

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

Issued by the Chief Inspector

Name of designated centre:	Rose Lodge
Name of provider:	Terra Glen Residential Care Services Limited
Address of centre:	Dublin 18
Type of inspection:	Announced
Date of inspection:	15 March 2023
Centre ID:	OSV-0007797
Fieldwork ID:	MON-0030116

About the designated centre

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

Rose Lodge is a Children's respite service operated by Terra Glen Residential Care Services Limited. The centre is located in a rural part of county Dublin. The respite Service can support a maximum of four service users at any one time, male or female and between the ages of six to 18 years of age. The centre consists of a kitchen, two dining areas, large back and front garden, sensory room, office for staff to complete administration, play room for the young people, play area outside for the young people, four bedrooms and a room for staff to stay. The centre is staffed by a mix of health care assistants, social care workers, a team leader, a deputy manager and a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 (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 15 March 2023	09:45hrs to 17:45hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

This inspection was a registration renewal inspection and it was announced. Throughout the inspection, the inspector spoke with the person in charge, the team leader, the acting director of operations, staff members and some of the residents who were staying for a respite break. In addition, a review of documentation, as well as observations, throughout the course of the inspection, were used to inform a judgment on residents' experience during their respite breaks in the designated centre.

The inspector was provided with the opportunity to meet two of the three residents staying in the centre at the time of the inspection. There had been a recent admission of a respite resident to the service. On review of the supporting documentation and speaking with the person in charge, the inspector found that the resident had been supported with an appropriate transition plan, including a visit to the centre in advance of their stay. In addition, compatibility assessments had been completed to ensure that the admission did not impact on the safety of the resident, or on other respite residents availing of the service.

Residents were supported to attend their school while they were staying at the designated centre. On the day of the inspection two residents attended school and one resident stayed at home.

In the morning, the inspector met a resident who had recently been admitted to the service. They had previously availed of the service however, it was a while since their last stay at the centre. They talked to the inspector about some of the improvements they had noticed since their last respite break. They talked positively about the new purple couch in the sun-room, the brightly painted gates into the house and the wall decals around the centre. The resident said that the gates were welcoming and that they really liked the wall decals throughout the house. The inspector observed caring and jovial interactions between the resident and their staff and overall, the resident appeared comfortable and relaxed in their environment.

The inspector met with another resident on their arrival home from school. The resident was spending time on their electronic device in a quiet area of the house. Overall, the inspector observed that the resident appeared relaxed and content in the company of staff and that staff were respectful towards the resident through positive, mindful and caring interactions. On observing the resident interacting and engaging with their staff using non-verbal communication, it was obvious that the staff could interpret what was being communicated by the resident.

There was a residents' guide available on location to all respite residents. The guide included details of the service and facilities to be provided to residents during their respite break in the designated centre. The guide also included information on the arrangement for residents' involvement in the running of the centre, accessing inspection reports, the procedure for complaints and arrangements for visits.

Throughout the day, the inspector observed other information made available to residents, such as the complaints process, the designated officer, fire evacuation, menu plans and staff on shift, but to mention a few. All the information was available in easy-read and/or picture format. However, on review of the resident's guide, the inspector found that the content within the guide had not been provided in a similar format. Overall, improvements were needed to ensure that the residents' guide was made available to respite residents in a format that they understood and was meaningful to them.

The physical environment of the house was observed to be clean and in good decorative and structural repair. The design and layout of the designated centre ensured that residents could enjoy staying in an accessible and comfortable environment during their respite break. Overall, the house presented as a homely and welcoming environment. There was carpet flooring through out the centre which was observed to be clean and in good upkeep. The inspector was informed that a carpet washer had been purchase to support the upkeep and cleanliness of the flooring.

On walking around the centre, the inspector observed a variety of age appropriate large animated wall decals through-out the centre. There was an array of child and young person friendly toys, games and puzzles available to residents during their respite stay. Overall, the inspector observed that the centre provided appropriate indoor and outdoor recreational areas for the residents including age-appropriate play and recreational facilities.

During their respite stay, residents were supported and encouraged to bring some of their personal possessions. Residents were provided with the option to take their possessions home when they left, or to have them safety stored in the centre until their return. Since the last inspection, a new shelving unit, with individual baskets, had been installed to safely store residents' possessions until their next visit to the centre.

