



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

Issued by the Chief Inspector

Name of designated centre:	Rosewood Court
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	30 May 2023
Centre ID:	OSV-0002630
Fieldwork ID:	MON-0031174

About the designated centre

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

Rosewood Court is a centre run by the Health Service Executive. The centre is located in a town in Co. Sligo and provides residential care for up to six male and female residents over the age of 18 years who have an intellectual disability. The centre comprises of one two-storey dwelling which provides residents with their own bedroom, some en-suite facilities, shared bathrooms, dining area, kitchen and sitting room area. Residents also have access to rear and front garden spaces. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

5

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
Tuesday 30 May 2023	12:15hrs to 18:15hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. As part of this inspection, the inspector met, and spoke with, the residents who lived in the centre. The inspector also met with the person in charge and staff on duty, and viewed a range of documentation and processes. Furthermore the inspector read questionnaires that had completed by residents in advance of the inspection.

It was clear from observation in the centre, conversations with residents and staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre, at day services and in the local community. Throughout the inspection it was very clear that the person in charge and staff prioritised and supported the autonomy and independence of residents.

The inspector met with three residents who lived in the centre at the time, who were happy to discuss their lives there. One resident was tired after a busy day and preferred not to meet with the inspector. Residents who spoke with the inspector said they were very happy with all aspects of living in the centre. These residents said that they were well supported by staff, who provided them with good care, and that they always made their own choices around how they lived their lives. For example, residents said that they made their own decisions about their weekend plans for going out, and said that staff always supported these plans. They talked about visits to restaurants, bars and football matches which they enjoyed. Other activities that residents discussed included weekly horse riding, swimming and social farming. Some residents also had regular employment in the local area. A resident told the inspector of having been to social farming and to the beach on the day of inspection, while another resident had been for a drive to a scenic area and had refreshments while out.

The questionnaires which the residents had completed indicated a high level of satisfaction with the service. All residents recorded that they were very happy living in the centre, that they were taking part in activities that they enjoyed, and that they would tell staff if there was something they were not happy about. All residents recorded that there was not anything they would change about the centre or their lives there.

Resident told the inspector that they enjoyed their meals in the centre. They explained that they had choices around their food shopping and meals, and that staff prepared meals that they liked, at the times that suited them. They also said that they often went out to the town for a meal, coffee or a drink and that they enjoyed this.

Holidays and outings were also important to residents and they discussed holidays

that they had been on, and they were planning to go on holidays again this year. They also talked about places of interest that they go to for outings.

Residents said that they all get on well together in the centre, and it was clear during the inspection that there was a good rapport between the residents themselves and between residents and staff. However, there were two sitting rooms in the centre which also enabled residents to spend time alone when they wanted to. Residents told the inspector that they would raise any concerns with staff and were confident that any issues would be addressed. These residents knew who was in charge in the centre, and they said that they trusted the staff.

The centre consisted of one house and could provide full time residential accommodation for up to four adults. This centre was centrally located within walking distance of a rural town, which gave residents good access to a wide range of facilities and amenities. The centre was designed and equipped to meet the specific needs of the people who lived there and provided them with a safe and homely living environment. The house was comfortably furnished, and rooms were personalised. The house was also provided with assistive equipment to increase the comfort and safety of residents as required. The garden at the front of the centre had recently been refurbished to provide an accessible seating and planting area, and residents were taking a great interest in this project. They were very pleased with the seating area which had been completed and discussed what flowers and plants they wanted in the new flower beds. The centre had dedicated wheel-chair accessible transport, which could be used for outings or any activities that residents chose. The staffing levels in the centre ensured that each resident could be individually supported by staff to do activities of their preference.

The next sections of this report present the inspection findings in relation to the governance and management in the centre, and how this impacts the quality and safety of the service and quality of life of residents. While this inspection identified a good level of personalised care and social support for residents, there were some areas for improvement related to documentation, which will be discussed in the next sections of this report.

Capacity and capability

The provider had measures in place in this centre to ensure it was well managed, and that residents' care and support was delivered to a high standard. These arrangements ensured that a good quality and safe service was provided to residents who lived there. However, improvement to the annual review and medication records was required.

There was a clear organisational structure in place to manage the service. There was a suitably qualified and experienced person in charge who was very knowledgeable regarding the care and support needs of residents. There were effective arrangements in place to support staff when the person in charge was not

on duty. The person in charge was the manager of two designated centres and was frequently present in this centre, and worked closely with staff and with the wider management team. There were clear management arrangements in place to support staff when the person in charge was not present.

