



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

Issued by the Chief Inspector

Name of designated centre:	Rose Lodge Accommodation Service
Name of provider:	The Rehab Group
Address of centre:	Kerry
Type of inspection:	Announced
Date of inspection:	25 January 2024
Centre ID:	OSV-0005231
Fieldwork ID:	MON-0033468

About the designated centre

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

Rose Lodge Accommodation Service is a detached bungalow located in a rural area but within short driving distance to a nearby town. It provides a full-time residential service for up to four female residents, over the age of 18 with intellectual disabilities and autism. Each resident in the centre has their own bedroom and other rooms provided include a sitting room, a kitchen/dining room, a living area and bathrooms. Residents are supported by the person in charge, a team leader and care workers.

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
Thursday 25 January 2024	10:00hrs to 16:30hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre. The centre was previously inspected in May 2021 and June 2022 as part of the current registration cycle. Both of the previous inspection findings had found overall good quality of care and safe services being provided to the residents. The provider was found to have had adequately addressed most of the actions that were identified during those inspections. The inspector was informed that the provider was actively progressing with planned external premises works that had been previously identified in an architects report in 2019 and was referred to in the provider's compliance plan response following the May 2021 Health Information and Quality Authority (HIQA) inspection.

On arrival, the inspector was introduced to one resident who was sitting with a staff member in the dining room. The resident shook hands with the inspector and smiled. The inspector was informed that the resident had plans for the day which included going out with a relative for the afternoon. The resident outlined what they planned to eat and drink during this time. The inspector asked the resident's permission to meet the relative and they consented to this. The resident also showed the inspector a smart watch that they had on their wrist and stated the correct time as displayed on the screen. They also had their own mobile phone, which was located in a basket that had been attached to the resident's walking frame so that they could see and retrieve it easily.

The inspector was informed that the resident liked to spend time with staff members and at times required re-assurance about their plans for the day ahead. The resident had experienced difficulty during 2023 with their mobility and required additional supports from the staff and the multi-disciplinary team (MDT). This included additional training in manual handling in November 2023. The person delivering the training spent time with the resident, observing and listening to them. They offered suggestions on ways to assist them to mobilise safely and then spoke and provided training to the staff team. Following this the resident asked the trainer to have a hot drink with them which they accepted. The resident found this a positive experience at a difficult time.

The resident enjoyed a variety of activities, which included attending their day service two days and meeting different family members on particular days each week. For example, they met one person on Wednesday, another on Friday afternoon and another on Saturday. The inspector met one of these relatives briefly as they came to the centre in the afternoon to collect the resident. The relative informed the inspector that they were happy with the support and services being provided to their relative in the designated centre.

Another resident returned to the designated centre during the morning with a staff member. They had been for a spin to another town. The resident communicated

without words but did acknowledge the inspector and the person in charge when introduced. The person in charge explained that the resident liked a particular television channel and also liked to have the radio on beside them as they sat in their preferred seat in the sitting room. The inspector was informed that the resident liked to observe when maintenance jobs were being completed in the designated centre and enjoyed being able to go out for spins on the transport vehicle. The resident went outside to show the inspector the vehicle and was observed to use hand sanitiser on their re-entry back into the house.

Staff explained this resident had a farming background and the staff team had arranged for the resident to join a social farming group. At the time of this inspection, they were on a waiting list to commence. Staff also outlined how the resident attended a local gymnasium each week, they also went swimming regularly. In addition, as the resident's relatives were elderly and lived a distance away from the designated centre, staff supported the resident to visit them on occasions which was described as a positive experience for both parties. The resident had enjoyed a short break away with staff to Valentia Island during 2023. There were a number of photographs, including one of the resident smiling broadly with their hands up in the air in delight. The staff team had documented how the resident enjoyed the ferry and the whole experience.

