of the inspection.

The inspector observed service users relaxing in the respite service by watching television in their room, attending appointments and getting their finger nails painted. It was observed that the service users appeared relaxed, comfortable and enjoying the company of staff members. Positive interactions were observed between the service users and staff.

The inspector observed the premises was decorated in a homely manner. However, there were areas of flooring, paint and plaster in need of attention.

Capacity and capability

The governance and management systems in place ensured that the service provided was monitored to ensure the effective delivery of care and support. However, some improvement was required in training and staff development and the annual review.

There was a defined management structure in place. The centre was managed by a suitably qualified and experienced person in charge. The person in charge worked in a full time role and was supported by a team leader. There were arrangements in place to monitor the quality of care and support in the centre. This included six-monthly unannounced provider visits and an annual review for 2019 as required by the regulations. These audits identified areas for improvement and developed action plans. While there was evidence of consultation with service users and their representatives for feedback on the service through questionnaires, the annual review required some improvement to demonstrate this consultation with service users and/or their representatives in line with Regulation 23.

The person in charge maintained a planned and actual staffing roster. From a review of a sample of the roster, it demonstrated that there were sufficient staffing levels in place to meet the assessed needs of the service users. On the day of the inspection, there was one whole time equivalent social care worker vacancy in the centre's staffing complement. The inspector was informed that this vacancy had been filled and a new member of staff was identified to start working in the centre. In addition, at the time of the inspection, a number of staff had been redeployed from the provider's day service due to COVID-19 pandemic. There were plans were in

place to ensure consistency of staff and appropriate staffing levels in line with the service users needs when redeployed staff returned to work in the day services. Throughout the day of inspection, positive interactions were observed between service users and the staff team.

There were systems in place for the training and development of the staff team. For the most part staff training was up-to-date in mandatory training in medication management, fire safety and safeguarding vulnerable persons. However, from a review of the training records, it was not evident that all staff were up to date in fire safety and de-escalation and intervention techniques.

The previous inspection identified that some improvement was required in the information included in the directory of residents. The inspector reviewed a sample of the directory records and found that it contained the information specified in Schedule 3 of the Regulations.

There were systems in place for the recording and management of all incidents. The inspector reviewed a sample of incidents and accidents occurring in the centre and found that all incidents, as appropriate, were notified to the Office of the Chief Inspector as required by Regulation 31.

Regulation 14: Persons in charge

The person in charge worked in a full time role and was suitably qualified and experienced. The person in charge demonstrated good knowledge of the service users and their assessed needs.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual staffing roster. There were sufficient staffing levels in place to meet the needs of the service users.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. However, it was not evident that all staff were up-to-date in fire safety and

de-escalation and intervention techniques.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The provider established a directory of residents which included the information specified in Schedule 3 of the Regulations.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a defined management structure in place. There were arrangements in place to monitor the quality of care and support in the centre including the six monthly unannounced provider visits and annual review. However, the annual review required improvement to demonstrate consultation with service users and/or their representatives.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All incidents were notified as appropriate to the Office of the Chief Inspector in line with Regulation 31.

Judgment: Compliant

Quality and safety

The management systems in place ensured the respite service was effectively monitored and provided a safe, appropriate care and support to service users. However, some improvements were required with regards to premises, personal plans and fire safety.

The inspector completed a walk through of the premises accompanied by the person in charge. The centre is a two storey house which consists of six bedrooms, a large

conservatory, sitting room and accessible kitchen. Overall, the centre was decorated in a homely manner. However, there were some areas of plaster work, painting and flooring which were in need of maintenance.

The previous inspection found that documentation of the support needs of service users were not clear and guidance was not available for staff in a consistent easily accessible manner. This had been addressed and the provider had introduced a revised individual assessment and personal plan template. The inspector reviewed a sample of personal plans and found that each service users needs were assessed through an 'about me' assessment which identified residents' health and social care needs. This assessment informed the residents' personal plans which were found to be up-to-date and appropriately guided the staff team in supporting residents with identified needs. The inspector reviewed a number of health care plans which contained sufficient information to guide staff on supporting service users with their health care conditions while they were availing of the respite service. In addition, the inspector observed that service users were supported to access relevant allied health professionals in line with their assessed needs.

