



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

## Issued by the Chief Inspector

Name of designated centre:	Rossan View
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	09 January 2020
Centre ID:	OSV-0005579
Fieldwork ID:	MON-0022649

## About the designated centre

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

Rossan View is a community based home providing residential support for up to two adult residents. The centre's mission is to provide a home that is warm, friendly and relaxed providing a quality service while respecting residents' dignity and their individuality. The centre is located in a quiet residential area in Co. Dublin and is close to a number of amenities. The house consists of two storeys and has four bedrooms, one of which has an ensuite bathroom facility. One of the bedrooms is currently used as a work studio and another is the allocated staff sleepover room. A large modern bathroom is available on the first floor and there is another toilet facility downstairs. Communal spaces include a large kitchen and a sitting room. There is a garden space to the back and side of the dwelling. Care and support is provided 24 hours a day, seven days a week by a team consisting of care staff, social care workers and a person in charge. The roster includes a sleepover shift.

**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
Thursday 9 January 2020	09:30hrs to 16:15hrs	Marie Byrne	Lead

## What residents told us and what inspectors observed

The inspector of social services had the opportunity to meet and briefly engage with the two residents living in the centre during the inspection. In line with the residents assessed needs and preferences, the inspector did not engage with the residents for long periods. Throughout the inspection, they both appeared comfortable and content in their home and with the support offered by staff. They were both observed spending time in their home and coming and going from the centre to engage in activities and outings to their local community. Staff were observed and heard encouraging both residents to independently prepare to go out and to offer choices in relation to what they wanted to do when they did go out.

Residents were observed taking part in the upkeep of their home including hanging up their washing on the line in the garden. Staff described residents' roles within their home and things they liked to do around the house. Warm interactions were observed throughout the day between residents and staff. Staff were very familiar with residents' care and support needs and with how they communicated their wishes and preferences.

Two questionnaires were completed by residents' representatives prior to the inspection. Both questionnaires were positive in relation to care and support for residents in the centre. They were particularly complimentary towards, the comfort in the centre, residents' bedrooms, food and mealtimes, visiting the centre, residents' rights, staff in the centre and access to activities for residents.

## Capacity and capability

Overall, the inspector found that the centre was well managed and that the provider and person in charge were monitoring the quality and safety of care and support for residents. They were identifying areas for improvement and completing the required actions to make these improvements which were leading to improvements for residents in relation to their care and support and their home.

This inspection was facilitated by the person in charge. They were found to be knowledgeable in relation to residents' care and support needs and their responsibilities in relation to the regulations. They were motivated to ensure that residents had a good life and were making every effort to ensure that each of the residents were engaging in day services and activities in line with their wishes and preferences. The person in charge was supported in their role by the person participating in the management of the designated centre (PPIM) and the service manager. They had systems in place to monitor the quality and safety of care and support for residents and systems to support staff to carry out their roles

and responsibilities to the best of their abilities. The provider was completing an annual review of care and support in the centre and six-monthly reviews in line with the requirements of the regulations. In addition, a number of audits were being completed in the centre regularly. There was evidence that these reviews were picking up on areas for improvement and that the required actions were then being completed to ensure that residents were safe and in receipt of a good quality service. There was limited evidence of residents' or their representatives' consultation in the latest annual review of the quality and safety of care and support in the centre. However, one of the actions identified as part of this review was to complete family and resident questionnaires. The person in charge showed the inspector documentary evidence that these surveys had been developed and were in the process of being distributed. It was also identified that the next annual review needed to be completed in a more timely manner.

There were systems in place to ensure staff were supported in their roles including regular visits to the centre by the person in charge. They logged these visits and the discussions they had, supports offered to residents and staff during the visit and a log of any documentation reviews completed. It had been identified in reviews in the centre that staff meetings were not occurring as frequently as they needed to be. The person in charge had a schedule in place for staff meetings for 2020. There was a skilled and competent team of staff to support residents in accordance with their needs and preferences. Staff were knowledgeable in relation to residents' support needs and their personalities and interests. The inspector observed respectful and friendly interactions between staff and residents and staff were observed chatting with residents and delivering support and assistance in a manner which was discreet and dignified. Continuity of care was particularly important in line with residents' assessed needs and the inspector reviewed a sample of rosters for the centre which clearly showed that regular staff were consistently available to support residents. In addition to the centre having their full staffing compliment, regular staff were completing additional hours to cover planned and unplanned leave. There had been no relief or agency staff working in the centre for a number of months since a previous staffing vacancy had been filled.