The inspector met the third resident in the afternoon on their return from their day service. They explained to the person in charge what activities they had done which included mathematic activities and typing. The resident told the inspector they were enjoying attending their day service. Since January 2024 they were able to attend five days every week. Prior to Christmas they had been attending three days each week. The resident spoke of the many group activities they participated in with their peers in the day service which included basketball, going out for spins and the cinema. The day service staff were also providing the resident with assistance and training in managing their money and computer skills. The resident outlined how they were going to review their personal plan in April 2024 and spoke of a few goals that they wished to achieve during the coming year which included travelling to another country to visit a museum about a favourite fictional character. The resident was also seeking to set up a savings account to be able to achieve this goal. The inspector was also shown framed professional photographs of the resident which were displayed on the walls of the sitting room. The resident appeared to be very proud of these lovely photographs and smiled as they spoke about the experience to the inspector.

The house was decorated to reflect the personal preferences of the residents. The designated centre, while identified as an aging building was found to be warm, clean and homely. Bedrooms were reflective of personal interests and colour preferences. There was evidence of ongoing maintenance internally, such as painting. In the months before this inspection, one resident had been supported to move to another bedroom where they had more space that better suited their assessed needs. Furniture was arranged in communal rooms to suit individual residents. For example, there was a comfortable chair in a corner of the sitting room that a particular resident liked to sit in. Another resident liked to spend time in the kitchen-dining area conversing with staff and had their preferred seat located there. There

were a number of communal areas that residents could receive visitors if they wished, which included the conservatory or sitting room.

The inspector observed many interactions between the staff team and the residents throughout the inspection that were respectful. All staff were observed to converse and complete activities in a respectful and professional manner while effectively communicating with the residents. For example, one staff assisted a resident to converse with the inspector when the inspector was unsure of what the resident was saying. The staff member explained what the resident was trying to say and this enabled the conversation to continue. Staff spoke with enthusiasm about some of the achievements that the residents had accomplished. These included cooking skills, engaging in training networks and participating in social activities in the community such as swimming. These were all described as having positive outcomes for the residents .

The inspector was aware that the staff team had supported one resident in the designated centre at the end of 2023 while they were in receipt of end of life care. The staff team spoke to the inspector about the impact on the residents during and after this time. They staff team facilitated each resident to discuss their feelings and emotions. At times, staff were required to just be present and spend time with the residents. It was evident from speaking with staff that consideration of how each resident was impacted and the individual supports they required were provided as needed during this difficult time. The staff also spoke of the support provided by the palliative care team that came to the designated centre as required and assisted the staff team to ensure they were meeting the needs of the resident.

In summary, all residents were being supported in line with their expressed wishes to engage in activities in the community, to either attend day services or engage with staff in their own home. Residents were also supported to enjoy time in their home and participate in household chores if they chose to. All of the residents had completed the HIQA survey - Tell us what it is like to live in your home. The inspector was given these surveys to review which indicated all of the residents were happy with their home environment. They were supported to make decisions and had familiar staff assisting them to engage in community activities. All residents reported positively about their experiences in their home

The next two sections of this report will 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 provided.

Capacity and capability

Overall, this inspection found that residents were in receipt of good quality care and

support. This resulted in good outcomes for residents in relation to their personal goals and the wishes they were expressing regarding how they wanted to live or spend their time in the centre. There was evidence of strong oversight and monitoring in management systems that were effective in ensuring the residents received a good quality and safe service.

The provider had effective systems through which staff were recruited and trained, to ensure they were aware of and competent to carry out their roles and responsibilities in supporting residents in the centre. Residents were supported by a core team of consistent staff members. During the inspection, the inspector observed kind, caring and respectful interactions between residents and staff. Residents were observed to appear comfortable and content in the presence of staff, and to seek them out for support as required. For example, when one resident required re-assurance about their plans for the day ahead, a staff member sat down next to the resident and spent time answering all of the questions that the resident had. Staff were observed to engage with all of the residents during the inspection and provide consistent responses to the resident's questions.

