



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:	Unannounced
Date of inspection:	12 April 2022
Centre ID:	OSV-0002630
Fieldwork ID:	MON-0036162

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 12 April 2022	11:45hrs to 17:30hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor the provider's arrangements for infection prevention and control in the centre. As part of this inspection, the inspector met the person in charge, staff on duty, and residents who lived in the centre. The inspector observed the care and support interactions between residents and staff at intervals throughout the day, and also examined a range of infection control processes in the centre and how these impacted on the residents.

The centre suited the needs of residents and provided them with a safe and comfortable living environment. The centre consisted of one house, which included individualised accommodation for one resident. The service could provide a full-time residential service for up to six people, although there were five living there at the time of inspection. It was located in a residential area on the edge of a busy city and had good access to a wide range of facilities and amenities.

The centre was within walking distance of the post office, supermarket, a coffee outlet, hairdresser, pub, community centre and football pitch. As the centre was also located a short distance from the city centre, residents had good access to restaurants, hotels, sports amenities and other leisure facilities. Residents told the inspector that they felt very involved in the local community. They explained that it was a lovely area to live in, and that they knew and got on well with their neighbours. The location allowed them go the nearby facilities, either with staff support or independently as they chose. For example one resident had attended a healthy eating group in the community centre, one sometimes went down to the pub for a chat with the locals, one went to the pitch to watch sports matches, and another walked to work in a nearby business.

Residents had plenty of communal and private space where they could carry out activities that they enjoyed. There were two sitting rooms, a well-equipped kitchen a separate dining area and a spacious utility room with laundry facilities. All residents had their own bedrooms and adequate bathroom facilities were provided. While one resident had self-contained accommodation within the centre, this person was also very involved in life in the main house and often spent time there interacting with the other residents.

All residents were out doing things during the day of the inspection, but four returned to the centre in the afternoon after their activities. All four residents met with the inspector and discussed living there, and the impact of COVID-19 on their lives. It was clear that all residents were involved in meaningful activities and lifestyles that were important to them. These included paid employment, educational courses such as computer skills, healthy eating, and gym work and fitness, and carpentry projects making necessary items for the centre. Residents also discussed past and planned events such as holidays, hotel breaks, concerts, home visits and outings.

The atmosphere among residents in the centre was relaxed and friendly. All residents told the inspector that they loved living in this house and were very happy there. They all knew that if they had any concerns that they would tell staff or the person in charge and they were confident that it would be addressed. All residents said that they trusted staff, were treated with respect and that they had choices around how they lived their lives. Furthermore, residents said that they really enjoyed their meals in the centre, that they chose what they would like to have to eat, and some residents liked to be involved in grocery shopping. Residents also enjoyed sometimes going out for a restaurant meal or ordering take-away meals to have in the house.

It was evident that the person in charge and staff had helped residents to understand the implications of the COVID-19 pandemic. A range of information relating to infection control and COVID-19 had been made available to residents in a format that suited their needs. This included use of face masks, hand hygiene, guidance about COVID-19 for people with disabilities, personal protective equipment (PPE) and the vaccination process. Residents had a good understanding of infection control and the arrangements that were in place to keep them safe. All residents told the inspector that they had been offered the COVID-19 vaccination, that reasons for the vaccination and the process had been explained to them, and that they had a choice around whether or not to be vaccinated. They were also aware of the changing requirements around use of masks outside the centre and knew that this was no longer a requirement while in shops. Some residents chose to continue to wear a mask while shopping as it was safer, while others said that they preferred not to.

There were measures in place to reduce the risk of COVID-19 infection for residents. The entrance area was supplied with hand sanitiser and sanitising wipes, and arrangements were in place for temperature checking of all staff and visitors. Residents' temperatures were also being checked daily. Staff on duty took responsibility for the general cleaning of the centre and cleaning schedules were in place to guide them on the type and frequency of cleaning that was required.

Since the introduction of public health safety guidelines, the measures that the provider had put in place had proved effective in ensuring that these residents were kept safe from the risk of infection, resulting in no outbreak of Covid-19, or any other type of infection, in this centre since the pandemic started. While the centre was observed by the inspector to be clean and well maintained, some areas for improvement were identified, which will be discussed in the next sections of this report.

Capacity and capability

The provider's management arrangements ensured that a good quality and safe service was provided for people who lived in this centre, that residents' quality of life

was well supported and that residents were safeguarded from infectious diseases, including COVID-19.