Residents were involved and consulted about the respite service delivered to them. On a monthly basis, residents were provided with one to one consultation meetings with their keyworker which were meaningful in nature. During the meetings residents were asked about their likes and dislikes and staff noted residents understanding of the questions and their response. Minutes were compiled after the meetings and where there were actions, these were followed up by each resident's keyworker.

Respite residents were supported to take part in on-site and community based activities during their stay. Activities were age appropriate and took into consideration residents' likes and preferences. For example, the inspector was informed that some of the younger respite residents enjoyed walks in local parks, playing in community playgrounds and visits to indoor activity centres for children. Older children preferred going to the cinema, participating on local sports centres and clubs, going out to cafes and visits to beauticians, but to mention a few.

In advance of the inspection, each resident was provided with a Health Information

and Quality Authority (HIQA) survey. Four completed surveys were returned to the inspector. On review of the surveys, the inspector saw that one resident had completed their own survey. Staff had completed surveys on behalf of three other residents. The inspector found that overall, the feedback was positive.

The surveys noted that, respite residents were supported to make their own choices and decisions, that they were treated with kindness and that they felt safe. Residents were positive regarding their day-to-day routines and ticked on the survey that were provided with choices and were supported to go out for trips, visits and/or events. Residents were positive about the visiting arrangements in the centre and noted that they can see visitors in private if they want. One of the surveys noted, how staff support the resident with family access visits. Where a resident filled in the survey themselves, they noted that all staff were nice and kind.

Surveys also noted that residents and their families knew who to go to should they wish to make a complaint. In one of the surveys, there were a few responses ticked 'could be better' under the 'having your say' section of the survey. These were regarding having support from friends and advocates when making decisions and inclusion in decisions about their service.

In summary, the inspector found that overall, the well-being and welfare of respite residents, during their stay in the centre, was maintained to a good standard. There was a person-centred culture within the designated centre and the inspector found that there were systems in place to ensure the respite residents were in receipt of good quality care and support.

Through speaking with the person in charge and staff, through observations and a review of documentation, it was evident that the provider, person in charge and staff were striving to ensure that the residents enjoyed their time during their respite stay and that their choices and wishes were met as much as possible.

To ensure the residents were provided with continuity of care during their respite stay, improvements were needed to the staffing arrangements in place in the centre.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to residents availing of the respite service.

Capacity and capability

The inspector found that the provider had satisfactory arrangements in place to assure itself that overall, a safe and good quality service was being provided to the children and young persons who availed of the respite service in the designated centre. The service was led by a capable person in charge, supported by a team

leader and the provider, who were knowledgeable about the support needs of the respite residents. The inspector observed that there was a staff culture in place which promoted and protected the rights and dignity of residents through person-centred care and support. The provider had made improvements to the centre since the last inspection and in particular, in relation infection control measures and to arrangements in place for storing residents' personal possessions. However, on the day of inspection, improvements were needed to ensure that there were adequate staffing levels in place in the centre. In addition, improvements were needed to ensure that all staff were provided with appropriate training, including refresher training, to better support them in their role.

While the registered provider was striving to ensure that the number, qualification and skill-mix of staff was appropriate to the number and assessed needs of residents, the statement of purpose and the size and layout of the designated centre, on the day of the inspection, there were six staff vacancies in the centre. The inspector was advised that the provider and the person in charge were actively recruiting for a number of vacant positions. In the interim, agency and relief staff were employed to fill the gaps on the roster with the person in charge endeavouring to employ the same agency and relief staff as much as possible. Overall, the reliance on agency and relief staff meant that continuity of care could not always be ensured.

There was a training schedule in place for training courses available to staff for 2023. A number of courses had been completed recently during the month of March and more training courses were available to staff in April. However, overall, the inspector found that a large portion of staff had not completed the organisation's mandatory training and/or refresher training. In addition, not all staff were provided with training relating to specific needs of residents. This meant that staff had not completed the appropriate training, including refresher training to support them provide care that reflected up-to-date, evidence-based practice.

There were relevant policies and procedures in place in the centre which were an important part of the governance and management systems to ensure safe and effective care was provided to residents including, guiding staff in delivering safe and appropriate care. However, on review of the centre's Schedule 5 policies, the inspectors found that not all policies and procedures included sufficient information within them to ensure their effectiveness.