In addition, staff took the opportunity to talk with the inspector about residents' interests. For example, one resident who had grown up on a farm was being supported to attend "Grow and cook" classes and visit locations where there were animals. Another resident was supported to attend horse riding and social activities with peers from their day service. While the same resident was also supported to part take in group activities with their peers in their home such as trips to scenic locations. Staff spoke about how important it was to them to ensure that residents lived in a comfortable environment where they were happy, safe and engaging in activities they enjoyed. This included decorating their personal space and engaging in activities such as movie nights. The person in charge and staff on duty during the inspection were found to be familiar with residents' care and support needs and motivated to ensure residents were happy and felt safe living and staying in the centre. The person in charge was available to residents and staff both in person or on the phone during the week, and there was an on call manager available in their absence.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured an application to renew the registration had been submitted as per regulatory requirements.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full-time and that they held the necessary skills and qualifications to carry out their role. They demonstrated their ability to effectively manage the designated centre. They were familiar with the assessed needs of the residents and consistently communicated effectively with all parties including, residents and their family representatives, the staff team and management. Their remit was over this designated centre and one other designated centre located nearby approximately 15 minutes drive away. They were available to the staff team by phone when not present in the designated centre.

They were supported in their role by a team leader. Duties were delegated and shared including the staff rota, audits, supervision of staff, review of personal plans, risk assessments and fire safety measures.

Judgment: Compliant

Regulation 15: Staffing

The person in charge had ensured there was an actual and planned rota in place. Staffing resources were in line with the statement of purpose. Changes required to be made to the rota in the event of unplanned absences were found to be accurately reflected in the actual rota. In addition, staff demonstrated their flexibility in changes to their planned shifts, sometimes at short notice, to support the assessed needs of the residents.

At the time of this inspection there were no staff vacancies and a core group of consistent staff were supporting the residents to deliver person-centred, effective and safe care.

Staff attended regular team meetings which discussed a number of topics including, staff training, safeguarding, restrictive practices, fire safety and infection prevention and control measures.

The inspector met with members of the staff team over the course of the day and found that they were familiar with the residents and their likes, dislikes and preferences.

Judgment: Compliant

Regulation 16: Training and staff development

Staff in the centre had completed a range of training courses to ensure they had the

appropriate levels of knowledge and skills to best support residents. These included training in mandatory areas such as fire safety, safeguarding of vulnerable adults, infection prevention and control.

The provider had ensured that staff had access to training that was identified as important for this centre and in line with residents' assessed needs including additional manual handling training to support the specific changing needs of one resident in November 2023.

The staff team had completed training modules in human rights as requested by the provider.

Staff supervision was occurring in-line with the provider's policy and scheduled in advance. Staff were also provided with one to one supports from the management team.

There was also evidence of review and shared learning within the staff team which included effective communication.

In addition, the person in charge outlined plans to commence a "rotate and develop" schedule for staff to work for a period of six weeks in other designated centres. The purpose was to enhance the staff members skills, knowledge base and assist with providing shared learning opportunities between the teams of multiple designated centres in the region.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had ensured all the required information as outlined in Schedule 3 pertaining to records being retained for residents were available for review and had been updated and maintained.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured.

Judgment: Compliant

Regulation 23: Governance and management

The provider was found to have suitable governance and management systems in place to oversee and monitor the quality and safety of the care of residents in the centre. There was a clear management structure in place, with staff members reporting to the person in charge who had the support of a team leader working in the designated centre. The person in charge was also supported in their role by a senior managers. The provider had ensured the designated centre was subject to ongoing review to ensure it was resourced to provide effective delivery of care and support in accordance with the assessed needs of the residents and the statement of purpose.

The provider had also ensured an annual review and six monthly internal audits had been completed in the designated centre. Actions identified had been completed or updates on their progress to date documented. Time lines for completion and the person responsible were also clearly documented. There was also as schedule of audits which included medications and finances. A residential service monthly audit had been completed for January 2024, which among other areas reviewed the activities residents had engaged in during the month.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had ensured all residents had a contract of care in place which was signed and contained details of the service to be provided and clearly stated any charges that may be applied. Residents were also provided with an easy-to-read version of the document.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the Regulations. A minor change was made on the day of the inspection by the person in charge and re-submitted by the provider.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints at the time of this inspection. On review of the complaints log, the inspector noted that no complaints had been made since the previous two inspections of this designated centre. Residents and staff were aware of the provider complaint's policy. Residents were provided with an easy-to-read format of the complaints procedure and details on who the complaints officer was.

