

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

Issued by the Chief Inspector

Name of designated centre:	St Rosalie's Residential Service
Name of provider:	Avista CLG
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	24 May 2023
Centre ID:	OSV-0001425
Fieldwork ID:	MON-0030387

About the designated centre

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

St. Rosalie's is a residential setting providing care and support for up to five residents. The service supports residents over the age of 18 with an intellectual disability. The centre is located in a coastal village in Co. Dublin close to a variety of local amenities such as shops, restaurants, hotels and the local beach. The main house comprises of three floors. The ground floor has a large kitchen, store room, utility room, three bathrooms, five resident bedrooms and a living room. The first floor consists of eight single-occupancy bedrooms, four bathrooms, a staff sleepover room and a clinical room. The second floor consists of a visitor's room, a meeting room, three bathrooms, and a dining room with a small kitchenette. There is also a sluice room and laundry room in the premises. At present residents only use the ground floor of the main building and the other two floors are being used by staff and for storage. Residents in the main house are supported 24 hours a day, seven days a week in line with the number and needs of residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	0
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 24 May 2023	09:50hrs to 14:00hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

This inspection was completed to inform the registration renewal decision for this centre. The centre had five registered beds at the time of the inspection; however, the provider had just applied to renew the registration of the centre for two registered beds.

There were no residents living in the centre at the time of the inspection. During the COVID-19 pandemic the provider had used this centre as an isolation unit during the COVID-19 pandemic, and some residents had moved into the centre while renovations were completed on their homes.

In the provider's application to renew they had identified that the centre would now be used for two residents, and that only the ground floor of the main building would be used. The inspector visited the centre and completed a walk through with the newly identified person in charge. The building had not been used in the preceding 6 months, but it was found to be clean and overall well maintained during the inspection.

There was minimal furniture in the centre as plans were in place to complete some renovations to the premises, and for residents to pick or bring their own furniture with them. The first floor of the building was divided into two areas or apartments. These were divided by a door in the centre of the corridor of the first floor. There were central cooking and laundry facilities available, and plans to add some further cooking facilities and laundry facilities into the kitchenettes in the two areas.

There was plenty of private and communal spaces for residents in the centre. There was also a large mature garden with a seating and winding paths at the front of the building, and there was a back garden with out-buildings and a poly tunnel. The centre was close to the beach and a local town with shops, restaurants and good public transport links.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they would impact the quality and safety of service being delivered.

Capacity and capability

Overall, the inspector found there was a full-time person in charge identified by the provider who was motivated to ensure that resident who moved into this centre would be in receipt of a good quality and safe service.

There were clearly defined management structures and systems in place to ensure oversight and monitoring was completed regularly. The person in charge was not counted as part of the staffing quota and available to support residents and staff. In their absence there was an on-call systems 24/7. They were supported in their role by two persons participating in the management of the designated centre and a service manager. The person in charge had an audit schedule for the year, and had plans to ensure that management and staff meetings were occurring regularly, and that staff would be in receipt of regular formal supervision. The provider had systems to ensure that six monthly and annual reviews of care and support would be completed in the centre.

The statement of purpose outlined what the staffing numbers and skill mix for the centre would be once residents moved in. Staffing numbers would be reviewed once a decision was made by the provider's admissions committee had reviewed residents' individual needs and preferences assessments (IPNA) and a decision was made who would be offered a residential place in this centre. A number of visits to the centre had been completed by members of the management and multidisciplinary team to review its suitability and to see what renovations and repairs were required prior to residents moving in. One residents' IPNA had identified their wish to move from their current residential placement, and a number of meetings had occurred and one was planned with their family just after the inspection. A transition plan was in the initial stages of development and the clinical nurse specialist and occupational therapist were meeting to develop a social story to support the resident to make choices about their transition. For example, plans were in place for the resident to pick paint colours and to be involved in decorating their space.

Regulation 14: Persons in charge

The person in charge works full-time and they have the required qualifications, skills, and experience. They were also identified as person in charge of two other centres. They were found to have systems in place to ensure they had effective governance, operational management, and administration of this centre.

Judgment: Compliant

Regulation 15: Staffing

There were no residents living in the centre at the time of the inspection; however, the statement of purpose outlined the number and skill mix of staff for the centre. The number of staff on duty would be based on the number and needs of residents. The provider was in the process of recruiting for staff to work in this centre at the

time of the inspection.

There were templates in place for planned and actual rosters and the inspector viewed a sample two week roster which showed the number of staff that would be required to run the roster 24/7 over a two week period.