The inspector found that for the most part, there were satisfactory governance and management systems in place which enabled service delivery to be safe and of good quality. To ensure better outcomes for residents, the person in charge carried out a number of audits to evaluate and improve the provision of service. The person in charge completed weekly governance reports which were reviewed by the director of services. In addition, there were monthly managers meetings, senior management spot inspections, significant event reviews and health and safety environment audits.

The provider had completed an annual report of the quality and safety of care and support in the designated centre for 2021 and this was made available to respite

residents and their families. In addition, during 2022 two six monthly reviews, of the quality and safety of care and support provided to respite residents, had been carried out. Action plans, with appropriate time frames, had been put in place to follow up on any improvements needed.

The inspector found that incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. Overall, there was effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. For the most part, the person in charge ensured that incidents were notified in the required format and with the specified time-frames however, on the day of inspection the inspector found that improvements were required to ensure all quarterly notifications were submitted.

Registration Regulation 5: Application for registration or renewal of registration

The application for registration renewal and all required information was submitted to the Office of the Chief Inspector within the required time-frame.

Judgment: Compliant

Regulation 14: Persons in charge

The inspector found that the the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives.

The person in charge had a clear understanding and vision of the service to be provided and, supported by the provider, fostered a culture that promoted the individual and collective rights of the residents availing of the respite service.

Staff informed the inspector that they felt supported by the person in charge and that they could approach them at any time in relation to concerns or matters that arose.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed a sample of staff folders and found that the provider had

ensured that Schedule 2 requirements had been met.

The provider was actively seeking to recruit staff through local papers, online advertisements and local radio stations. In addition, the inspector was informed that a review of the recruitment process, to ensure its effectiveness, was planned.

However, on the day of the inspection, there were six staff vacancies. These included a deputy manager, two support workers, one social care worker and one relief support worker.

On review of the roster, the inspector saw that where there were gaps, these were covered by core staff working additional hours, relief staff and on occasion, agency staff. The person in charge was endeavouring to provide continuity of care by employing the same cohort of relief and agency staff when possible, however, while there was such a high number of vacancies, continuity of care could not always be ensured.

Overall, the roster was maintained appropriately and included the person in charge hours and listed the roles of staff and the time they worked however, some improvements were needed to ensure that all staff names, and in particular agency and relief staff, were always included in full on the roster.

Judgment: Not compliant

Regulation 16: Training and staff development

The provider had identified on their annual report and other provider audits, that improvements were needed to ensure all staff were provided with appropriate training and refresher training. However, as on the day of the inspection, a significant number of staff training and refresher training remained outstanding.

For example: fire safety training (x 6 staff), managing behaviours that is challenging included de-escalation techniques training (x 5 staff), Children's First training (x 9 staff), first aid training (x 7 staff), autism awareness training (x 10 staff), manual handling (x 9 staff), risk assessment training (x 6 staff)

One to one supervision meetings between staff and management were taking place regularly and there was a schedule in place which was in line with the organisation's policy.

Judgment: Not compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre. The directory had elements of the information specified in paragraph three of schedule three of the regulations. The other information was located in files associated with the respite residents care and support.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had valid insurance cover for the centre, in line with the requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

Despite initiating a number of new recruitment strategies to improve staffing arrangements in the designated centre, the centre was not sufficiently resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. For example, on the day of the inspection, there were six staff vacancies, one of which included a deputy manager.

The provider had identified through their auditing systems that improvements were needed to staff training levels. The person in charge had put a training schedule in place for 2023 to address the staff training deficiencies. However, on the day of the inspection, a high number of staff training remained outstanding.

There were relevant policies and procedures in place in the centre which were an important part of the governance and management systems to ensure safe and effective care was provided to residents including, guiding staff in delivering safe and appropriate care. However, on review of the centre's Schedule 5 policies, the inspectors found that two of the policies and procedures did not contain sufficient information for them to be effective.

Notwithstanding the above, the local governance was found to operate to a good standard in this centre. Good quality monitoring and auditing systems were in place. The person in charge demonstrated good awareness of key areas and had checks in place to ensure the provision of service delivered to respite residents was of a good standard. Provider audits and unannounced visits were also taking place and ensured that overall, service delivery was safe and that a good quality service was provided to residents.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The designated centre's referrals and admission's procedure for new respite residents' admissions were found to be determined on the basis of transparent criteria in accordance with the centre's statement of purpose and took into account the needs of all respite residents availing of the services.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all required information, as per Schedule 1. Overall, it accurately described the service provided in the designated centre and was reviewed at regular intervals. Subsequent to the inspection, an updated statement was submitted.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents that occurred in the centre were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence.

