Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Rossbarna
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	13 April 2022
Centre ID:	OSV-0005333
Fieldwork ID:	MON-0032892

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

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 13 April 2022	09:30hrs to 17:00hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

From what residents told us and from what the inspector observed, it was clear that residents at Rossbarna were enjoying a good quality life where they were supported to make choices in their daily lives and were involved in activities that they enjoyed.

This centre comprised of two detached residences located on different sides of a busy town. The inspector visited both properties on the day of inspection. During the walk around of the centre, fire safety came to the attention of the inspector in the first property visited. The inspector saw that a fire door between the kitchen and the hallway was damaged and did not close. This resulted in the inspector issuing a urgent action to the provider to address the fire safety risk identified in a timely manner.

Both houses visited by the inspector were located in residential areas and were within driving distance of shops, restaurants and beaches. Transport was available so that residents could go out for drives, shopping, family visits and to attend local amenities. The houses were clean, spacious, suitably furnished and decorated, and equipped to meet the needs of residents. There was adequate communal and private spaces for residents, well-equipped kitchens and sufficient bathrooms provided. All residents had their own bedrooms and those that the inspector saw were decorated in accordance with the residents' preferences. Both properties had ample outdoor spaces for the residents' enjoyment. The garden in the first house was observed to have an outdoor sitting area and a large level access space where a resident enjoyed cycling.

The inspector met all nine residents throughout the day. On the morning of inspection, one resident was observed enjoying a nutritious breakfast at the dining room table. They used some words to communicate and told the inspector about their plans to go on a home visit. Two other residents were relaxing in a light filled sun room. They did not speak with the inspector. Another resident had plans to go horse riding that afternoon and others were going out for a morning bus drive.

Later in the afternoon, the inspector visited the second property where residents had returned from their daily activities. One resident wished to spend time alone and was relaxing on a couch in a comfortable television room. They told the inspector that they were happy living at the centre, it was a warm place to live and that they slept well at night. Another resident was spending time with a staff member who was preparing dinner in the kitchen. There was an aroma of freshly prepared food and the resident appeared content. Three other residents were in the sitting room with the television on. They told the inspector that they had attended their day service that day and they spoke about outings that they enjoyed. One resident was observed to be wearing a football jersey and they said that they were looking forward to watching a football game that was due to be televised that evening.

The staff on duty told the inspector that where possible residents' had good contact with their family members. These connections were supported through telephone calls, visits to the centre and visits home. It was evident that the resident spoken with earlier that morning was very much looking forward to his trip home for the Easter break.

The next two sections of the report outline 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 residents' lives.

Capacity and capability

The provider had management arrangements in place which ensured that a good quality and safe service was provided for the residents living in this centre. There were strong structures in place to ensure that care was delivered to a high standard and that staff were suitably supported to achieve this. However, an immediate action was required to address the fire containment risk identified and other improvements were required with the provision of staff training and these will be expanded upon below.

The person in charge was available on the day of inspection. They told the inspector that they had oversight of two designated centres and felt they had the capacity to do so. They were employed full time and had the qualifications, skills and expertise to complete their role. A team leader structure was in place to support the role of person in charge as required.

The staff roster was reviewed and the inspector found that this provided an accurate description of the staff on duty on that day. The number and skill mix of staff available appeared sufficient to meet with the needs of the residents living at the centre. The person in charge told the inspector that changes had been made to the night time arrangement in one house due to changing residents requirements. For example, there were two waking night staff on duty. On call arrangements were in place and the relief staff provided were familiar with the residents which ensured that consistency of care was provided. Staff meetings were taking place on a monthly basis and communication in the centre was reported to be open and supportive.

Staff had access to training as part of a continuous professional development programme. Regular staff supervision meetings were taking place for both the staff and the person in charge and minutes of staff supervision meetings were available. A sample of the training provided was reviewed, most of which was up to date. However, the residents in this centre required support with behaviours of concern and the inspector found that one staff member; that commenced employment in January, did not have positive behaviour support training provided. Other staff members required refresher training in positive behaviour support. This was not in

line with the providers policy and required review.

The inspector reviewed the incident management system used in the centre and found that it was used appropriately to report concerns. Furthermore, monitoring notifications were reported to the Chief Inspector in a timely manner and in accordance with the requirements of the regulation. An effective complaints procedure was in place and this was available in easy-to-read format. The person in charge told the inspector that there were no active complaints on the day of inspection, however, a historical compliant was reviewed. This was resolved informally and in accordance with the provider's complaints policy.

