



Office of the Chief Inspector

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

Name of designated centre:	Rosshaven Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	03 and 04 September 2019
Centre ID:	OSV-0005276
Fieldwork ID:	MON-0022614

About the designated centre

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

Rosshaven Services is a residential and respite centre for people with moderate to severe intellectual disabilities, and who may also have autism, and or mental health, communication, and behaviour support needs. The service can accommodate up to six male and female residents, aged from 18 years to end of life. There are normally four full-time residential and one respite placements in the centre. The centre is a large comfortable two-storey house, which incorporates one self-contained apartment with separate secure gardens to the rear. It is located in a residential area close to both a city and a busy rural village. Residents are supported by a staff team which includes nursing and social care staff. Staff are based in the centre during the day, and remain on duty at night to support residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
03 September 2019	11:15hrs to 18:00hrs	Jackie Warren	Lead
04 September 2019	10:30hrs to 11:25hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

The inspector met with five residents during the inspection. The residents did not have the verbal communication skills to discuss the service, but the inspector observed that residents were comfortable together and in the presence of staff. It was evident that staff prioritised the welfare of residents, and that they ensured that residents had interesting things to do based on each person's individual abilities and preferences. Some families had completed questionnaires on behalf of residents, and these indicated a high level of satisfaction with the service, including care, staffing and activities.

Capacity and capability

The provider's governance and management arrangements ensured that a good quality and safe service was provided for people who lived in this centre.

There was a clearly defined management structure. Systems were in place, such as audits and management meetings to ensure that the service was provided in line with residents' needs and that residents were safe. Furthermore, the centre was suitably resourced to ensure the effective delivery of care and support to residents.

The provider ensured that the service was subject to ongoing monitoring, review and development. This had resulted in a high standard of care and support being provided to residents. Unannounced audits of the centre's practices were being carried out twice each year by members of the management team. Audit records showed a high level of compliance, and any findings had been addressed in a timely manner. The provider also ensured that an annual review of the care and support provided at the centre was being carried out. However, an aspect of medication auditing required improvement, to ensure that any errors in prescribing records would be readily identified.

There was a suitably qualified and experienced person in charge who was well known to residents and who knew their care needs. There were cover arrangements in place to ensure that staff were adequately supported when the person in charge was off duty.

The provider had allocated sufficient staff to the centre to support residents' assessed needs, including activity choices. All staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles such as safe administration of medication and first aid. The provider had also supplied a range of

policies and procedures to guide staff, and the sample of policies viewed were up to date. However, the health and safety policy required review, as it did not include all the information specified by the regulations.

The provider had ensured that the centre was suitably insured, that a statement of purpose was available, and that there was a robust system for the management and reporting of adverse incidents. However, improvement was required in relation to the verification of credentials of service contractors contracted to work in the centre, and the statement of purpose, which was generally suitable, required some minor adjustment.

Overall, there was a good level of compliance with regulations relating to the governance and management of the centre.

Registration Regulation 5: Application for registration or renewal of registration

Some of the prescribed documentation for the renewal of the designated centre's registration was not suitably submitted to the Chief Inspector of Social Services. While all the prescribed documents were submitted, some aspects of this information were not clear and the provider was asked to review and update it.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The role of person in charge was full-time and the person who filled this role had the required qualifications and experience. The person in charge visited the centre frequently, was very knowledgeable regarding the individual needs of each resident, and was clearly known to the residents.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection, and there was evidence that these were the normal staffing levels .

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding. Other training relevant to the care needs in the centre had also been provided to staff.

Judgment: Compliant

Regulation 22: Insurance

There was a current insurance policy in effect for the service.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. There were robust and effective monitoring and auditing systems in place to review the quality of care in the centre. However, some improvement was required to the medication auditing system to ensure that all aspects of medication administration were being suitably monitored. In addition, there was no evidence available that the provider had verified that servicing of the central heating boiler was being carried out by a suitably qualified personnel.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose that described the service being provided to residents and met most of the requirements of the regulations. However, it did not clearly state some of the information required by the regulations. The statement of purpose was being reviewed annually by the person in charge, and was available in the centre to residents and their representatives.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to make notifications of specified events, including quarterly notifications, to the Chief Inspector of Social Services, and these had been suitably submitted.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies required by schedule 5 of the regulations were available to guide staff and a the sample read by the inspector were up-to-date and had been reviewed as required. However, the health and safety policy did not include any guidance on food safety as required by the regulations.

Judgment: Substantially compliant

Quality and safety

The provider ensured that residents living at this centre received person-centred care and support, and a good level of health care.

Residents' personal, health and social care needs and goals were agreed at annual meetings and plans to achieve their assessed needs had been developed. The goals that had been identified for residents were meaningful and appropriate, and there were clear plans as to how these goals would be achieved.

The provider had ensured that residents had access to medical and healthcare services and that they received a good level of health care. All residents had access to a general practitioner and attended annual medical checks. Healthcare services accessed by residents included psychiatry, psychology and behaviour support therapy which were supplied by the provider. Reports and information from healthcare professionals was available to guide staff in the delivery of appropriate care. Staff supported residents to achieve good health through ongoing monitoring of healthcare issues, and encouragement to lead healthy lifestyles and take exercise. None of the residents were currently eligible to avail of national health screening

programmes. Safe medication management practices were also evident in the centre.