Overall, the person in charge had submitted notifications regarding adverse incidents within the required three working days as set out in the regulations and for the most part, had ensured that quarterly and six-monthly notifications were submitted as required. However, as of the day of inspection the quarterly notifications for October to December 2022, that were due to be submitted by end of January 2023, had not been submitted.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure that was in an accessible and

appropriate format which included access to an advocate when making a complaint or raising a concern; there was an easy to read information poster displayed in communal areas of the designated centre which included a photograph and details of the complaints officer.

The complaint's procedure was monitored for effectiveness, including outcomes for residents and ensured residents continued to receive quality, safe and effective services during their respite stay. The inspector found that where a complaint had been made, they had been dealt with in an appropriate and timely manner with actions followed up and for the most part, satisfaction levels noted.

Judgment: Compliant

Regulation 4: Written policies and procedures

Overall, the inspector found that most of the Schedule 5 policies and procedures were in place and up-to-date. However, on review of the provider's copy of (a) education policies and procedures relating to education which complies with relevant legislation in respect of the education needs of children and (b) access to education, training and development policies and procedures, the inspector found that they were not comprehensive in nature and contained insufficient information to ensure they guided staff in delivering safe and appropriate care.

As such and in addition, the register provider could not ensure that all policies and procedures were consistent with relevant legislation, professional guidance and international best practice relating to delivering a safe and quality service.

Judgment: Substantially compliant

Quality and safety

The well-being and welfare of children and young persons, who attended the respite service, was maintained by a good standard of care and support. On speaking with the person in charge, team leader and staff, the inspector found that they were aware of the respite residents' needs and knowledgeable in the person-centred care practices required to meet those needs. All actions from the last inspection of the centre had been completed, many of which had resulted in positive outcomes for respite residents. However, on the day of the inspection, the inspector found that some improvements were needed and in particular, in regard to a fire escape route, medicine management and information for residents.

On a walk-around of the centre, the inspector observed that some recent improvements had occurred to the premises. A number of the rooms throughout the

house had been freshly painted. In addition, new furniture had been purchased and a number of storage units and products had been put in place resulting in an improvement of storage systems and in particular, for residents' personal possessions. The inspector observed the house to be clean and tidy and for the most part, in good decorative and structural upkeep and repair. The centre provided appropriate indoor and outdoor recreational areas for the residents during their stay, including age-appropriate play and recreational facilities.

Each resident was provided with a person plan which included a comprehensive assessment of their needs and support plans to meet those needs. Residents were supported to choose meaningful goals and were supported to progress their goals through regular one to one key-working sessions. Personal plans were updated to take in to account any changes, progress or achievements made by the resident. On review of the goals section of the plans, the inspector saw that within the sample, no resident had achieved their chosen goals. The inspector found that to better enhance the systems in place, that a revision of residents' goals and steps for each, may better support the residents in achieving them.

Residents were encouraged to eat a varied diet and were communicated with about their meals and their food preferences. The respite residents were consulted about and made choices of what they would like to eat for their meals. The inspector found there to be adequate amounts of wholesome and nutritious food and drink available to the residents during their respite stay and for it to be stored in hygienic conditions. Since the last inspection, improvements had been made to ensure that, where residents chose to bring their own food, there were appropriate monitoring and oversight systems in place.

There was an up-to-date safeguarding policy in the centre and it was made available for staff to review. Staff who spoke with the inspector understood their role in child protection and were knowledgeable of the appropriate procedures that needed to be put into practice when necessary. Residents were supported to be knowledgeable in how to keep themselves safe through social stories and easy-read information.

The provider and person in charge promoted a positive approach in responding to behaviours that challenge and ensured evidence-based specialist and therapeutic interventions were implemented. The inspector reviewed the arrangements in place to support residents' positive behaviour support needs and found them to be satisfactory.