However, there was some improvement required in the personal plans. For example, the inspector found that one personal plan did not appropriately guide staff on how to support a service user with an identified need. While, the person in charge provided evidence of documentation and knowledge of this need, it required a formalised plan to ensure the service user was appropriately supported during their respite stay.

Service users were supported to manage their behaviour through a behaviour support plan. The inspector reviewed a sample of plans and found that they guided the staff team appropriately. There were systems in place to safeguard residents. The inspector reviewed a sample of incidents occurring in the centre which demonstrated that incidents were appropriately managed and responded to. There was evidence that identified safeguarding concerns were identified, responded to and appropriately reported on. Service users were observed to appear comfortable and content in the service throughout the inspection and spoke positively about their experience of the respite service.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Each service user had a personal evacuation plan in place and the centre developed specific evacuation plans for each respite group to guide the staff team in supporting service users to evacuate. While, centre records demonstrated that fire evacuation drills were completed at the start of each respite stay, improvement was required in the arrangements in place to review the evacuation of the centre to ensure all persons could be evacuated in a timely manner. For example, one day time drill took over eight minutes to evacuate two service users. It was unclear from speaking with the person in charge and reviewing the fire drill record the reason for the length of time to evacuate the centre.

The provider had ensured that systems were in place for the prevention and

management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19 with contingency plans in place for staffing. The respite service had reduced the size of the groups attending respite at one time and extended the respite stays to two weeks to prevent and manage the risk associated with COVID-19. There was a folder with information about COVID-19 and infection control guidance and protocols for staff to implement while working in the centre. The inspector observed that personal protective equipment including hand sanitizers and masks were available and in use in the centre.

Regulation 17: Premises

The premises was designed and laid out to meet the needs of the service users. The centre was decorated in a homely manner. However, there were areas of plaster, paint and flooring which required attention.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had ensured that systems were in place for the prevention and control of infection.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Evacuation plans were in place and centre records demonstrated that fire evacuation drills were completed regularly. However, improvement was required in the arrangements in place to review the evacuation of the centre to ensure all persons could be evacuated in a timely manner.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

There was an assessment of need in place for service users which were up to date and appropriately guided the staff team in supporting service users during their respite break. However, improvement was required in relation to one personal plan on the arrangements in place to meet the needs of a service user.

Judgment: Substantially compliant

Regulation 6: Health care

Respite service users had appropriate assessments completed and support plans in place to guide the staff team on how to support the service users manage their health care condition during their respite stay. In addition, service users were supported to access relevant allied health professionals in line with their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Service users were supported to manage their behaviour through a behaviour support plan. The inspector reviewed a sample of plans and found that they guided the staff team appropriately.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents. Where safeguarding concerns were identified there was evidence that they were responded to and appropriately reported on. Service users were observed to appear comfortable and content in the service throughout the inspection and spoke positively about their experience of the respite service.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially 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

Compliance Plan for Rathmore House OSV-0002037

Inspection ID: MON-0029592

Date of inspection: 22/07/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Introduction to Safeguarding training for one staff member will be completed by Sept 1st Fire safety training for 1 staff will be completed by end of Sept 30th	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • Service Users Questionnaire & feedback responses to be included in annual report 2020. 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • Flooring to be replaced in identified areas. • Paint and plasterwork will be rectified. 	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"> • A fire drill was carried out within 24hr of the inspection and all staff and service users were evacuated within 3mins. On review of all fire drills carried out in Rathmore house from Jan2020 have been compliant with fire safety and evacuation, with the exception of one fire drill. Spoke with staff involved they had recorded the time for the evacuation and return into the house. This has now been clarified. 	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none">• One personal plan will be amended to reference a personal support need.	

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 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	30/09/2020
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/11/2020
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their	Substantially Compliant	Yellow	31/01/2020

	representatives.			
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	21/08/2020
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	28/08/2020