Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Rose Cottage
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	04 July 2022
Centre ID:	OSV-0007750
Fieldwork ID:	MON-0028460

About the designated centre

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

This service provides residential care and support to three adults with disabilities. The house is located in Co. Louth and is close to a large town. Transport is provided so residents can go for drives and access community-based amenities, such as; shopping centres, hotels, shops, pubs and restaurants. The house is a compact terraced bungalow with a large, well-equipped kitchen/dining room (including a small TV area), a small separate sitting room, a large communal bathroom, an external laundry facility and very well maintained gardens to the rear and front of the premises. There is also ample on-street parking at the front of the property. Each resident has their own bedroom, which are personalised to their style and preference. The house is staffed twenty-four hours by a team of staff nurses, a social care worker and a team of health care assistants. There is also an experienced person in charge who is supported in her role by an experienced team house manager. Three staff members work during the day to support the residents while one staff member works waking nights.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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 (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
Monday 4 July 2022	09:30hrs to 15:30hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This service was found to be meeting the needs of the three residents. The residents presented with complex needs and had limited communication skills. As a result the inspector did not directly interact with them. The inspector did observe residents appear at ease in their home.

The inspector observed the residents to move freely throughout their home. On the inspection day, some residents went for walks, and in the afternoon, the residents went to the cinema with staff support. A review of daily notes and activity planners demonstrated that, where possible, residents were engaged in activities away from their home. Some residents had completed overnight stays, and plans were being made to schedule future breaks. Residents went out for coffee or food regularly and were supported as much as possible to be active in their local area.

The inspector observed that family members had submitted positive feedback regarding the service provided to their loved ones through questionnaires and compliments. There was also evidence of compliments regarding the care and support submitted by external stakeholders.

The service was previously inspected in October 2021, the provider had responded to the actions from that report. The residents home had received a comprehensive overhaul with painting and decoration works being completed. There was a homely feel, with pictures of residents and family members dotted throughout the residents' home.

Furthermore, an increase in staffing numbers had also been achieved. Consistency of staff was necessary for the residents, and the provider had achieved this. The inspector observed warm and considerate interactions between staff members and residents. Residents were empowered to engage in their preferred routines, there was evidence of staff members supporting residents where possible to maintain links with family members.

The review of information also showed an occasion where staff members had acted as advocates for a resident. This will be discussed in more detail in the Capacity and Capability section of the report.

Overall the findings from the inspection were positive. The provider had made enhancements since the previous inspection. Residents were found to be receiving a service that was tailored to their needs and were supported to live as active lives as possible.

The inspector did find that two areas required improvement concerning staff training and the documentation and reporting of all restrictive practices. The impact of these findings will be discussed in more detail in the later sections of the report.

Capacity and capability

Residents were receiving a consistent and good standard of care. There was a clearly defined management structure in place.
The management team had developed appropriate arrangements to ensure that service was effectively monitored. The service provided to residents focused on meeting their needs. For example, monthly comprehensive audits were being completed and captured areas that required improvement.

The provider had also ensured that an annual review of the quality and safety of care and support had been completed. The provider had also carried out unannounced visits to the centre as per the regulations and written reports on the safety and quality of care and support in the centre had been generated following these. Areas that required improvement were identified, and action plans were developed. The inspector found that actions had been addressed from the most recent audit promptly.

Through the review of meeting records, it was clear that information sharing between senior management and the frontline staff was being prioritised. Learning from audits and inspections was being shared, improving the service provided to residents.

The provider had ensured that the number and skill mix of the staff team was appropriate to meet the needs of the residents. As noted earlier, a consistent staff team was in place that were meeting the needs of the residents.

For the most part, the staff team had been provided with necessary training and refresher training. The review of records did show that one staff member had not received training in the management of the behaviour of concerns since 2019. The staff member had transitioned from another setting early this year. The provider, however, had not identified that they needed the training despite regular incidents of challenging behaviour being displayed in the house. This placed the resident and staff members at risk.

The provider and person in charge had developed a system where restrictive practices that were in use were documented and reviewed regularly. During the inspection, the inspector observed that window restrictors were in place on the windows to the front of the house. These had been added to maintain the safety of residents. However, they had not been recorded as a restrictive practice as per the regulations. The person in charge was made aware of this and added the window restrictors to the schedule of restrictive practices.

There was evidence of staff members acting on behalf of residents. A staff member had raised a complaint due to appointments being cancelled for a resident. The complaint was addressed quickly by the person in charge and the provider. Appropriate responses and solutions were achieved. There was also information

available for residents regarding the complaints procedure.

