



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

Issued by the Chief Inspector

Name of designated centre:	Rossbarna
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	01 February 2024
Centre ID:	OSV-0005333
Fieldwork ID:	MON-0032868

About the designated centre

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

Rossbarna service provides full-time residential service for nine male residents who are over the age of 18 years. The centre comprises of two detached residential houses that are located a short distance from each other. Both locations are within driving distance of a large town and have many local amenities that residents can access. There is ample communal space in both houses for residents to enjoy, and residents have access to a large rear gardens. Residents have their own bedrooms, which are decorated to their individual preferences and there are appropriate bathroom facilities for residents to use. Residents who live in Rossbarna have a moderate degree of intellectual disability and some residents are on the autism spectrum. The centre does not offer emergency admissions at present. The staff skill mix comprises of nursing staff and healthcare assistants. Each house has a waking night staff on duty each night, with one house having a sleepover staff also in addition to the night duty staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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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 1 February 2024	09:30hrs to 15:40hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

This was an announced inspection. The provider was given four weeks' notice of the inspection. The inspection formed part of the routine monitoring activities completed by the Health Information and Quality Authority (HIQA) during the registration cycle of the designated centre. From the inspector's observations and conversations with residents and staff, it was clear that residents had a good quality of life in this centre and were supported to be active participants in the running of the centre. Residents' rights were respected but improvement was needed in relation to the support provided to residents with their financial affairs.

The centre consisted of two houses located about 10km apart. The houses were both located in rural communities within a short drive of a large town. One house was a bungalow. All five residents in this house had their own bedroom. One had an en-suite bathroom and the others had access to a shared bathroom. In addition to the residents' bedrooms, there were two sitting rooms, a kitchen-dining room and a utility room. Outside, the grounds were well maintained. There was a picnic bench and seating area. Residents had a polytunnel where they grew vegetables.

The second house was a two-storey house. All four residents had their bedrooms on the ground floor. The residents had a shared bathroom downstairs with a level access shower. There was also a large kitchen-dining room with a conservatory and a utility room. Upstairs, there was a sitting room, a bathroom, three activity rooms, and staff offices. Outside, the large grounds were well maintained.

The houses were clean and tidy. They were nicely decorated and had a warm, homely feel. The inspector had the opportunity to see some of the residents' bedrooms. These were all decorated in line with the residents' preferences and their individual needs. Some bedrooms had posters and furnishings that reflected the residents' interests and hobbies. Others had minimal decoration, in line with the resident's preferences. Kitchens were well stocked with ample food for meals and snacks. Information for residents was displayed in places throughout the centre. Some picture-based communication supports were also available. For example, in one kitchen, there was a folder with photographs of food to support residents to communicate their choices at mealtimes.

Throughout the day, there was a pleasant, relaxed atmosphere in the centre. Residents spent time in different parts of the centre engaging in activities that they enjoyed. Some of the residents left the centre to go on outings with the support of staff. The inspector had the opportunity to meet with six of the residents on the day of inspection. The residents used different communication styles. One resident said that they liked their home and the staff. When talking about their rights, one resident said 'this is my house'. Residents could name members of senior management who they could contact if they had any issues or complaints. They said that the food was nice. They said that staff listened to them and respected their choices. They said that they liked the other residents who lived with them in the

centre. They spoke about their interests and the activities that they enjoyed in the centre and the community. Residents spoke about maintaining contact with their family through regular phone calls and visits. Other residents were supported by staff when talking with the inspector and used non-verbal communication methods. These interactions with staff were relaxed and comfortable. A number of residents had returned questionnaires to HIQA before the inspection. The responses in the questionnaires indicated that residents were happy in their home and happy with the services they received there. The responses also indicated that the rights of residents were respected in the centre.

Staff spoke about residents in a warm and respectful manner. They were very familiar with the residents' individual needs, routines and preferences. They were clear on the supports and strategies that were required by residents. Some of the staff had completed training in human-rights based care and support. They told the inspector that residents were offered choices in their daily lives and that these choices were respected. They gave examples of times that they had advocated for residents. They discussed how they had assisted a resident to make a complaint and how the complaint had been resolved. Staff engaged in conversation with residents and were familiar with their communication strategies, for example, they knew the specific Lámh signs used by residents. They were quick to respond when residents started to chat or asked for help.

