



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:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	02 November 2021
Centre ID:	OSV-0001425
Fieldwork ID:	MON-0030400

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 in the main house and up to four residents in the isolation unit. 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. Care and support can be provided for up to four adults in the isolation unit which is a building at the back of the main house. It consists of two large rooms, with two beds in each and a kitchenette and bathrooms and a shower room. There is a large well maintained garden with areas for residents for sitting and dining. Residents in the main house are supported 24 hours a day, seven days a week by a staff team comprising of a person in charge, staff nurses, and care staff. Residents who are admitted to the isolation unit are supported by staff from the centre where they usually reside for the duration of their admission to the unit.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Tuesday 2 November 2021	9:30 am to 4:50 pm	Marie Byrne	Lead

What residents told us and what inspectors observed

Overall the findings of this inspection were that residents living in the main house appeared happy and content. They were supported by a staff team who were familiar with their needs and preferences. While the premises was not suitable as a long term home for residents it was evident efforts had been made to make it more homely, and plans were in place to complete further works. While arrangements were in place for the oversight of the main house, there was an absence of suitable arrangements for the oversight of the four bedded isolation unit.

This designated centre was due to close in 2020 as residents had moved to two smaller houses in the community. Then, due to the emergence of the COVID-19 pandemic, the provider kept the centre open to use it as an isolation centre. At first the main building and an outbuilding was used as an isolation centre for residents across the service with suspected or confirmed COVID-19. The provider then submitted an application to vary in 2021 to identify the main building as a residential unit for five residents, and the outbuilding on the grounds as a four bedded isolation unit for residents across the service who tested positive for COVID-19.

The five residents residing in the main house had moved there in September 2021 as renovations were being completed in their home. These renovations were due to be completed by April 2022. There were four residents in the centre on the day of the inspection as one resident was visiting their family home. There were no residents in the isolation unit at the time of the inspection and the last admission had been the end of September 2021.

The main house was a very large period property with three floors. It had been a large congregated setting in the past which was designed and laid out to meet the needs of up to 21 residents. As part of the most recent application to vary the provider had identified that only parts of the ground floor would be used for the five residents who had recently moved there, and the first floor for office space and a staff sleepover room. The third floor was not identified for use by residents or staff. A large number of rooms on the upper floors of the building were unused, or used for storage purposes. It was evident that the design and layout of the ground floor was not suitable to meet the number and needs of the residents living there. Rooms which had previously been identified as living rooms, dining rooms, or offices were now being used as bedrooms for residents. It was evident that huge efforts had been made by the staff team to make the ground floor as homely as possible. However, due to the design and layout of the premises, and in line with the fact that it was a temporary arrangement, areas of the centre were not found to be homely.

Each resident had their own bedroom and they had brought their personal belongings with them from their community house. They had televisions in their rooms and storage for their personal belongings. However, one residents' bedroom had a kitchenette in it, and another resident had a large bedroom where their bed and personal belongings were in one corner of the room and a large amount of

furniture such as chairs and a table were in the rest of the room. The inspector acknowledges that residents had recently moved in and were still in the process of personalising their rooms. The main building was clean, warm and secure. However, areas of the isolation unit were not found to be clean.

The inspector had an opportunity to meet and speak with four residents during the inspection. At all times the inspector observed kind and caring interactions between residents and staff. At times laughter could be heard and residents and staff were observed chatting during the day. One resident was upset during the morning and the inspector heard staff comfort them and take the time to talk about what was upsetting or worrying them. The inspector also heard one of their housemates talking to staff about the things they knew made their friend happy, when they were feeling sad.

Residents were observed to get up when they wanted to, to have meals and snack when they wanted to, and to ask for staff support whenever they needed it. Staff were quick to respond when residents called them for assistance, and staff members spoke with the inspector about residents' strengths and talents at every opportunity.

A number of residents told the inspector that they felt safe in the centre, and named the staff they would go to if they had any concerns. One resident had complained about the meals which were being delivered by central catering from another part of the organisation. In response, staff in the centre had been supported to learn how to use the equipment in the large catering style kitchen in the main building and were now cooking meals in the centre every day. In the afternoon a staff member was observed checking with residents what they wanted for their evening meal and to then go shopping to get ingredients for the main meal. A number of residents had requested different meals and this was facilitated.

A number of residents told the inspector how well the staff were looking after them. They said they were always there when they needed them. One resident told the inspector they were missing their own house and hoped that the renovations would be finished soon. Another resident told the inspector they didn't like this house as much as their own home but said they were happy enough. They talked about how supportive staff told the inspector funny stories about some staff members.

Residents' meetings were occurring regularly in the main house and residents were involved in menu and activity planning. There was information available for them in relation to COVID-19, vaccines, hand hygiene, social distancing, cough etiquette, complaints, rights and on how to access advocacy services.