The inspector found that this designated centre was appropriately resourced to ensure that safe care and support was provided. The management structure was clearly defined and staff were aware of their reporting arrangements. The annual review of the service and twice per year provider-led audit were up to date. A system of internal audit was in place and these included; cleaning audits, medicines audit, care plan audits and environmental health checks. A quality improvement tool was in use in the centre. It identified areas for improvement and put an action plan in place. For example, it was evident during the inspection that repairs were required to the residents' shower area. This was documented on the quality improvement tool and a plan was in place to progress this.

The next section of this report explores how the governance and oversight arrangements outlined above affects the quality and safety of the service being provided.

Regulation 14: Persons in charge

The person in charge was available on the day of inspection. They were employed full time and had the qualifications, skills and expertise to complete their role.

Judgment: Compliant

Regulation 15: Staffing

The provider ensured that the number, qualification and skill mix of the staff on duty was appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training as part of a continuous professional development programme. However, the residents in this centre required support with behaviours of concern and the inspector found that one staff member, that commenced employment in January, did not have positive behaviour support training provided. Other staff members required refresher training in positive behaviour support. This was not in line with the providers policy and required review.

Judgment: Substantially compliant

Regulation 23: Governance and management

This designated centre was appropriately resourced. The management structure was clearly defined and staff were aware of their reporting arrangements. The annual review of the service and twice per year provider-led audit were up to date. A system of internal audit was in place.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had ensured that monitoring notifications were reported to the Chief Inspector in a timely manner and in accordance with the requirements of the regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints procedure for residents, which was available in an accessible format. A system was in place to ensure that complaints were investigated promptly and in line with the organisations policy.

Judgment: Compliant

Quality and safety

The inspector found that the wellbeing and welfare of the residents was promoted by the good standard of care and support provided. However, improvements in fire containment, staff training, risk management and infection prevention and control measures used would further enhance the safety of the service provided.

Residents' healthcare needs were facilitated through access to a medical practitioner and through the support of the multidisciplinary team. A review of the documentation provided evidence of visits from the occupational therapist and the speech and language therapist. Residents also attended dental appointments, were supported with blood tests and testing for COVID-19 if required. Furthermore, residents were supported through a successful vaccination programme and where risks were identified; a nursing care plan was put in place. For example, there was a comprehensive care plan in place for resident post vaccination due to their risk of seizure activity related to an elevated body temperature.

Each resident had an up-to-date annual assessment of their personal and social care needs. Person centred goals were identified and actions were put in place to meet these goals. For example, one resident enjoyed horse riding and attended regularly. Others had taken trips to places they enjoyed for example, to the beach, for a coffee and to the local airport.

Residents who required support with positive behaviours had support plans in place. These were reviewed regularly by the positive behaviour support therapist and up dated if required. Where restrictive procedures were used, protocols were in place which ensured that the least restriction was used for the shortest duration necessary. The provider had a restrictive practice committee established and there was evidence of ongoing review and of the removal of restrictions if appropriate to do so.

The inspector found that safeguarding of residents were supported through review of incidents that occurred, staff training and discussions at meetings. Staff spoken with were aware if what to do if a concern of abuse arose. Residents' safety were promoted through comprehensive support plans, including intimate and nursing care plans as described above.

The provider had fire safety management systems in place which included arrangements for fire detection, warning and evacuation. Residents had personal emergency evacuation plans (PEEPS) in place and easy to read fire drill information was on display. The inspector complete a walk through of the fire evacuation procedure for one resident with a staff member. They were aware of how to ensure that this was plan was completed effectively. However, as previously documented, the damaged fire door presented a significant fire safety risk and required the issue of an urgent action. Assurances were received following the inspection from the person in charge that the fire door had been repaired by the provider.

The provider had systems in place for the identification, assessment and management of risk, including a site specific safety statement and emergency plans in the event of adverse events. Risks that had been identified at service and resident level had been assessed, however the inspector found that some were not updated and this required review. For example, risks which referred to restrictions which were no longer in use in the centre. Furthermore, the risk in relation to the damaged fire door had not been identified and a risk assessment was not in place.