Overall, residents appeared happy in their home. They said that they were happy with the staff and the service they received 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 the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident.

Capacity and capability

There was good governance and oversight in this centre that ensured that residents received a good quality service that was in line with their assessed needs. Staff numbers and staff training was suited to meet the needs of residents.

The inspection was facilitated by the person in charge who was very knowledgeable of the needs of the residents and the requirements of the service to meet those needs. The person in charge had good oversight of the service and maintained a regular presence in the centre. They had the required qualifications and relevant experience as outlined in the regulations.

There were clearly defined management structures in this centre. Staff were knowledgeable on who to contact if any incidents or concerns arose. A review of incidents showed that issues were escalated to the person in charge and onwards to senior management, as required. Incidents were discussed at monthly meetings between the persons in charge of designated centres in the area. This allowed for shared learning among staff. Staff within the centre had access to the minutes of

senior management meetings.

The provider maintained oversight of the quality of the service through a schedule of audits that were completed by the person in charge. The audits were completed at various times throughout the year. In addition, unannounced audits of the service were completed every six months by a member of senior management. Further checks were completed by the provider's quality improvement team. Issues that were identified through these processes were added to the centre's quality improvement plan. This plan identified the actions that were needed to address the issues and a target timeline for their completion.

The staffing arrangements in the centre were suited to the needs of residents. A review of the rosters found that the number and skill-mix of staff in the centre was in line with the residents assessed needs and the centre's statement of purpose. The team was consistent and staff were very familiar to the residents. Some staff had worked with the residents for many years. Where agency staff were required, the same people from the agency worked in the centre. A review of a sample of staff files showed that the provider had obtained the information and documents required in the regulations. The provider had identified a number of mandatory training modules for staff and records indicated that staff training in this area was up to date. The person in charge had also identified a number of training modules that were specific to the needs of residents in this service. Staff training in these areas was also up to date.

Overall, there were clear lines of accountability and reporting relationships that ensured that service improvements were identified and addressed. Residents were supported by a team of staff who had the required training and knowledge to meet their needs.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted all of the required documentation and fee in order to apply for a renewal of the registration of this centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the required qualifications and experience as outlined in the regulations. The person in charge had very good knowledge of the needs of residents and the requirements of the service to meet those needs. The person in charge maintained oversight of the service and ensured that service improvements were identified and addressed.

Judgment: Compliant

Regulation 15: Staffing

The number and skill-mix of staff in the centre were suited to the needs of residents. The staff were familiar to the residents and this ensured that residents received consistent support. Staff files contained the information and documents outlined in the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training in mandatory modules, as outlined by the provider, was up to date. Staff had also completed additional training modules that had been identified by the person in charge to meet the needs of residents in this service.

Judgment: Compliant

Regulation 23: Governance and management

There was good oversight and management of this centre. There was a clearly defined management structure that identified lines of accountability and authority in the service. Oversight of the service was maintained through a schedule of routine audits. The provider had completed the annual report and six-monthly unannounced audits into the quality and safety of care and support in the centre in line with the regulations. Service improvements were identified and addressed in a timely manner.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose that outlined the relevant information set out on the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an effective complaints procedure. Complaints were recorded and audited. A resident had been supported by staff to make a complaint and the procedure had been used to reach a satisfactory conclusion for the resident.

Judgment: Compliant

Quality and safety

Residents' wellbeing and welfare was maintained by a good standard of care and support. However, improvement was required to the supports provided to residents to manage their financial affairs.

Residents' rights were respected in this centre. Residents were offered choice in their daily lives. Their privacy and dignity was respected. As outlined above, each resident had their own bedroom and adequate storage for their personal possessions. However, improvement was required in relation to the supports available to residents to manage their financial affairs. Residents had access to some of their own funds for day-to-day spending. Records of this were maintained and receipts were recorded and audited. However, information was not provided to residents in relation to their overall financial affairs. The person in charge reported that residents were not provided with statements that outlined their savings in central patient funds. This meant that residents could not be informed of the monies available to them or supported to make decisions in relation to their spending and financial affairs.