Regulation 14: Persons in charge

The person in charge had the required experience and skills to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the number, and skill-mix of staff was appropriate to the number and assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place to monitor the training needs of the staff team. The review of these showed that a staff member who worked with the residents had not completed the required refresher training in managing challenging behaviours. Therefore, improvements were needed to ensure that staff members completed identified training when required.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was an internal management structure that was appropriate to the size and purpose and function of the residential service. Leadership was demonstrated by the management and staff team, and there was a commitment to improvement in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had developed a statement of purpose that contained the relevant information per the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Improvements were required to ensure that all restrictive practices were being under review and submitted for review as per the regulations.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure that was accessible to residents.

Judgment: Compliant

Quality and safety

The inspector reviewed a sample of residents' information and found that comprehensive assessments of residents' health and social care needs had been completed. Care plans were focused on residents' needs. These plans were under regular review and provided clear guidance on supporting each resident.

Residents, with the support of staff, had chosen social goals. A review of records demonstrated that some goals were focused on maintaining family contacts, going on outings and increasing physical activities. There was evidence of the residents being supported to engage in the goals.

Resident meetings were held weekly. The inspector reviewed a sample and found that residents were provided with information regarding the pandemic, infection prevention and control practices (IPC) and the general running of the residents' home. As noted earlier, the inspector observed positive interactions between staff and residents and that the staff team were respectful of the residents during their

interactions.

The review of residents' information showed they had access to various allied healthcare professionals. Residents' health needs had been captured, and care plans had been devised. Residents were also supported to attend medical appointments if required.

The inspector reviewed a sample of residents' medication procedures and found them detailed and resident-specific. The service had appropriate arrangements regarding medication administration, storage, ordering, and returning medication.

Residents' behavioural support needs were under regular review. The provider's multidisciplinary team had created behaviour support plans for residents which were under regular review. The plans identified the cause of residents' behaviours and outlined how best to alleviate the behaviours.

The provider and person in charge had demonstrated that there were appropriate arrangements to respond to and act upon any safeguarding concerns. If required, the provider and person in charge carried out investigations and submitted notifications relating to safeguarding concerns per the regulations.

Systems were in place to manage and mitigate risks and keep residents and staff safe. The provider had arrangements to identify, record, investigate, and learn from adverse incidents. Adverse incidents were discussed as part of team meetings, and learning from incidents was promoted.

IPC arrangements at the centre were robust and reflected current public health guidance for managing a possible outbreak. The person in charge had developed a COVID-19 response plan for the centre, which informed staff of actions to be taken in all eventualities, including an outbreak amongst residents, staff members, or staff shortages. The COVID-19 care plans and risk assessments were developed for residents. There were risk assessments in place for the staff team and visitors. These were in line with the Health Protection Surveillance Centre (HPSC) guidelines.

Overall, residents were receiving a service that was tailored to their needs.

Regulation 17: Premises

The residents' home was designed and laid out to meet their needs. The premises had also been maintained in a good state of repair and was suitably clean.

Judgment: Compliant

Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place. There were also policies and procedures for the management, review and evaluation of adverse events and incidents.

Judgment: Compliant

Regulation 27: Protection against infection

The provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that there were appropriate and suitable practices relating to the ordering, receipt, storage, disposal, and administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider's multidisciplinary team and person in charge had developed individualised supports for residents and these were promoting positive outcomes for residents.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were under review. They had access to appropriate healthcare services on the same basis as others in order to maintain and improve their health status.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were arrangements in place that ensured that residents had access to positive behavioural; support if required.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that there were suitable systems in place to respond to safeguarding concerns. There were policies and supporting procedures to ensure that each resident was protected from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were facilitated and empowered to exercise choice and control across a range of daily activities and had their choices and decisions respected.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents' guide containing the relevant information per the regulations.

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 (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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 20: Information for residents	Compliant

Compliance Plan for Rose Cottage OSV-0007750

Inspection ID: MON-0028460

Date of inspection: 04/07/2022

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:

<table>
<tr><th>Regulation Heading</th><th>Judgment</th></tr>
<tr><td>Regulation 16: Training and staff development</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 16: Training and staff development:
Training specific for the designated centre will be identifed and scheduled for staff on commencement of their placement.</td></tr>
<tr><td>Regulation 31: Notification of incidents</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
Following discussion with the staff team the window restrictors were removed from the windows as they were not required.

All notifications will be submitted to HIQA within the appropiate timeframes.</td></tr>
</table>

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	07/07/2022
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental	Substantially Compliant	Yellow	12/07/2022

	restraint was used.			