Procedures were in place to prevent and control the spread of infection. These included availability of hand sanitisers at entry points, posters on display around the designated centre and a number of staff training courses were provided. In addition, there were systems in place for the prevention and management of the risks associated with COVID-19; including infection prevention and control audits and risk assessments. There was a COVID-19 management plan in place which provided site specific guidance on the actions to take in the event of an outbreak. Residents had individual isolation plans in place however, the inspector found that these required review as they were not in line with updated public health advice in relation to mask wearing and isolation periods.

Regulation 26: Risk management procedures

The provider had systems in place for the identification, assessment and management of risk, including a site specific safety statement and emergency plans in the event of adverse events. Risks that had been identified at service and resident level had been assessed, however the inspector found that some were not updated and this required review.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Procedures were in place to prevent and control the spread of infection including risks associated with COVID-19. However, individual isolation required review as they were not in line with updated public health advice in relation to mask wearing and isolation periods.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Although, the provider had fire safety management systems in place which included arrangements for fire detection, warning and evacuation, a damaged fire door presented a significant fire safety risk and required the issue of an urgent action. During a subsequent telephone conversation, the person in charge told the inspector that the door was repaired on the evening of the inspection, after the inspectors departure.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that each resident had an up-to-date annual assessment of their personal and social care needs. Person centred goals were identified and actions were put in place to meet these goals.

Judgment: Compliant

Regulation 6: Health care

The provider had ensured that the residents' healthcare needs were facilitated through access to a medical practitioner and through the support of the multidisciplinary team.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required support with positive behaviours had support plans in place. These were reviewed regularly by the positive behaviour support therapist and up dated if required. Where restrictive procedures were used, protocols were in place which ensured that the least restriction was used for the shortest duration necessary.

Judgment: Compliant

Regulation 8: Protection

The inspector found that safeguarding of residents were supported through review of incidents that occurred, staff training and discussions at meetings. Staff spoken with were aware if what to do if a concern of abuse arose

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Rossbarna OSV-0005333

Inspection ID: MON-0032892

Date of inspection: 13/04/2022

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: To ensure compliance with Regulation 16: Training and staff development the following will be undertaken; • The Person in Charge has ensured that all new and existing staff have access to appropriate training, including refresher training, as part of a continuous professional development programme. • The Person in Charge has a plan in place for all staff to attend both Positive Behavioral Support Training and refresher training in Studio 111. • The Person in Charge has a training matrix in place to identify the training needs for all staff within the Designated Centre. This Training Matrix is reviewed and updated two monthly in line with the centers schedule of audits.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: To ensure compliance with Regulation 26: Risk management procedure the following will be undertaken; • The registered provider has ensured that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies	

• The person in charge has reviewed and updated Residents individual risk assessments, including details on historical restrictive practices used within the designated centre.

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
To ensure compliance with Regulation 27: Protection against infection the following will be undertaken;

• The Registered Provider has ensured all residents at risk of Healthcare associated infection are protected in line with guidelines, which are consistent with the standards for the Infection, prevention and control.
• The person in charge has reviewed and updated the Centre's site specific contingency plan to reflect the changes in isolation periods for residents who have tested positive for COVID 19, and in line with most recent government guidelines.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
To ensure compliance with Regulation 28 : Fire precautions the following will be undertaken;

• The Register Provider has ensured there is adequate arrangements in place for the detection, containment and extinguishing of fires in the Designated Centre and in line with Regulation (28).
• The Person In charge has ensured that the external contractor repaired the fire door on the day of the Inspection 13/04/2022, and is now in line with regulation 28(3)(a).
• The Person in Charge has two wakening night staff in this Designated Centre.
• The Person in Charge has ensured all staff have their mandatory training in Fire Evacuation completed.
• Fire drills are carried out monthly, and includes the required fire performance of each door.
• All Fire Equipment are checked in line with Legislation by the fire company.
• The Person in Charge has ensured the adequate Risk assessments are completed to certify all controls are in place to meet effective fire safety systems in this Designated Centre.
• The Person in Charge is awaiting the delivery of a new specific fire door ordered with

visual panel order placed 04/04/2022 to replace the existing fire door.
• The Specific view panelled door is expected on the 30/06/2022.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/07/2022
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	25/05/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare	Substantially Compliant	Yellow	25/05/2022

	associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	13/04/2022