Each resident had an individual assessment and a personal plan. The assessments and plan were reviewed annually. Residents and their family members were invited to attend the review meeting. Residents were supported to identify goals for the year that were based on the residents' interests. The goals were kept under regular review and updated throughout the year. The personal plans were available for residents in a format that was accessible to them using pictures and photographs. The residents' healthcare formed part of their overall plan. Each resident had a comprehensive health assessment and there was a corresponding care plan for any identified health need. The plans were regularly reviewed and gave clear guidance to staff on how to support residents manage their health needs. There was evidence of input from a variety of healthcare professionals and specialist medical consultants as necessary.

Residents' safety was promoted in this centre. Staff were trained in safeguarding

and their knowledge of safeguarding procedures was audited regularly by the person in charge. A review of safeguarding plans showed that incidents were identified and reported in line with the safeguarding procedure. When required, safeguarding plans were developed and were reviewed until the incident was closed by the safeguarding team. Residents were kept informed of the safeguarding plans and included in the process. Learning from incidents was shared with staff at team meetings. When required, residents' behaviour support plans were reviewed as part of this process. These reviews were completed with members of the multidisciplinary team and with input from the resident. Any restrictive practices were audited on a quarterly basis.

The provider had taken steps to protect residents from the risk of fire. Regular checks and servicing of fire alarms, emergency lighting and fire-fighting equipment were completed by an external company. In addition, staff completed routine fire checks throughout the centre. Fire drills were completed routinely and recorded accurately. These drills simulated varying scenarios that were reflective of the realities in the centre. A comprehensive risk assessment in relation to fire was included in the centre's risk register. This register identified risks to the service as a whole. Individual residents also had risk assessments in their personal plans. Risk assessments identified control measures to reduce the risk and were regularly reviewed.

Overall, residents received a good quality service in this centre. Their health and social care needs were identified and supports put in place to meet these needs. However, improvement was required in relation to the supports provided to residents manage their financial affairs.

Regulation 10: Communication

Residents were supported to communicate in line with their needs and wishes. Staff were knowledgeable of the residents' communication style. Staff used communication strategies with residents as outlined in their personal plans. Residents had access to appropriate media devices.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to their personal possessions and adequate storage for their property. Assessments were completed with residents to determine the level of support that they required in order to manage their finances. However, residents were not supported to access statements in relation to their savings and therefore, could not be fully supported to make decisions about their spending or financial

affairs.
Judgment: Substantially compliant
Regulation 18: Food and nutrition
Residents were supported to make choices in relation to their meals. Residents had access to fresh, wholesome food that was in line with their dietary needs.
Judgment: Compliant
Regulation 26: Risk management procedures
The provider had a risk register for the centre and individualised risk assessments for residents. There were control measures to reduce the risk and all risks were routinely reviewed.
Judgment: Compliant
Regulation 28: Fire precautions
The provider had taken steps to protect the residents from the risk of fire. The provider had arrangements for detecting, containing and extinguishing fires.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
Residents' health, social and personal needs were assessed. Goals and plans were devised to meet these needs. The needs and plans were routinely reviewed and updated with input from the residents. The residents' personal plans were subject to an annual review and residents participated in this review meeting.
Judgment: Compliant

Regulation 6: Health care

The health needs of the residents were well managed. Health assessments were conducted. Care plans were devised for any health need identified on the assessment. There was evidence of input from a variety of health professionals as required by residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were plans in place that guided staff on how to support residents manage their behaviour. These plans were devised with the support of members of the multidisciplinary team. Residents were included in the development of the plans. Restrictive practices were reviewed regularly.

Judgment: Compliant

Regulation 8: Protection

The provider had measures in place to protect residents from the risk of abuse. Safeguarding procedures were followed.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were protected in the centre. Residents were routinely offered choice and these choices were respected. Residents' privacy and dignity was respected.

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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rossbarna OSV-0005333

Inspection ID: MON-0032868

Date of inspection: 01/02/2024

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
Outline how you are going to come into compliance with Regulation 12: Personal possessions: <ul style="list-style-type: none">• All residents within this designated centre have a full completed Financial Competency assessment within their personal documentation. They are also supported by the easy read documentation on their finances.• The Person in Charge has ensured that annual financial statements will be retained on site and made available for each individual resident within centre.	

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	31/03/2024