There had been a number of compliments recorded which outlined the dedication and support provided to the residents by the staff team. Compliments were received from relatives reflecting their appreciation of the dedication and caring nature of the staff team. In addition, a compliment was also received from an allied healthcare professional. A member of the palliative care team, expressed their experience of the supports provided by the staff team to one of the residents during their end-of-life care. The compliment outlined the person centred care, respectful nature and dedication of the staff team.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents was of a good standard. Residents' rights were promoted, and every effort was being made to respect their privacy and dignity. They were encouraged to build their confidence and independence, and to explore different activities and experiences.

One resident had expressed a preference to live in a location nearer to their relatives in another town. This was identified as a long term goal for the resident. An independent advocate had assisted the resident to write a letter to the person in charge and team leader in May 2023 regarding this matter. The provider was made aware of this request. However, while this has not been achieved to date, the resident had been consistently supported to engage in meaningful daily activities in the community and attend training in life skills such as money management and road safety.

The design and layout of the designated centre supported the assessed needs of the residents. It was located on a rural site and had adequate facilities to meet the needs of the resident living there. There was evidence on ongoing review of maintenance and systems in place to address issues identified by staff or during scheduled audits. The person in charge removed a cloth strap from a commode that had marks evident during the walk about of the premises at the start of the inspection. In addition, obtaining a replacement microwave was also in progress after the handle on the existing appliance was found to be broken on the day of the

inspection.

The provider had addressed a number of issues from the previous two HIQA inspections. These included ensuring effective cleaning schedules were in place and issues pertaining to the premises which included the kitchen counters and presses had been addressed. However, some actions had not been completed by 1 December 2021 as outlined in the provider's compliance plan response. These included upgrade works identified by an architect in 2019 such as re-surfacing the existing driveway. The inspector acknowledges that the provider had to engage with local councils to seek funding for some of the upgrade works. The inspector was informed that the provider had been granted funding and a schedule of works which had been sent out to tender at the time of this inspection.

Regulation 10: Communication

Residents in the centre presented with a variety of communication support needs. Communication access was facilitated for residents in this centre in a number of ways in accordance with their needs and wishes. Throughout a range of documentation relating to residents, there was an emphasis on how best to support residents to understand information and on consent. Residents had communication support plans in place in addition to hospital passports. Every effort had been made to ensure that residents could receive information in a way that they could understand.

For example, one resident's personal plan was developed in a picture format that contained many photographs of the resident. Another resident was supported with an easy to read format of road safety awareness.

Judgment: Compliant

Regulation 11: Visits

Residents were facilitated to receive visitors in-line with their expressed wishes and were also supported to visit relatives in their family homes.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to engage in a range of meaningful activities both within the designated centre and in the community. Daily routines were flexible to support

residents in line with their assessed and changing needs. This included attending day services, delaying the commencement of the morning routine if the resident expressed this wish and encouraging residents to actively participate in activities to increase their personal independence.

Judgment: Compliant

Regulation 17: Premises

Overall, the centre was designed and laid out to meet the number and needs of residents living and staying in the centre. Communal areas were found to be warm, clean and comfortable. Areas were decorated to reflect the individual preferences and interests of the residents.

The designated centre was found to be in a relatively good state of repair internally. A number of actions from the HIQA inspection carried out in May 2021 had been addressed. These included upgrade works to the kitchen and en-suite bathrooms

The inspector acknowledges that the provider was actively progressing to complete planned external works that remained outstanding at the time of this report. Tenders had been requested for the works which included the resurfacing of the driveway.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were observed to be offered choice and meals were freshly prepared daily. Residents were supported to have their meals at times that suited each individual during the day. For example, two residents had their lunch together in the middle of the day after they had completed their individual morning activities with staff.

The choice for the evening meal had been agreed at the start of the week with one resident stating they were looking forward to having their evening meal after the inspector had left.

Residents were supported to engage in shopping and food preparation with staff support regularly.

In addition, one resident had support from a peer to complete a particular egg dish. The inspector was shown photographs of both residents actively participating in the activity. It was described as being a positive experience for both residents and the photographs conveyed this very well. A resident had a goal of making healthy

recipes and staff were assisting the resident with this on a monthly basis. The inspector was informed that this resident liked to see the other residents and staff team enjoying the finished dish.