Staff were supported by management to carry out their duties effectively. Formal staff supervision had just commenced in the centre. The inspector viewed a sample of these and found that there were opportunities during these meetings to identify strengths and areas for development for staff members, as well as objectives for the coming year on how they could more effectively care for and support residents. Staff had completed training and refreshers to enable them to support residents in line with their assessed needs. For example they had completed training in fire safety, manual handling, medication management, safeguarding of vulnerable adults, and had also been trained in areas of care related to the specific needs of the residents in the centre.

The inspectors reviewed the records relating to residents' admissions to the centre and found that these admissions had been completed in line with the organisation's policies and procedures and in line with the centre's statement of purpose. There was evidence that the provider had considered the needs and safety of both residents during the most recent admission. They had completed compatibility

assessments, risk benefit analysis and other relevant risk assessments. The inspectors reviewed residents' contracts of care and found that they were in place and signed by the resident or their representative. They clearly outlined details of the support, care and welfare to be provided, the services and facilities provided and the fees to be charged.

Residents were protected by the complaints policies, procedures and practices in the centre. There was an accessible document in place for residents in relation to the complaints procedure. This document identified the persons responsible for managing and responding to complaints. Records of complaints included details on the issues, the correspondence between the provider and complainant, and the outcome of the matter, including whether the person was satisfied with the resolution. Arrangements were in place for how complaints would be reviewed if the person was not satisfied.

### Regulation 15: Staffing

Residents were supported by a staff team who were knowledgeable in relation to their care and support needs and familiar with their likes, dislikes and preferences. Residents' independence was being encouraged at every opportunity and support was only offered when residents indicated that they required support. There were planned and actual rosters in place and from the sample reviewed there was evidence that continuity of care was maintained for residents by the staff team in the centre with no relief or agency staff utilised in the last number of months.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training and refreshers in line with the organisations policies and procedures, In addition, they had also completed additional area specific trainings in line with residents' assessed needs. Formal staff supervision had just commenced in the centre to support staff to carry out their roles and responsibilities to the best of their abilities.

Judgment: Compliant

### Regulation 22: Insurance

Residents were protected by the insurance in place for the centre in relation to

personal injury and third party property damage.

Judgment: Compliant

### Regulation 23: Governance and management

The centre was well managed. There were clearly defined management structures which were ensuring that residents were in receipt of a good quality and safe service. There were systems in place to monitor the quality of care and support for residents including the annual and six-monthly reviews by the provider or their representative. Regular audits were being completed and there was evidence that the actions following these audits were having a positive impact on residents' home and their care and support.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

There was an admissions policy and procedures in place and the inspectors found that a recent admission to the centre had been completed in line with these and the centre's statement of purpose. The contracts of care reviewed, contained the information required by the regulations.

Judgment: Compliant

### Regulation 3: Statement of purpose

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

Judgment: Compliant

### Regulation 31: Notification of incidents

The Chief inspector was notified in writing of all incidents occurring in the centre which required to be notified in line with the requirements of the regulations.



Judgment: Compliant

### Regulation 34: Complaints procedure

Residents were protected by the policies and procedures for complaints in the centre. They were available in a format accessible to residents and their representatives.

Judgment: Compliant

### Quality and safety

Overall, residents were in receipt of a good quality and safe service. Residents had things to do and things to look forward to. They lived in a nice home and were supported by a team of staff who were knowledgeable in relation to their care and support needs.

The premises consisted of a detached two-storey house in close proximity to a variety of local amenities including a local shopping centre with bowling and cinema facilities. It was close to good public transport links. Each resident had their own bedroom, one of which had an ensuite bathroom. There was also two additional bathrooms in the centre, one of which had a bath and showering facilities. The house was warm, clean, comfortable and well maintained. It was nicely decorated and residents' needs had been carefully considered when furnishing and decorating the centre. The building overall was homely in its design, and residents' bedrooms were personalised based on their wishes and preferences.