For the most part, the inspector found that the infection, prevention and control measures were effective and efficiently managed to ensure the safety of residents during their respite stay. There were satisfactory contingency arrangements in place in the event of an outbreak of infectious disease in the centre. The centre's outbreak plan included appropriate precautions to be in place for respite residents and staff, how to deal with suspected cases of infections, the required PPE and the safe disposal of waste. The plan also included, self-isolation plans for residents which were observed to be person centred in nature.

Staff had completed specific training in relation to infection, prevention and control

and were observed wearing the appropriate PPE and regularly practising hand-hygiene throughout the day. From reviewing the person in charge audits, the inspector found that staff were working in line and adhering with, the cleaning schedules in place. Overall, the premise was in good upkeep and repair however, some improvements were needed to some areas of the house to ensure the effectiveness of the infection, prevention and control measures in place, at all times.

For the most part, the inspector found that the systems in place for the prevention and detection of fire were observed to be satisfactory. The fire-fighting equipment and fire alarm system were appropriately serviced and checked. Local fire safety checks took place regularly and were recorded. Many of the staff had received suitable training in fire prevention and emergency procedures, building layout and escape routes and overall, arrangements were in place for ensuring respite residents were aware of the evacuation procedure to follow. Fire drills were taking place at suitable intervals. Respite resident's personal evacuation and emergency plans were up-to-date and reviewed on a regular basis. However, the inspector found, that to ensure the optimal escape route, the fire evacuation route from an upstairs staff office required a small structural change.

Respite residents' medication was administered by staff who were provided with appropriate training. There were guidance documents in place to ensure that medicines were administered as prescribed and these were accurate and sufficiently detailed. There were suitable arrangements in place to ensure that medication was stored appropriately and administered as prescribed.

Regulation 12: Personal possessions

Residents were supported to bring items that were meaningful to them during their respite stay.

There had been a number of improvements since last inspection regarding the storage of residents' personal possession. Additional storage had been purchased and put in place in the centre which meant that all items and personal possessions belonging to residents, when they were not staying in the centre, were securely stored away until their return.

A new large storage system had been put in place that included a shelving unit with individual baskets for residents to store their own items.

There was a colour coded system in place for the storage of residents' towels and residents bedding was observed to be stored separately and labelled appropriately.

Judgment: Compliant

Regulation 17: Premises

Overall, the design and layout of the premises ensured that respite residents could enjoy an accessible, safe and comfortable environment during their stay. This enabled the promotion of independence, recreation and leisure for the residents throughout their time in the centre.

The premises was observed to be clean and tidy. However, there were some areas in the house that required repair and upkeep as they were difficult to clean from an infection control perspective. This has been addressed under Regulation 27.

Judgment: Compliant

Regulation 18: Food and nutrition

The respite residents were consulted about and made choices of what they would like to eat for their meals. Meal plans were displayed in the dining area and included in a format that residents could understand.

The inspector found there to be adequate amounts of wholesome and nutritious food and drink available to the residents during their respite stay. There were systems in place to ensure that where food had been open, an appropriately dated label was attached. Temperature checks were in place for food fridges and freezers to ensure the food contained within them was stored safely.

Since the last inspection, improvements had been made to some of the systems in place. Where residents chose to bring their own food to eat during their respite break, there were systems in place to monitor this. For example: new systems included staff contacting parents/guardians in the event of a respite resident refusing food/drinks, including seeking medical advice if required and having a risk assessment in place. An inventory of food to be completed for each resident upon arrival to the centre and leaving. Food tracker to be implemented for residents with specific food plans in place.

Overall, since its introduction of these systems, no resident had brought in their own food, however, there were templates in place to support the systems should that situation change.

Judgment: Compliant

Regulation 20: Information for residents

The centre's Information policy and procedures stated that residents should be communicated to in line with their assessed needs.

However, on review of the centre's residents guide, the inspector saw, that while it included all the necessary information, a review of format was needed so that it could be communicated to residents in line with their assessed needs. Overall, the guide was not in line with the format other information was being communicated to residents such as easy-reads, pictures and social stories.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The organisation's risk management policy met the requirements as set out in Regulation 26.. There were systems in place to manage and mitigate risks and keep respite residents and staff members safe in the centre.

There was a risk register specific to the centre that was reviewed regularly and that addressed risks relating to the centre and respite residents. Where appropriate, residents were provided with risk assessments to ensure adequate control measures were in place to ensure their safety during their stay at the respite service.