There was evidence of safe food storage practices begin adhered to and all staff had attended training in food hygiene.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured residents were provided with a guide outlining the services and facilities provided in the designated centre in an appropriate format.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider's risk management policy contained all information as required by the Regulation. There was an up-to-date safety statement in place with a centre specific ancillary statement. The provider and person in charge were identifying safety issues and putting risk assessments and appropriate control measures in place. In addition, risk assessments were subject to regular review by the person in charge and the team leader with the most recent taking place in December 2023.

Residents also had individual risk assessments in place to support their assessed needs. These assessments were also subject to regular review with evidence of a reduction in the need for some control measures in recent months or a reduction in the risk rating due to the changing needs of the residents.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had ensured an infection prevention and control policy, procedures and practices in the centre were in place to support and protect the residents and staff team. Contingency plans and risk assessments were developed in relation to risks relating to healthcare associated infection and COVID-19. Staff had completed a

number of infection prevention and control related trainings.

The physical environment in the centre had evidence of effective cleaning taking place. There were cleaning schedules in place to ensure that each area of the houses was regularly cleaned. Staff members had delegated responsibility in this area and it was clear from observation of staff practice over the day. In addition, actions from the June 2022 HIQA inspection had been adequately addressed these included up to date information for staff regarding respiratory illness.

The provider had also ensured the daily checking of the transport vehicle was included in the centre's daily cleaning checklist. It was evident the transport vehicle was subject to regular cleaning. However, on review of the completed checklist three days in the previous week were not completed. The inspector was informed the vehicle was being serviced on these dates. This was discussed during the inspection with the person in charge. If a task was not being completed on the checklist, for reasons as those outlined documenting the rationale or indicating not required would assist the review of such documents.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured effective fire safety management systems were in place. All fire exits were observed to be unobstructed during the inspection. Fire safety checks were consistently completed which included daily, weekly and monthly checks. Fire safety equipment was subject to regular checks including annual certification of the fire alarm and emergency lighting systems.

All residents had personal emergency evacuation plans (PEEPs) in place which were subject to regular and recent review.

All staff had attended training in fire safety. Staff spoken too during the inspection were aware of the fire evacuation plan and had participated in fire drills. These had also been completed with all residents including a minimal staffing drill. Clarification was provided to the inspector during the inspection by staff regarding the naming of particular exits that were documented as being used. References were made to two different exits using the same name which resulted in what appeared inconsistent information regarding the exits being used during some drills. The inspector was assured following the discussion on which exits were being referred to in each of the drills that were reviewed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need and personal plan in place which the inspector reviewed. These plans were found to be well organised which clearly documented residents' needs and abilities. Each of the residents had actively participated and was consulted in the development of their personal plans. For example, one resident had their plan in a pictorial format that suited their communication needs.

Assessments and plans were being regularly reviewed and updated. The provider and person in charge had ensured that all residents' personal plans included their goals, in addition to their likes and dislikes. All residents plans were reviewed on an annual basis and areas that were important to them formed the central part of these reviews. All residents' goals and the progress made in achieving these were subject to regular review.

Residents were supported to set goals that had meaning for them. For instance, one resident was supported to join a gymnasium, another had plans to visit a scenic tourist area during 2024 as it was not possible to achieve this goal during 2023. All residents were being supported to engage in more community activities such as shopping. This included becoming confident in using the self scanning machines when purchasing items. In addition, residents were supported to enhance their skills and improve their independence in their home, such as preparing meals or snacks.

Residents had their favourite activities included in their weekly plan such as going into the local community and visiting cafes, restaurants, and going to the cinema. All residents had copies of their personal plans and outlines of their goals which were available in a format that was accessible to them.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to maintain best possible health. They had access to GP and to specialist medical services as required. The person in charge and staff team supported the residents in accessing these services.

The provider had ensured a review of the residents healthcare plans had taken place following an internal audit. Actions identified included a review of residents information to ensure a correct and accurate diagnosis was recorded for each resident. This had been completed. In addition, the inspector was informed that the provider had recently employed a nurse to work in the organisation and support designated centres. Their role would include reviewing residents health care plans. While a review of the healthcare plans had not yet taken place by this person at the time of this inspection, in this designated centre it was planned to take place in the coming months.