Three residents had completed questionnaires as part of the provider's annual review of the quality and safety of care. These questionnaires were mostly positive with residents saying they were happy and felt safe in the centre. They were complimentary towards the staff team and their access to outdoor spaces. A number of residents indicated that although they were content in this centre they were looking forward to moving back to their community house once renovations were complete.

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 impacted on the quality and safety of service being delivered.

Capacity and capability

Overall the findings of this inspection were that residents appeared happy and comfortable in the main part of the designated centre. While there were suitable governance arrangements in place for the residential part of the centre, the arrangements for the oversight of the isolation unit were not found to be suitable on the day of the inspection. As described in the previous section of this report the premises were not homely in its design and layout and improvements were required in relation to infection prevention and control. The inspector acknowledges that on the day of the inspection immediate assurances were given by the provider and cleaning was arranged in the isolation unit, and the day after the inspection in relation to oversight of the isolation centre moving forward.

The person in charge was on leave on the day of the inspection but it was evident through the review of documentation and from speaking with staff that they had systems in place for oversight of care and support for residents and the day-to-day management of the main house. They had moved to this centre with the five residents from their community based home while renovations were completed. Residents were very complimentary towards the person in charge and the staff team during the inspection.

The provider had not put adequate arrangements in place for the day-to-day management and oversight of the four bedded isolation. When residents were admitted to the isolation centre, for continuity they were being supported by staff from the designated centre where they usually lived. These staff were responsible for implementing the organisations policies and procedures in relation to admissions, discharges and infection prevention and control. However, when the residents went home, there was no arrangements in place for overseeing or cleaning the centre.

Residents were supported by a staff team who were familiar with their care and support needs, and who had completed a number of training's to ensure they could support them in line with their assessed needs. Throughout the inspection residents were observed to be very comfortable in the presence of staff and to receive assistance in a kind, caring and safe manner. There were systems in place to ensure the staff team were supported to carry out their roles and responsibilities. The provider was in the process of recruiting to fill vacancies in the centre, and in the interim the required shifts were covered by regular relief and agency staff. From reviewing a sample of staff rosters, some improvements were required to ensure each shift had a named staff member assigned to it.

Registration Regulation 8 (1)

The provider submitted applications to vary conditions the registration of the designated centre in 2021 and submitted all of the required information.

Judgment: Compliant

Regulation 15: Staffing

In the main house, staffing numbers were found to be in line with residents' assessed needs. An additional staff nurse had just been recruited and was commencing in the centre the week after the inspection. There was 0.5 whole time equivalent social care worker post and the provider was in the process of recruiting to fill this position. In the interim, they were using regular relief and agency staff to fill the required shifts.

There were planned and actual rosters; however, the name of relief or agency staff was not included on a number of rosters reviewed during the inspection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were in receipt of training in line with the organisation's policy and residents' assessed needs. There were systems in place to ensure staff were in receipt of regular formal supervision. Staff who spoke with the inspector said they were well supported in their role.

Judgment: Compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place against the risks in the centre, including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

As previously mentioned, there were suitable systems in place for monitoring and oversight of the residential unit, but these were not in place for the isolation unit. In addition, the lines of authority and accountability were clear for the residential unit but not for the isolation unit. For example, the latest six monthly audit by the provider did not include a visit to, or a review of systems in the isolation unit.

The provider's annual review for 2020 was in progress at the time of the inspection. One part of the review had been completed in the weeks before the inspection and another visit was due following the inspection. Residents' views were in the process of being captured as part of this review.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose contained the required information and had been reviewed in line with the time frame identified in the Regulation.

Judgment: Compliant

Regulation 31: Notification of incidents

On reviewing incident reports in the centre, the inspector found an allegation of abuse which had not been reported to the Chief Inspector in line with the requirement of the regulations.

Judgment: Not compliant

Quality and safety

Overall the inspector found that the quality and safety of care provided for residents in the main house was to a very high standard. They were in receipt of person-centred care and involved in the day-to-day running of the centre. Their likes, dislikes and preferences were well known by the staff team and clearly documented in their personal plans. However, improvements were required in relation to the

premises, fire precautions and infection prevention and control in the parts of the centre.

As previously mentioned the premises was being temporarily being used for five residents while renovations were being completed in their home. Overall efforts had been made to make the centre homely and they had brought their personal items with them. However, due to the design and layout of the premises, some areas were not found to be homely. In addition, areas of the centre were not found to be clean during the inspection.

The provider had adapted their policies and procedures and developed contingency plans for use during the COVID-19 pandemic. Staff had completed a number of infection prevention and control related trainings. Residents were being kept up-to-date in relation to COVID-19 and how the levels of restrictions would impact on their lives. However, there were not adequate systems to ensure that each area of both premises were clean. There were cleaning schedules in place in the main house to ensure each part of the premises used by residents was clean and the inspector found that these areas were clean. However, areas of the first floor of the main building and of the isolation unit were not found to be clean during the inspection. There was no documentary evidence made available to the inspector to show when the last time the isolation unit was cleaned. In addition, there was no system in place to ensure water systems in unused areas of both premises were flushed regularly.