Residents had an assessment of needs in place and a personal plans which were person-centred and reflective of their care and support needs. There were additional documents in place which gave a quick synopsis of residents' care and support needs and guidance documents to ensure staff were supporting them in line with their preferences when engaging in certain activities. There was evidence that residents had access to a keyworker and that they were meeting with them regularly to discuss aspects of their care and support. Residents were supported to spend their day in accordance with their individual choices, interests and preferences.

Each resident had access to appropriate allied health professionals in line with their assessed needs. Their healthcare needs were appropriately assessed and care plans were in place in line with these assessed needs. These were reviewed and updated regularly. All appointments with allied health professionals were logged and followed up on. Staff were aware of residents' healthcare needs and their wishes and

preferences in relation to attending appointments.

There was a residents' guide available and on display in the centre. It was available in a format accessible to residents. It contained the information required by the regulations and was reviewed and updated as required. It contained information relating to services and facilities, terms and conditions of residency, arrangements for residents involvement in the running of the centre and details relating to the complaints policies and procedures in the centre.

There were a number of restrictive practices in the centre and there was evidence that these were reviewed regularly to ensure they were the least restrictive for the shortest duration. Residents were supported by the relevant allied health professionals and support plans and guidelines were developed and reviewed as required. These documents clearly guided staff to support them.

There were suitable arrangements in place to detect, contain and extinguish fires. There was evidence that equipment was maintained and regularly serviced in line with the requirement of the regulations. Practice evacuation drills were conducted regularly to ensure residents and staff were familiar with what to do and how to efficiently and safely get out of the building. Records of these drills identified the procedures followed and learning following them. Each resident had a personal emergency evacuation plan which clearly outlined their assistance and communication needs in the event of emergency.

The inspector reviewed transition plans for the residents in the centre and found that they were detailed and showed evidence that each residents' transition was planned and completed in line with their wishes and at a pace suitable to them. There was evidence that residents' transitions were completed in line with the organisation's policies and procedures and in line with the centre's statement of purpose. In addition to detailed transition planning and logs and pictures of each step in the process, there was a post transition review completed for each resident.

Residents were protected by the systems in place relating to risk management. There was a centre-specific risk register and evidence that it was regularly reviewed and updated. Residents had risk assessment and management plans in place and there was evidence that these were reviewed and updated in line with residents' changing needs and learning following incidents. There was a safety statement and emergency plans in place, evidence of regular health and safety inspections, and checks and servicing of equipment.

## Regulation 17: Premises

Residents lived in a clean, comfortable, spacious and well maintained home which had been designed and decorated to meet their assessed needs. Rooms were of a suitable size and layout and there was plenty of private and communal space available for residents' use.

Judgment: Compliant

### Regulation 20: Information for residents

The residents' guide was in place and available for residents in the centre. It contained the information required by the regulations and was available in a format accessible to residents. It was regularly reviewed and changes made as required.

Judgment: Compliant

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

The inspector reviewed documentary evidence that residents were supported to transition to the centre in line with the organisations policies and procedures, their assessed needs and at a pace that suited each of them. There were documents in place to demonstrate that the provider had considered the impact for both residents of the most recent transition.

Judgment: Compliant

### Regulation 26: Risk management procedures

Residents were protected by the the risk management policies, procedures and practices in the centre. There was a risk register in place and general and individual risk assessments were developed and reviewed as necessary. There were systems in place to respond to emergencies and systems in place to ensure the vehicle in the centre was serviced regularly and well maintained.

Judgment: Compliant

### Regulation 28: Fire precautions

Residents were protected by the arrangements in place to detect, contain and extinguish fires in the centre. There was evidence of maintenance and regular servicing of equipment. Residents had personal emergency evacuation procedures in place which clearly guided staff in relation to supports they required to safely evacuate in the event of an emergency. There was evidence of regular fire drills and that the relevant documentation was reviewed and updated following learning

garnered from drills.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents had an assessment of need and personal plans which clearly guided staff to support them. There was evidence that these documents were reviewed and updated regularly. In addition, residents had access to a keyworker to support them with their personal plans and to set and achieve their goals.

Judgment: Compliant

### Regulation 6: Health care

Residents were being supported to enjoy best possible health. They were being supported to access allied health professionals in line with their assessed needs. Support plans were developed as required and reviewed and updated regularly.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Restrictive practices in the centre were reviewed regularly to ensure that the least restrictive measures were used for the shortest duration. Plans and guidelines were developed as required to support residents. They were detailed and clearly guiding staff to support residents.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant