



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

Issued by the Chief Inspector

Name of designated centre:	Rose Cottage
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	07 October 2021
Centre ID:	OSV-0007750
Fieldwork ID:	MON-0028473

About the designated centre

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

This is a service providing residential care and support to three adults with disabilities. The house is located in Co. Louth and is in very close proximity to a large town. Transport is provided so as residents can go for drives and access community based amenities, such as; shopping centres, hotels, shops, pubs and restaurants. The house is a compact terraced bungalow and consists of a large, well equipped kitchen/dining room (including a small TV area), a small separate sitting room, a large communal bathroom, an external laundry facility and very well maintained gardens to the rear and front of the premises. There is also ample on street parking to the front of the property. Each resident has their own bedroom which are personalised to their individual style and preference. The house is staffed on a twenty-four-hour basis by a team of staff nurses, a social care worker and a team of health care assistants. There is also an experienced person in charge who is supported in her role by an experienced team house manager. Three staff members work during the day to support the residents while one staff member works waking nights.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 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 7 October 2021	09:30hrs to 16:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

Through observations and review of information, the inspector observed that the needs of residents were being met. The provider had ensured that the residents were receiving a one-to-one service developed to cater to the needs of each resident. The inspector found that the service had also received a number of compliments regarding the care provided to residents from family members, neighbours, and allied healthcare professionals. Furthermore the inspector observed warm and considerate interactions between the residents and those supporting them throughout the day.

While the inspector did not have the opportunity to speak with the residents, they note that residents were supported to engage in activities outside of their home when they wished to do so. The requests of one resident not to engage in activities were also respected by those supporting them. A review of residents' meaningful day activity planners further demonstrated that residents were being supported to be active in their local community, such as going for walks, engaging in orienteering activities, shopping, and going for coffee and food. There was also evidence of residents being supported to engage in a range of in-house activities during level five restrictions.

Residents' had been supported to develop person-centred goals; the inspector reviewed a sample of these and found that the goals included developing and maintaining links with family, engaging in activities in the community, and increasing skills in regard to activities of daily living. There was evidence of these goals being achieved or progressed.

The inspector found that, for the most part, the residents' home was well maintained. There were pictures of residents throughout the house, and some rooms were welcoming and homely. However, the provider had failed to ensure that all aspects of the house had been well maintained. There were some rooms where painting works were required, and this detracted from the otherwise welcoming environment. The inspector also found that there was attention required to ensure that identified actions in regard to infection prevention and control measures were addressed promptly. These two issues will be discussed in more detail in the Quality and Safety section of the report. It was also found that there were some improvements required to ensure that the residents were receiving continuity of care as the review of the staff team roster demonstrated that there had been a large number of staff changes in the previous six months. This will be discussed in detail in the Capacity and capability section of the report.

Overall, the inspection found that the needs of the residents were being prioritised and met by the staff team supporting them.

The following two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre

and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

The inspection found that residents were receiving a good standard of care. There were, however, some enhancements required to ensure that there was a consistent staff team supporting the residents.

An appraisal of a sample of the staff team's rosters found that there had been many changes to the staff team supporting the residents since March 2021. Changes had occurred at the staff nurse level and also to the care assistants supporting the residents. The person in charge discussed the changes with the inspector and explained that the changes had been carried out to support the needs of the residents. However, the review of the rosters found that there had been seven staff team changes since March. The provider was also currently relying on relief staff members to ensure adequate staffing levels were maintained each day. The provider had, as a result, failed to ensure that the residents were receiving continuity of care. The inspector does note that there were plans in place to stabilise the team supporting the residents. On the inspection day, a new staff member was completing their first day working with the residents.

The inspector did find that the provider had established an appropriate management structure. The management team was made up of the person in charge and house manager. It was found that there were appropriate arrangements that ensured that the service was effectively monitored. This meant that the service provided to residents was effective and focused on meeting their needs. For example, there was a schedule of audits completed that were comprehensive and captured areas that required improvement. The person in charge was also submitting notifications for review by the Chief Inspector as per the regulations.

The provider had completed the required reviews and reports on the quality and safety of care and support as per the regulations. There was evidence that improvements had been identified during these. The review of the centre's quality improvement plan demonstrated that actions were being progressed or had been completed. The inspector does note that there had been delays in responding to issues regarding ensuring that the residents' home was maintained in a good state of repair. This will be discussed in more detail in the quality and safety section of the report.

Overall, it was found that there were effective systems in place leading to positive outcomes for the residents.

Regulation 14: Persons in charge

The person in charge had the required experience and qualifications to fulfil the role.