Judgment: Compliant

Regulation 22: Insurance

The centre was insured against accidents and injury to residents, and for risks such as loss or damage to property.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure which identified the lines of authority and accountability. There were management systems in place to monitor the quality and safety of care and support for residents. These included plans for an annual review, 6 monthly reviews and there was a schedule of audits in place.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose which included the required information. It was available in the centre for residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

There were systems to record incidents and accidents in the centre, and to ensure that the required notifications were submitted to the Chief Inspector of Social Services.

Judgment: Compliant

Regulation 34: Complaints procedure

There were complaints policies and procedures in place. The complaints process was detailed in the centre's statement of purpose and residents' guide. There was a nominated complaints officer and their picture was on display in the centre. There was information available for residents on how to access independent advocacy services or the support of the confidential recipient.

Judgment: Compliant

Quality and safety

Overall, the inspector found that there were systems in place to ensure that residents were in receipt of a good quality and safe service. However, a number of works were required to the premises before residents could move in.

Plans were in place to involve residents in picking colours for paint, in picking soft furnishings and picking new furniture, or bringing their own furniture with them. A room was due to be converted to a bathroom in one side of the building, and works were planned to both kitchenettes. In addition there were some areas where maintenance and repairs were required. For example, there were broken surfaces on some presses, the boxing around some sinks was damaged, there were some exposed pipes and wires, and there were some broken floor surfaces in a number of rooms.

There were suitable systems in place for the prevention and detection of fire in the centre. Equipment was being serviced and maintained. There were systems in place to ensure staff had fire training and that residents' personal emergency evacuation plans were developed and reviewed regularly. There were also plans in place to ensure regular fire drills were occurring.

There were systems in place to ensure that residents, staff and visitors would be protected by the infection prevention and control policies, procedures and practices in the centre. There were templates for contingency plans, cleaning schedules, and outbreak reports. There was an infection prevention and control folder with information for residents and staff on how to keep themselves safe from infection. There were stocks of PPE available and systems in place for stock control. There was also training available for staff in relation to infection prevention and control.

Regulation 11: Visits

There was a visitors policy in place. There were spaces in the centre for residents to meet their visitors in private. Restrictions on visits were only applied if there was a risk to residents, if residents choose not to receive visitors, or at the initial stages of an outbreak of infection. The provider's policy advised that window visits were always facilitated and that residents had access to telephone, video calls, and e-mails. Arrangements for visits to the centre were detailed in the statement of purpose and residents' guide.

Judgment: Compliant

Regulation 17: Premises

The premises had been unused for six months before the inspection. It was found to be clean and warm and overall well maintained. The water had been turned off, with the exception of water for the heating since residents moved out at the end of 2022. The company who turned off the water had provided a letter of assurance that the systems were fully drained. The provider was requested to send a report to the Chief Inspector that the system was flushed and that the water quality was tested before residents moved into the centre.

As previously mentioned, there were areas where maintenance and repairs were required. Plans were in place to complete works including converting one room to a bathroom, painting, and works to kitchenettes in the apartments before residents moved in.

Judgment: Substantially compliant

Regulation 20: Information for residents

There was a residents guide in the centre which detailed the services and facilities available in the centre, the terms and conditions of residency, residents' involvement in the running of the centre, how to access inspection reports, and the complaints and visiting arrangements for the centre.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place to prevent and control healthcare associated infections in the centre. The physical environment was clean and there were systems to minimise the risk of infection for residents, staff and visitors. There was an infection prevention and control policy and guidance documents in place to guide residents and staff on how to keep themselves safe from infection.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire equipment was provided and serviced as required. There were adequate means of escape and these were free from obstruction. There was emergency lighting and smoke detectors in place. There were fire doors, and those that required self-closers had them in place. The emergency evacuation plan was on display. As previously mentioned there were no residents living in the centre at the time of the inspection but there were templates in place for residents' personal emergency evacuation plans, and plans were in place to hold fire drills once residents moved in.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant

Compliance Plan for St Rosalie's Residential Service OSV-0001425

Inspection ID: MON-0030387

Date of inspection: 24/05/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The provider will ensure that the following will be completed prior to Residents moving into the centre;</p> <ul style="list-style-type: none">• All renovation works and outstanding Maintenance works will be completed.• Environment will be suitably decorated• The premises will ensure it is accessible to all.• All Fire checks will be re completed and Fire system fully operational• Water System will be fully operation .Water system will be chlorinated• A report will be furnished to the Chief Inspector in HIQA to confirm water quality.• Water quality testing will be completed quarterly or sooner if required.• Weekly flushing log will be maintained on site.	

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	01/10/2023
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	01/10/2023
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of	Substantially Compliant	Yellow	01/10/2023

	purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
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