



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

Issued by the Chief Inspector

Name of designated centre:	Roslein House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Carlow
Type of inspection:	Announced
Date of inspection:	28 February 2024
Centre ID:	OSV-0008588
Fieldwork ID:	MON-0041333

About the designated centre

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

Roslein House aims to provide 24-hour care to adults with disabilities both male and female aged eighteen years of age onwards with a wide range of support needs including intellectual disabilities and autism spectrum disorder. The centre will ensure that the age group of individuals will be appropriate range. The number of individuals to be accommodated within this service will not exceed four. The Roslein House Team uses a social model of care which endeavours to mirror a family/home environment whilst also providing support in all aspects of care to individuals.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

2

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 28 February 2024	09:30hrs to 16:00hrs	Miranda Tully	Lead

What residents told us and what inspectors observed

The centre was initially registered in August 2023 and is currently a home for two individuals. Overall, it was found that the care and support was person-centred and in line with the residents' specific needs.

Roslein House is a detached two story property situated in an estate within a town in Carlow. The centre comprises a kitchen, dining area, living room, sun room, utility, five bedrooms, of which two have en-suite bathrooms and also an external office. There is paved garden area to the rear of the property.

To gather an impression of what it was like to live in the centre, the inspector met with both residents, spent time discussing residents' specific needs and preferences with staff, and completed a documentation review in relation to the care and support provided to residents. Residents had transitioned to the service in November 2023, both residents reported to the inspector that they enjoyed living in the centre. The residents were seen watching television and engaging activities through the day such as buying a daily newspaper, visiting the optician and going for lunch. Residents spoke to the inspector about their interests which included sports and science. One resident spoke to the inspector about an open day at a local college which they were scheduled to attend the following day and also about a recent trip to the zoo with their peer. The resident noted their relationship with their peer to be positive and showed the inspector a photo from the recent visit to the zoo.

Overall, the inspector found that the residents in this centre were supported to enjoy a good quality of life which was respectful of their choices and wishes. The inspector found that residents' well being and welfare was maintained by a good standard of evidence-based care and support. High levels of compliance with the regulations reviewed were observed on the day of inspection.

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

Capacity and capability

Overall the inspector found that the registered provider was demonstrating effective governance, leadership and management arrangements in the centre which ensured they were effective in providing a good quality and safe service. The provider had established systems to support the provision of information, oversight and escalation of concerns and responses to matters such as risk. There was evidence of regular

review of the quality and safety of care taking place.

There were clear lines of authority and accountability within the centre. The centre was managed by a full-time, suitably qualified and experienced person in charge. The residents were supported by an experienced and consistent staff team in place in this centre. As residents had recently transitioned to the service, the provider had ensured staff transferred with or were introduced to residents as part of their transition process. This further supported continuity of care. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

There was a programme of training and refresher training in place for all staff. The inspector reviewed the centre's staff training records and found that it was evident that the staff team in the centre had up-to-date training and were appropriately supervised. This meant that the staff team had up to date knowledge and skills to meet the residents assessed needs.

Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. On review of relevant documentation there was clear evidence the person in charge was competent, with appropriate qualifications and skills to oversee the centre and meet its stated purpose, aims and objectives. The person in charge demonstrated good understanding and knowledge about the requirements of the Health Act 2007, regulations and standards. The person in charge was familiar with the residents' needs and could clearly articulate individual health and social care needs on the day of the inspection.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed a sample of the roster and found that there was a core staff team in place. On the day of the inspection, the registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. Planned and actual rotas were also maintained and found to contain the required information.

As residents had recently transitioned to the service, the provider had ensured staff transferred with, or were introduced to residents as part of the transition process. This further supported continuity of care. Staff met with during the course of the inspection were knowledgeable in relation to residents' needs, communication style and individual preferences.

A sample of staff files were reviewed, information and documents specified in Schedule 2 were available.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The staff team in the centre had up-to-date training in areas including safe administration of medication, fire safety awareness, first aid, safeguarding and infection control.

There was a supervision system in place and all staff engaged in formal supervision.

Judgment: Compliant

Regulation 23: Governance and management

High levels of compliance with the regulations reviewed were observed on the day of inspection. There was a clearly defined management structure in place. The governance systems in place ensured that service delivery was safe and effective through the ongoing audit and monitoring of its performance resulting in a thorough and effective quality assurance system. For example, there was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents' needs.

The quality assurance audits included a six-monthly provider visit. These audits identified areas for improvement and developed action plans in response.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

It was evident that there was a clear, planned approach to admissions to the centre. Transitions and visits were completed as indicated by the individual needs of the residents. The provider had ensured admissions to the centre took into account the services outlined in the statement of purpose and other residents living in the centre.