Judgment: Compliant

Regulation 27: Protection against infection

For the most part, the house was observed to be clean and tidy and infection, prevention and control measures in place were found to be effective. However, there were some improvements needed. For example;

In the upstairs shower room there was cracking a peeling grout on the lower section of the shower tiles. The seal around shower tray was observed to have rusty coloured markings. There was a heavy layer of dust on the extractor fan.

In the downstairs toilet the seal around shower tray required a deep clean with some repair.

In two of the shared bathrooms, while there was paper towels available, there was no appropriate paper towel holder in place.

There was a colour coded system for the centre's mop and bucket sets, as well as a coloured-coded and labelled cleaning cloth system in place. There was a separate outside storage system for the mop and bucket sets, however, on the day of the inspection the inspector observed a number of wet mop-heads sitting in buckets,

which was not in line with good infection, prevention and control practice.

On review of the medication cabinet, the inspector observed a plastic box which contained one of the resident's soothers. The inspector was informed that the resident found it difficult to replace the soothers and move on to new ones. The inspector observed a number of soothers to be badly worn and bitten. As such they were difficult to clean and in particular, from an infection control perspective. There was no guidance as per the manufacturer's instructions to support staff clean the soothers. On speaking with staff, there were some inconsistencies in their approach to cleaning them. However, by the end of the day, the team leader had put guidance in place which included cleaning instructions and expiry guidance. A risk assessment had also been put in place with appropriate control measure to support the resident cope when the soothers needed replacing.

Judgment: Substantially compliant

Regulation 28: Fire precautions

On review of floor plans and a walk around of the centre, the upstairs staff room constituted an inner room which overall, compromised the means of escape. The provider was asked to review the plans and consider the layout of the room to ensure the most optimal means of escape (in the case of fire).

Subsequent to the inspection, the provider advised that they would change the layout of the room so that it no longer constituted as an inner room and submit amended floor plans relating to the change.

A number of staff had not completed fire safety training (this is addressed in Regulation 16).

To better enhance the fire drill and practices in place, a review of the systems in place to keep track of what staff had completed a practical drill was needed.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspector observed that safe medical management practices were in place and were appropriately reviewed. Medicines were used in the designated centre for their therapeutic benefits and to support and improve each respite resident's health and wellbeing.

Residents' medication was administered and monitored according to best practice as individually and clinically indicated to increase the quality of each person's life.

Medication was reviewed at regular specified intervals as documented in resident's personal plans.

The processes in place for the handling of medicines was safe and in accordance with current guidelines and legislation.

Where there was PRN medication, there was protocols in place to support and guide staff around their administration. Medicines were appropriately stored in a locked cabinet and where required, there was a double locking system in place. Respite residents medicines were stored in separate boxes and there were satisfactory systems in place for the transfer of medicine to and from their family homes.

There were numerous checks in place to ensure safe medicine practise. Medicines were counted on arrival at the respite centre and thereafter on a daily basis. Where medicine were opened they were appropriate labelled and dated. A sample of medicines contained in the medication cupboard were reviewed for expiry dates and all were found to be in date.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector looked at a sample of personal plans and found that each respite resident had an up-to-date personal plan which was continuously developed and reviewed in consultation with the child, relevant key-worker and where appropriate, their family member and allied health professionals. Each resident was provided with a 'All about me' section in their plan that included residents' assessed needs and supports to meet those needs.

Plans were reviewed on a monthly basis where the residents education, health and wellbeing, emotional behaviour were reviewed as well as healthcare professional input, family matters and positive experiences of the resident. The review included a section where the residents voice was included. For example, a number of quotes, resident regarding the resident's view and opinion, were included in this section.

Judgment: Compliant

Regulation 7: Positive behavioural support

Systems were in place to ensure that where behavioural support practices were being used that they were clearly documented and reviewed by the appropriate professionals. Where appropriate, residents were provided with positive behavioural support plans. On the day of the inspection, the inspector reviewed the two positive behavioural support plans which had recently been updated. The plans were

informed by an appropriate professional and comprehensively guided staff in the delivery of care for each resident.