The provider ensured that the service was subject to ongoing monitoring and review to ensure that a high standard of care, support and safety was being provided. These included ongoing audits of the service in line with the centre's audit plan, and six-monthly unannounced audits by the provider. These audits showed a high level of compliance and any identified actions had been addressed as planned. A review of the quality and safety of care and support of residents was being carried out annually. This review was comprehensive and detailed. However, although it was clear during the inspection that residents had a voice in the running of the centre, the annual review did not reflect this consultation with residents as required by the regulations.

The centre was suitably resourced to ensure the effective delivery of care and support to the resident. These resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport, access to Wi-Fi, television, and adequate staffing levels to support the resident's preferences and assessed needs. The staff team included nurses, who were involved in the ongoing assessment of residents' health needs. The provider had also ensured that the designated centre was suitably insured.

Staff had received training relevant to their roles, such as training in medication management, infection control and cyber security, in addition to up-to-date mandatory training in fire safety, behaviour management and safeguarding. Staff had also attended all four modules of human rights approach training. Staff confirmed that this training reinforced awareness of residents' rights and the ethos that the resident comes first. No major changes had been introduced arising from the training, but it provided reassurance to staff that the service was operating to the best standard.

Records required by the regulations were kept in the centre and were available to view and were clear, organised and up to date. Documents viewed during the inspection included personal planning records, policies, fire drills, incident records, directory of residents, audits, and staff training records. There was a statement of purpose which gave a clear description of the service and met the requirements of the regulations. Policies required by Schedule 5 of the regulations were available to guide staff, and were up to date. However, in a sample of medication records viewed, some of the guidance for the administration of medication was not clearly stated, which increased the risk of medication error.

The person in charge was very clear about notification of certain events to the Chief Inspector of Social Services, including quarterly notifications, and notifications relating to certain absences of the person in charge.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector of Social Services as required.

Judgment: Compliant

Regulation 14: Persons in charge

The role of person in charge was full time and the person who filled this role had the required qualifications and experience.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection. Planned staffing rosters had been developed by the person in charge and these were accurate at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety, behaviour support, and safeguarding. Staff had also attended other training relevant to their roles, such as medication management, manual handling and human rights. There was a training plan to ensure that training was delivered as required.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that records required by the regulations were kept in the centre, were maintained in a clear and orderly fashion, and were up to date.

However, while most medication administration records were suitable, a small number of these did not include adequate medication administration guidance.

Judgment: Substantially compliant

Regulation 22: Insurance

There was a current insurance policy in effect for the service on the day of inspection.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. An audit schedule had been developed, audits were being completed as planned and showed a good level of compliance. An annual review of the service was also being carried out by the provider. However, while it was evident during the inspection that there was ongoing consultation and communication with residents, this was not reflected in the annual review as required by the regulations.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was an up-to-date statement of purpose which was being reviewed annually by the person in charge, and was available to residents and their representatives.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers involved with residents in the centre. However, the person in charge was mindful that, should volunteers be used at any stage in the future, that they would be managed and supervised in line with the requirements of the regulations and the organisation's policy.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The provider was aware of the requirement to notify the Chief Inspector of absence of a person in charge for a continuous period of 28 days or more.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The provider was aware of the requirement to notify the Chief Inspector of the procedures and arrangements that would be in place for the management of the centre in the absence of the person in charge.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required by schedule 5 of the regulations were available to guide staff and were up to date.

Judgment: Compliant

Quality and safety

There was a high level of compliance with regulations relating to the quality and safety of care and the provider ensured that residents received a good level of person-centred care. The management team and staff in this service were very focused on maximising the independence, community involvement and general welfare of residents who lived there. The inspector found that residents were supported to enjoy activities and lifestyles of their choice.

Residents were supported to take part in a range of social and developmental activities both at the centre, at day service and in the community. Suitable support was provided to residents to achieve these in accordance with their individual choices and interests, as well as their assessed needs. The centre was located in a

residential area of a busy town. The location of the centre enabled residents to access local amenities either on their own or with staff and the inspector saw both happening during the inspection. Wheelchair accessible transport was available which also enabled residents to visit the facilities and leisure amenities in the neighbouring areas.

Some of the activities that residents enjoyed included outings to local places of interest, going to concerts and music sessions, visiting families, shopping, baking, using personal computer pads, cinema, pub visits and going to football matches. Some residents were also involved in employment and in training and education. The staffing levels in the centre ensured that each resident could be supported by staff to do activities of their preference.