The provider had also ensured a review of residents prescribed medications and

medication incidents had been completed. These had been reviewed in January 2024 and the learning shared with the staff team. This was described to the inspector as having a positive learning outcome for the team.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience the best possible mental health and to positively manage behaviours that challenge. The provider ensured that all residents had access to appointments with psychiatry, psychology and behaviour support specialists as needed.

Positive behaviour support plans were in place for residents and they were seen to be current and detailed in guiding staff practice. Plans included long term goals for residents and the steps required to reach these goals in addition to both proactive and reactive strategies for staff to use. The person in charge and staff team were supported by the use of consistent communication responses to support residents' understanding of routines and to help in anticipating next steps in routines. Staff were supported to understand what was being communicated by a resident as part of the precursor section of positive behaviour support plans.

There were a number of restrictive practices in use in the centre and the inspector found these had been assessed for and reviewed by the provider when implemented. There was also evidence of ongoing review and monitoring. Chart plots recorded evidence of a reduction in some behaviours and informed the review of behaviour support plans. In addition, phased reduction of restrictions was also under review or taking place at the time of this inspection. This included the detailed documentation of the slow, monitored, phased reduction of a particular medication for one resident that was deemed no longer required by them

Judgment: Compliant

Regulation 8: Protection

The provider was found to have good arrangements in place to ensure that residents were protected from all forms of abuse in the centre. The provider had systems to complete safeguarding audits and there were learning supports for staff on different types of abuse and how to report any concerns or allegations of abuse. All staff had attended training in safeguarding of vulnerable adults. Safeguarding was also included regularly in staff meetings to enable ongoing discussions and develop consistent practices.

Personal and intimate care plans were clearly laid out and written in a way which promoted residents' rights to privacy and bodily integrity during these care routines.

Judgment: Compliant

Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspector found that the rights and diversity of residents were being respected and promoted in the centre. The residents who lived in this centre were supported to take part in the day-to-day running of their home and to be aware of their rights through their meetings and discussions with staff.

The provider had acquired a wheelchair accessible transport vehicle for the residents, which was expected to be available in the weeks after this inspection. In the meantime, the transport vehicle in the designated centre could support the residents current assessed needs and a wheel chair accessible taxi could also be booked if required by one resident if their mobility needs changed.

The provider had resources in place to support each resident to have one to one staffing support to attend their preferred activities regularly. In addition, residents were also supported to part take in group activities. There were many photographs which showed the three residents smiling while visiting different locations, including an aquarium.

Over the course of the inspection, the inspector observed that residents were treated with respect and the staff used a variety of communication supports in line with residents' individual needs. Staff practices were observed to be respectful of residents' privacy. For example, keeping residents' personal information private, and to only share it on a need-to-know basis.

Residents had access to information on how to access advocacy services and could freely access information in relation to their rights, safeguarding, and advocacy supports. As previously mentioned in this report, one resident who expressed a wish to move closer to their family had been supported by an external advocate to write a letter to the person in charge. While this was not attainable in the short term, the provider acknowledged the resident's request. In the meantime the staff team were supporting the resident to build relationships in the community, attend day services with peers who had similar interests and develop skills to enhance their independence.

Residents were also supported to manage their financial affairs. Their consent had been sought and an easy -to-read document had been developed for each resident on how their money and bank accounts were managed. The inspector did discuss with the person in charge and team leader during the inspection, if residents were supported to use their own bank cards to make a withdrawal from their accounts in the bank. This discussion was after the inspector reviewed the easy -to -read money

management process that was in the residents' personal plans. The process referred to an named staff going to the bank to take money out. However, the inspector was informed that residents could be supported to go into the bank with a staff member to complete financial transactions.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rose Lodge Accommodation Service OSV-0005231

Inspection ID: MON-0033468

Date of inspection: 25/01/2024

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Housing Association will ensure the completion of the current schedule of works, is completed by the 15/11/2024	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	15/11/2024