The inspector saw there where restrictive procedures were being used, they were based on centre and national policies. Where applied, the restrictive practices were clearly documented and were subject to review by the appropriate professionals involved in the assessment and interventions with the respite resident.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place, such as social stories, easy-read posters to assist and support respite residents to develop their knowledge, self-awareness and understanding and skills of staying safe.

Staff were provided with training relating to safeguarding children however, on the day of the inspection, not all staff had completed this training. (This has been addressed in Regulation 16).

Where there had been incidents, for the most part they had been followed up appropriately and were in line with national policy and procedures and best practice. On review of the follow up to an incident in 2022, the inspector found that the documentation to record the follow-up of the incident was not adequate and did not clearly show the overall outcome. On the day of the inspection, the person in charge provided a verbal outcome and by the end of the inspection, had attached records of documented conversations and follow up to the incident record which demonstrated the overall outcome.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Rose Lodge OSV-0007797

Inspection ID: MON-0030116

Date of inspection: 15/03/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Recruitment is ongoing and in line with policies and procedures, cv's are screened prior to interview to ensure correct skill set and qualifications. Staff members must have garda vetting and a minimum of two references, one from their most recent employer. All staff members receive supervision every 4-6 weeks as per supervision policy.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: New training system has been implemented to ensure that staff are able to complete all mandatory training. All training requirements are listed on the weekly services and governance report which is submitted to senior management on a weekly basis for oversight and governance. Any additional training required will be sourced by the company. PIC to send training audit on a monthly basis to senior management and or when needed to ensure no gaps in training.</p>	
Regulation 23: Governance and	Substantially Compliant

management	
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Recruitment is ongoing to provide a full staff team in line with Statement of Purpose to ensure continuity of care for the service users.</p> <p>Staff members to receive supervision every 4-6 weeks as per policy and an additional supplementary supervision where needed.</p> <p>Weekly services and governance report to be submitted to senior management on a weekly basis, to provide further oversight and governance.</p> <p>Team meetings to be held, minimum every four weeks.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Weekly services and governance report is submitted weekly to senior management which reflects notifications of incidents, to provide further oversight and governance.</p> <p>Senior management to visit the service, minimum three times a month to review incidents and sign off.</p> <p>All incidents are submitted to senior management for review and feedback.</p> <p>SERG meetings take place on a monthly basis, with senior management presence.</p> <p>Risks are escalated to senior management.</p> <p>Safeguarding is a standing item on both the team meetings and management meetings to ensure understanding.</p> <p>Check and challenge document to be completed with staff around notification of incidents to ensure support and teaching.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>Director of Disability Services to review all written policies and procedures, with sign off from the Board to ensure compliance.</p>	

Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <p>The service user guide to be amended to an easy read version to ensure that the service users availing of respite are able to read and understand the document.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>PIC to complete a weekly environmental walk around and report all issues to maintenance department.</p> <p>Maintenance request to be submitted to Senior Management.</p> <p>Daily and weekly health and safety and cleaning checklists to be completed by staff with PIC oversight.</p> <p>Maintenance to be contacted in relation to upstairs shower and extractor fan to be cleaned.</p> <p>Seal around shower tray to be repaired and deep cleaned.</p> <p>Paper towel holder to be purchased and installed by maintenance.</p> <p>All mop heads to be cleaned on a daily basis as per risk assessments and cleaning schedules.</p> <p>Cleaning schedules to be updated to include cleaning of extractor fans in bathrooms and deep clean of shower trays.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Layout of staff room to be changed so that it no longer constituted as an inner room.</p> <p>Updated floor plans to be completed and submitted.</p> <p>All staff to complete fire safety training, this will be completed upon induction moving forward.</p> <p>Staff are made aware of fire drills and how to utilize the fire panel upon induction.</p> <p>New form to be created to ensure that each staff member has participated in a fire drill.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	31/05/2023
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31/05/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate	Not Compliant	Orange	30/04/2023

	training, including refresher training, as part of a continuous professional development programme.			
Regulation 20(1)	The registered provider shall prepare a guide in respect of the designated centre and ensure that a copy is provided to each resident.	Substantially Compliant	Yellow	30/04/2023
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/04/2023
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Substantially Compliant	Yellow	31/05/2023
Regulation 27	The registered provider shall ensure that	Substantially Compliant	Yellow	30/04/2023

	residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	30/04/2023
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 restraint was used.	Substantially Compliant	Yellow	30/04/2023

Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/04/2023
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