There were contracts of care in place for the residents that outlined the service and supports that would be provided in the centre. These had been signed by the

residents.

Judgment: Compliant

Regulation 31: Notification of incidents

There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. While the number of incidents recorded was low, incidents were appropriately managed and reviewed to enable effective learning and reduce recurrences.

Judgment: Compliant

Quality and safety

A number of key areas were reviewed to determine if the care and support provided to the residents was safe and effective. These included meeting the residents and the staff team, a review of personal plans, risk documentation, fire safety documentation, and review of the management of resident's finances. The inspector found good evidence of the residents being well supported in the majority of areas of care and support.

The inspector reviewed a sample of residents' personal files. Each resident had an up-to-date comprehensive assessment of their personal, social and health needs. Personal support plans reviewed were found to be up to date and suitably guiding the staff team in supporting the residents with their needs. The residents were supported to access health and social care professionals as appropriate.

The inspector reviewed residents' finances and found that that improvements were required to ensure appropriate oversight of resident's finances.

Overall, the inspector found that the centre presented as a comfortable home and provided person-centred care to the residents.

Regulation 12: Personal possessions

The inspector reviewed residents' finances and found that while there were systems in place to provide oversight of resident's finances bank account statements were not readily available to the provider for review and complete reconciliation. For one resident, a small discrepancy of a surplus amount was unresolved for a number of

months. The provider advised the inspector that they were in the process of seeking bank statements. In addition, a resident's personal property list had not been accurately maintained.

Judgment: Substantially compliant

Regulation 17: Premises

The premises was well maintained internally and externally. The centre was a large detached house situated in an estate in a large town.

The design and layout of the centre was in line with the statement of purpose. There was adequate private and communal accommodation. The centre comprises a kitchen, dining area, living room, sun room, utility, five bedrooms, of which two have en-suite bathrooms and also an external office. There is paved garden area to the rear of the property.

Staff had supported residents to display their personal items and in ensuring that their personal possessions and pictures were available to them. All residents had their own bedrooms which were decorated to reflect their individual tastes.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. For example, risks were managed and reviewed through a centre specific risk register and individual risk assessments. The individual risk assessments were up to date and reflective of the controls in place to mitigate the risks.

Judgment: Compliant

Regulation 28: Fire precautions

There were effective fire safety management systems in place in the centre. The inspector observed fire fighting equipment, detection systems, and emergency lighting all in working order around the centre. Staff and residents were completing regular fire safety evacuation drills however a fire drill had not be completed with minimum staffing. The provider provided written confirmation following the inspection to verify this was completed. Records demonstrated that residents could

be evacuated from the centre in the event of a fire in an efficient manner. Staff were completing daily checks on fire safety systems and equipment was regularly checked and service by a fire specialist

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed residents' personal files. Each resident had a comprehensive assessment which identified the residents' health, social and personal needs. The assessment informed the residents' personal plans which guided the staff team in supporting residents with identified needs, supports and goals. Staff were observed to implement the plans on the day of inspection and were seen to respond in a person-centred way to residents.

Judgment: Compliant

Regulation 6: Health care

Each residents' health care supports had been appropriately identified and assessed. The inspector reviewed healthcare plans and found that they appropriately guided the staff team in supporting residents with their healthcare needs. The person in charge had ensured that residents were facilitated to access appropriate health and social care professionals as required. The provider was in the process of seeking health care professionals in a closer proximity to the centre to further support a residents individual needs.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse. Residents had plans in place which detailed their support needs and preferences.

Judgment: Compliant

Regulation 9: Residents' rights

Through observation and review of systems in place it was evident that residents were facilitated to exercise choice and control across a range of daily activities and to have their choices and decisions respected. Residents were seen to be consulted regarding how the centre was run with regular discussion.

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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Roslein House OSV-0008588

Inspection ID: MON-0041333

Date of inspection: 28/02/2024

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 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ol style="list-style-type: none"> The Person in Charge (PIC) shall complete a full review of Individuals Assets books ensuring all items are recorded accurately on each Individuals Assets book. Completed: 02 April 2024 The PIC shall ensure all statements are received when conducting necessary finance checks on Individuals finances in line with Nua’s Policy on Control of Customer Property Procedure (PL-F-002) Note: The PIC has received ID309’s most recent bank statement. This has been reviewed in full. Completed: 26 March 2024 The above points will be discussed with the Team Members at the next monthly team meeting held on 30 April 2024. Due Date: 30 April 2024 	

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	30/04/2024