Family contact and involvement was seen as an important aspect of the service. The visiting restrictions which had been in place during the earlier part of the COVID-19 pandemic had been discontinued, and visiting has now fully returned to normal in line with national public health guidance. Arrangements were in place for residents to have visitors in the centre as they wished and also to meet family and friends in other places. There were suitable arrangements in place to manage any temporary absence of a resident from the designated centre. Such absences were being recorded, and there was an up-to-date policy to guide this practice.

Comprehensive assessments of the health, personal and social care needs of each resident had been carried out and were recorded. Individualised personal plans had been developed for all residents based on their assessed needs, and residents' personal goals had been agreed at annual planning meetings. Residents' personal planning information was comprehensive, up to date, and suitably recorded. Staff who spoke with the inspector were very familiar and knowledgeable about residents' personal plans.

The centre suited the needs of the residents, and was spacious, warm, clean, comfortable and well maintained. All residents had their own bedrooms, which were personalised to each individual's taste. There were accessible gardens around the building where residents could spend time outdoors. An accessible patio and seating area had recently been developed in the garden. This area was surrounded by new flower beds had been prepared and were awaiting planting. Residents were very pleased with this, and were planning the planting project for the beds.

Information was supplied to residents both through suitable communication methods, through interaction with staff and there was also a written guide for residents which was presented in an easy-to-read format. Although all residents had good communication skills, they were supported and encouraged to communicate their views both in the centre and on a wider level. All residents were involved in a Strengthening Voices for Change project. One resident was part of the group which developed this project and had also been very involved in developing a computerised application for communicating residents' views. All residents in the centre had access to the application which they used for expressing their views on both their home and on accessibility and inclusion in the wider community.

Although risk management was not examined in full at this inspection, there was evidence that the provider had good measures in place to the aspects of risk that were reviewed. Risks relating to fire safety and infection control, which had been identified at a previous inspection, had been suitably addressed and measures were in place to reduce and manage these risks. Falls risk was also reviewed at this inspection and was found to be well managed. There were suitable measures, such as risk assessment, multidisciplinary involvement, care planning, premises adaptation and medical intervention, introduced to reduce an identified falls risk.

Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes.

Judgment: Compliant

Regulation 11: Visits

Residents could receive visitors in accordance with their own wishes, and there was sufficient room in the centre for residents to meet with visitors in private. Furthermore, residents were supported to meet with, and visit, family and friends in other places.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, at day services and in the community. Suitable support was provided to residents to achieve these in accordance with their individual choices and interests, as well as their assessed needs.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. The centre was well maintained, clean, comfortable and

suitably decorated.
Judgment: Compliant
Regulation 20: Information for residents
There was an informative residents' guide that met the requirements of the regulations. This was made available to residents in a suitable, easy-read format.
Judgment: Compliant
Regulation 25: Temporary absence, transition and discharge of residents
There were arrangements in place to ensure that where a resident was temporarily absent from the designated centre that the hospital or other place was supplied with relevant information about the resident, including infection status. All such absences were being recorded, and there was an up-to-date policy to guide this practice.
Judgment: Compliant
Regulation 26: Risk management procedures
Risk management was reviewed in full at this inspection. However, risks relating to falls, fire safety and infection control were review and found to be suitably managed.
Judgment: Compliant
Regulation 27: Protection against infection
Infection prevention and control was not examined in full at this inspection. However, the required improvements identified in the previous inspection report were reviewed and had been suitably addressed. Improvement to cleaning and laundry processes had been introduced.
Judgment: Compliant

Regulation 28: Fire precautions

Fire safety was not examined in full at this inspection. However, the required improvements identified in the previous inspection report were reviewed and had been suitably addressed. Additional fire evacuation drills to reflect night time conditions with minimum staffing and maximum occupancy had been introduced. There was evidence that all fire drills were being completed in a timely manner.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe practices in the centre for the management, storage and disposal of medication. Risk assessments had also been carried out to assess residents' capacity to manage their own medication.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs.

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 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant

Compliance Plan for Rosewood Court OSV-0002630

Inspection ID: MON-0031174

Date of inspection: 30/05/2023

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: To ensure compliance with Regulation 21 the following action has been completed</p> <ul style="list-style-type: none"> -The medication kardex now includes guidance on the administration of PRN medication and the maximum dose to be administered in 24 hours. -This is in line with the Sligo /Leitrim medication management Policy. -This will be audited on the medication audit monthly to ensure compliance. <p>Action completed</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: To ensure compliance with Regulation 23 the following action will be completed</p> <ul style="list-style-type: none"> -The annual review report now includes the evidence of consultation and communication with the residents and their representatives. -This will be included in all future annual reviews as per guidance on the annual review template. 	

Action completed

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 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	15/06/2023
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	15/06/2023