The provider had ensured there was appropriate equipment and that each resident in the main house had a personal evacuation plan which was, clear in relation to any supports they may require, and kept under regular review. There were suitable arrangements for detecting and containing fire in the main house and systems to ensure fire equipment was regularly serviced, tested and maintained. Fire evacuation procedures were on display, and fire drills were occurring regularly in the main house. However, there were no records available to show oversight of fire precautions in the isolation unit and improvements were required in relation to fire containment in that unit.

Regulation 17: Premises

Overall, the premises was not designed or laid out to meet the needs of the residents living there. The inspector acknowledges that residents were living there temporarily while renovations were completed on their home, and that the isolation unit was not being used as regularly as it had been. There were areas of the isolation centre and the upstairs of the main building which were not found to be clean on the day of the inspection. These included a fridge, a number of window sills, a kitchenette and a number of showers, toilets and a bath.

Judgment: Not compliant

Regulation 20: Information for residents

The residents' guide contained the required information and was available for residents and their representatives in the designated centre.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had developed policies and procedures around infection prevention and control and had developed contingency plans for use during the COVID-19 pandemic. There was information available and on display for residents and staff and there was good stocks of PPE stored in the main house. The inspector viewed evidence that staff in the main house had completed a number of infection prevention and control related trainings.

There was no documentary evidence to show regular cleaning of the isolation centre and areas of both the isolation unit and main house were not found to be clean during the inspection. As previously mentioned the ground floor where residents were living in the main house was found to be clean, and there were cleaning schedules to demonstrate regular cleaning in this area.

The provider had completed testing on the water system in August 2021 and there was a policy and risks assessment in place in relation to unused areas of the centre. However there was no system in place to complete regular flushing of the water systems in areas of the centre which were not used regularly such as numerous sinks, toilets, and showers in the main house and the isolation centre. The inspector acknowledges that during the inspection, assurances were sent by the provider that a system was developed to ensure weekly checks and flushing of systems moving forward.

Judgment: Not compliant

Regulation 28: Fire precautions

There were suitable arrangements for detecting and containing fires in the main house and systems to ensure fire equipment was regularly serviced, tested and maintained. The evacuation plan was on display and there was emergency lighting in place. Residents' personal emergency evacuation plans were detailed in relation to the supports they may require to safely evacuate the centre and fire drills had

occurred regularly, to demonstrate that residents and staff could safely evacuate the main house in the event of an emergency.

However, improvements were required in relation to fire containment in the isolation unit and there was no documentary evidence available to demonstrate that equipment was checked or that fire drills had occurred in the isolation unit when it was occupied.

Judgment: Substantially 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	
Registration Regulation 8 (1)	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Substantially compliant

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

Inspection ID: MON-0030400

Date of inspection: 02/11/2021

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: Relief staff names will be added to current and planned rosters for the centre by PIC	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The CNS in infection control will ensure that all appropriate infection prevention and control systems for COVID-19 are in place with appropriate documentation and guidance on site in relation to same. The CNS will provide oversight and management for the staff whilst they are supporting a service user who requires isolation in Sea Villa. They will visit the site regularly to ensure good practice. The CNS will report any relevant information to the PIC/PPIM St Rosalie's and the PIC/PPIM in the relevant service area as necessary. The CNS will ensure weekly checks are completed e.g. water flushing, equipment etc. The isolation unit will be included as part of the provider visit and annual review, the annual review for 2021 has been completed for the centre and the isolation unit was included.	
Regulation 31: Notification of incidents	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: All allegations of abuse will be reported and notified as required.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Residents of the centre are being supported to make their living areas more homely and comfortable for the duration of their stay in the centre. Residents are due to move back to their own home in April 2022. The centre currently has contracted cleaners to maintain the building; areas of concern highlighted will be added to regular cleaning schedule. The CNS will ensure that there is a cleaning schedule in place for the isolation unit</p>	
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: The CNS will ensure that all appropriate infection prevention and control systems for COVID-19 are in place with appropriate documentation and guidance on site in relation to same. The CNS will provide oversight and management for the staff whilst they are supporting a service user who requires isolation in Sea Villa. They will visit the site regularly to ensure good practice. The CNS will report any relevant information to the PIC/PPIM St Rosalie's and the PIC/PPIM in the relevant service area as necessary. The CNS will ensure weekly checks are completed e.g. water flushing, equipment etc.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Weekly check of fire equipment is now taking place in the isolation unit. The CNS will follow up on the need for a fire drill in the event of the isolation unit being in use again.</p>	

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	30/04/2021
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	10/11/2021
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the	Not Compliant	Orange	30/04/2022

	number and needs of residents.			
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	30/04/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	30/11/2021
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	30/11/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting	Not Compliant	Red	04/11/2021

	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.	Substantially Compliant	Yellow	30/11/2021
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	04/11/2021