Judgment: Compliant

Regulation 15: Staffing

The review of available information demonstrated that there had been many changes to the staff team supporting the residents in recent months. Staff changes resulted in the provider being unable to ensure that residents were receiving continuity of care.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was an internal management structure that was appropriate to the size and purpose and function of the residential service. Leadership was demonstrated by the management and staff team, and there was a commitment to improvement in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had submitted the required information for review by the Chief Inspector as per the regulations.

Judgment: Compliant

Quality and safety

As noted earlier, parts of the residents' home had not been appropriately maintained by the provider. There was damage to the walls in the sitting room, and the walls

also required painting. Furthermore, the main hallway needed to be painted along with one of the residents' bedrooms. There was also evidence of damage to the roof in one resident's bedroom due to a leak. The centre's management team had raised issues regarding the premises, but there had been delays in the works being completed.

In general, infection control arrangements at the centre were robust and reflected current public health guidance associated with managing a possible outbreak of COVID-19. The provider had developed a COVID-19 response plan for the centre, which informed staff of actions to be taken in all eventualities, including an outbreak amongst residents, staff members, or staff shortages.

The inspector also found that the management team completed infection prevention and control and outbreak management plan audits. Areas that required improvement had been identified during the audits. The inspector found that some actions had been addressed promptly; however, this was not consistent. An audit carried out on 03.06.21 identified that there was furniture in the sitting room that was frayed and, as a result, could not be effectively cleaned by the staff team. While the chair was removed during the inspection, there was a delayed response in the provider reacting to findings from their audits.

Residents had received comprehensive assessments of their health and social care needs. The inspector reviewed a sample of residents' care plans. These were found to be person-centered and to capture the supports required to maximise the residents' development. They were under regular review and captured the changing needs of some of the residents. The information reviewed also demonstrated that residents were receiving and had access to appropriate health care.

Residents had access to positive behavioural support services. A review of a sample of behaviour support plans demonstrated that residents were reviewed regularly by allied healthcare professionals and members of the provider's multidisciplinary team. This led to the development of detailed support plans and clear guidance on how to best support residents.

The provider had ensured that there were appropriate systems in place to respond to safeguarding concerns. The inspector reviewed safeguarding plans that had been developed to support residents and found them to be proportionate and that actions that had been identified had been completed.

There were systems in place to support residents with their financial affairs. Residents had been assisted in opening personal bank accounts, and there were appropriate systems to safeguard residents' finances. Residents had adequate space to store and maintain their property, and the provider had developed personal belongings recording sheets for each resident.

There were arrangements for identifying, recording, investigating, and learning from serious incidents or adverse events involving residents. The inspector reviewed the centre's adverse incident log and found that incidents were reviewed by the centre's management team and members of the provider's senior management. There was

also a local risk register; these were under review by the centre's management team and captured environmental and social risks.

The inspection found that there were effective fire safety management systems in place. The provider had ensured that there were adequate arrangements for maintaining firefighting equipment and fire containment equipment. There was evidence that the staff team could safely evacuate the residents with minimum and maximum staffing and resident numbers. The person in charge had also met with the local Chief Fire Officer regarding the residents and their home; this resulted in the residents' home being added to a priority list due to the residents' presentations.

The inspection found that the needs of the residents were being prioritised and addressed.

Regulation 12: Personal possessions

Residents were being supported to retain control of personal property and possessions.

Judgment: Compliant

Regulation 17: Premises

The provider had failed to ensure that all aspect of the residents home had been appropriately maintained. There was painting and decorating required in a number of rooms.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place. There were also policies and procedures for the management, review and evaluation of adverse events and incidents.

Judgment: Compliant

Regulation 27: Protection against infection

The providers audits had identified that damage to furniture in the sitting room impacted the staff teams ability to appropriately clean the area. The provider had been slow to respond to the required actions.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspection found that there were effective fire safety management systems in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider's multidisciplinary team and person in charge had developed individualised supports for residents and these were promoting positive outcomes for residents.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were under review. They had access to appropriate healthcare services on the same basis as others in order to maintain and improve their health status.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were arrangements in place that ensured that residents had access to positive behavioural; support if required.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that there were suitable systems in place to respond to safeguarding concerns. There were policies and supporting procedures to ensure that each resident was protected from all forms of abuse.

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 - 2015 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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially 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

Compliance Plan for Rose Cottage OSV-0007750

Inspection ID: MON-0028473

Date of inspection: 07/10/2021

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • 2 WTE permanent staff have been identified to be allocated to the center 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • The painting and decorating of the center has been completed • The repair of the ceiling has been completed. 	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: <ul style="list-style-type: none"> • All relevant findings from an IPC audit will be processed in a timely manner by the service provider. 	

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 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/12/2021
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	04/11/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by	Substantially Compliant	Yellow	04/11/2021

	adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
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