The inspector observed that staff supported residents to do things that they enjoyed both in organised day programmes, in the centre, and in the community. Residents were involved in a range of activities such as swimming, developing independent living skills, visiting and socialising with family and friends and entertainment events. An individualised home-based service was provided to meet some residents' needs and preferences. Throughout the inspection, the inspector found that residents' needs were supported by staff in a person-centred way.

The centre suited the needs of residents, and was comfortable, well decorated and suitably furnished. All residents had their own bedrooms and could lock their doors if they chose to. The rooms were decorated to residents' liking. The centre was maintained in a clean and hygienic condition throughout, and there were measures in place to reduce the spread of infection.

The provider had arrangements in place to identify and manage risk, including risks associated with fire. These included risk identification and management, development of individualised risk profiles and personal emergency evacuation plans for each person, availability of missing person profiles and intimate care plans, and maintenance of a safe environment. Fire safety measures included up-to-date servicing of fire safety equipment, internal fire safety checks by staff, and participation of staff and residents in fire evacuation drills, all of which had taken place in a timely manner.

There were measures in place to safeguard residents from any form of harm. These included safeguarding training, access to a designated safeguarding officer and a policy to guide staff. There were also robust arrangements in place to safeguard residents' finances.

The person in charge and staff had been working to improve residents' rights and autonomy. They had recently begun supporting some residents to have increased possession and management of their own personal property. Since the last inspection, all residents had been assessed for suitability for full or partial administration of their own medication. The person in charge had also ensured that there were measures in place to support residents to communicate, such as communication passports, pictorial aids, and sign language. It was evident during the inspection that staff had the skills to communicate with residents.

Residents had good access to information relating to the service and information relating to their safety and rights such as safeguarding, fire safety and advocacy. This information was supplied to residents in appropriate easy-to-read formats. However, some improvement to the residents guide was required, as it did not clearly reflect the information required by the regulations.

Overall, there was a good level of compliance with regulations relating to the quality and safety of resident care.

Regulation 10: Communication
The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes.
Judgment: Compliant
Regulation 11: Visits
Residents could receive visitors in accordance with their own wishes, and there was sufficient room in the centre for residents to meet with visitors in private. Furthermore, residents were supported to meet with, and visit, family and friends in other places.
Judgment: Compliant
Regulation 12: Personal possessions
Residents were supported to manage their own finances, and had suitable storage facilities for their property and possessions, and their were suitable laundry arrangements in place .
Judgment: Compliant
Regulation 17: Premises
The centre's design and layout met residents' individual and collective needs and was clean, comfortably furnished and well decorated.
Judgment: Compliant
Regulation 20: Information for residents
Information was provided to residents, including information, in user friendly format, residents' rights, how to make complaints, and local events and activities.

There was a residents' guide which was also made available to residents in a suitable, easy-to-read format. However, some of the required information was not clearly stated in the residents' guide, and the guide did not reflect practice in the centre.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed, and there was a risk management policy to guide practice.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had measures in place to ensure that the risk of spread of infection in the centre was well managed.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants. Plans of care for good health had been developed for residents based on each person's assessed needs.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents from any form of harm.

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	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Rosshaven Services OSV-0005276

Inspection ID: MON-0022614

Date of inspection: 03 and 04/09/2019

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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration:</p> <p>The application documentation for the renewal of the designated centre's registration has been reviewed, amended and resubmitted to the Authority so as to ensure clarity in terms of the information required.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>We have amended the current medication audit tool to ensure that the route of administration is reviewed as part of the audit process regarding all individual Medication Administration Records.</p> <p>We have obtained a full cert of compliance from the contractor who carried out the annual Boiler Service, which verifies the credentials of the contractor.</p>	
Regulation 3: Statement of purpose	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: We have reviewed, amended and resubmitted the Statement of Purpose to ensure accuracy and consistency in terms of the information it contains.</p>	
<p>Regulation 4: Written policies and procedures</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: We have forwarded the issue regarding our Health & Safety Policy to our Policy Review group to ensure that appropriate information regarding food safety is included. The PIC has also provided specific information regarding food safety which is displayed in appropriate areas of the designated centre, and will be discussed and documented at the next team meeting.</p>	
<p>Regulation 20: Information for residents</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents: We have reviewed and amended our Resident's Guide to ensure that it reflects more fully the practice within the designated centre.</p> <p>We have also placed copies of both accessible and regular formats of our Statement of Purpose, along with a sign informing family's of the availability of these documents and how they can be accessed, in a prominent location within the designated centre.</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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Substantially Compliant	Yellow	13/09/2019
Regulation 20(2)(b)	The guide prepared under paragraph (1) shall include the terms and conditions relating to residency.	Substantially Compliant	Yellow	13/09/2019
Regulation 20(2)(c)	The guide prepared under paragraph (1) shall include arrangements for resident involvement in the running of the centre.	Substantially Compliant	Yellow	13/09/2019
Regulation	The guide	Substantially	Yellow	13/09/2019

20(2)(d)	prepared under paragraph (1) shall include how to access any inspection reports on the centre.	Compliant		
Regulation 20(2)(e)	The guide prepared under paragraph (1) shall include the procedure respecting complaints.	Substantially Compliant	Yellow	13/09/2019
Regulation 20(2)(f)	The guide prepared under paragraph (1) shall include arrangements for visits.	Substantially Compliant	Yellow	13/09/2019
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	13/09/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	13/09/2019
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	13/09/2019