There was a clear organisational structure to manage the centre. The person in charge was suitably qualified and experienced, was frequently present in the centre and knew the residents and their support needs. The person in charge worked closely with both staff and the wider management team, and was very involved in the oversight of infection control management in the centre. Clear arrangements were also in place to support staff at times when the person in charge was absent. There were on-call arrangements for both weeknights and at weekends. Staff were clear about how to access these supports if required.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable, safe and comfortable equipment and furnishing, suitable transport for residents to use, and adequate staffing levels to support residents. The centre was also resourced with many physical facilities to reduce the risk of spread of infection. These included hand sanitising dispensers throughout the buildings, supplies of disposable gloves and aprons, cleaning materials, thermometers for checking temperatures and a supply of antigen test kits. There was a plentiful supply of face masks, including FFP2 masks which staff were seen to wear at all times in the presence of residents. Arrangements were in place for frequent stock checks of masks to ensure that the supply would not run out. The provider had ensured that there was adequate staffing levels in place at all times in the centre. Residents confirmed that there were sufficient staff on duty to support them. It was clear that this number of staff was suitable to ensure the centre was also cleaned and maintained to a good standard on a daily basis.

There were systems in place for reviewing and monitoring the service to ensure that a high standard of care, support and safety was being provided and maintained. There was an annual auditing schedule for 2022 which included monthly audits on various aspects of infection control management. The issues found in this inspection had also been identified at the most recent infection control audit of the centre, and the person in charge has commenced work to address these issues. For example, a new colour coded cleaning system had been sourced and ordered and was expected to be in use in the near future.

The provider had developed a comprehensive contingency plan to reduce the risk of COVID-19 entering the centre and for the management of the infection should it occur. Although this centre had not experienced an outbreak of infection since the pandemic started, the person in charge was very clear as to the arrangements that would be put in place should any residents require isolation.

Staff who worked in the centre had received training in various aspects of infection control, such as infection prevention and control, and practical hand hygiene. Training in donning and doffing PPE and food safety management had also been made available to staff. To enhance infection control knowledge for staff, the provider had recently introduced additional infection control related training to the training schedule. These included training in aseptic technique, cleaning and

disinfecting the healthcare environment, and management of blood and body fluid spills. Staff were currently attending this training and it was planned that all staff would have it completed within the month. A wide range of infection control and COVID-19 documentation was provided to inform staff and guide practice, and the information viewed during the inspection was informative and up to date.

Quality and safety

The provider had good measures in place to ensure that the wellbeing of residents was promoted, that residents were kept safe from infection, and that a good quality and safe service was being provided to residents. Overall, the inspector found the centre to be clean, comfortable and well maintained. However, some areas required minor repair and maintenance to ensure that all surfaces could be effectively cleaned and to reduce any risk of spread of infection. Improvement to some cleaning processes was also required, but measures to address this had already commenced.

Although there were detailed cleaning plans in place and the centre was very clean throughout, improvement to some aspects of cleaning management was required. The provider had cleaning schedules in place which stated the centre's hygiene requirements and staff members carried out the required daily cleaning tasks. Records indicated that staff were completing daily cleaning of the centre with increased cleaning and sanitising of touch points such as door handles and light switches. Staff who spoke with inspectors were clear about cleaning and sanitising routines and explained how these were carried out. These staff explained the colour coded cleaning system which was in use, and the use of alginate bags for management of potentially infectious laundry. However, clear guidance on the management of cleaning equipment was required as this was not available to guide staff. Furthermore, the process for washing mop heads required review to establish if it was being carried out in line with best infection control practice.

The centre was a spacious two-storey house in a residential area. The house was clean and comfortable, and was decorated and furnished in a manner that suited the needs and preferences of the people who lived there. Overall, wall and floor surfaces throughout the house were of good quality, were clean and were well maintained.

During a walk around the centre, the inspector found that it was kept in a clean condition and was well maintained. However, some areas required minor upgrade to maintain this standard. Although surfaces in the centre were generally in good condition, there was some damage to paintwork throughout the buildings, which presented a risk that these areas could not be effectively cleaned as required. For example, some wall surfaces had become damaged by the proximity of furniture, and some paintwork on architraves was chipped. Some aspects of hygiene management also required improvement. Although the centre was clean, some less

accessible areas were dusty and required to be included in the cleaning plan. This had been identified in the recent infection control audit of the centre which had been completed shortly before this inspection. It was also noted that the upholstery surfaces on some communal seating was worn and not readily cleanable. All these issues had already been identified by the person in charge and she had initiated measures to have them addressed.

Residents' health, personal and social care needs were regularly assessed and care plans were developed based on residents' assessed needs. The plans of care viewed during the inspection were up to date, informative and relevant. Residents were supported to achieve the best possible health by being supported to attend medical and healthcare appointments as required. Throughout the COVID-19 pandemic, residents continued to have good access to general practitioners (GPs) and a range of healthcare professionals. Residents were supported to access vaccination programmes if they chose to, and to make informed decisions when offered COVID-19 vaccines.

The provider had ensured that there were strong measures in place for the prevention and control of infection. There was extensive guidance and practice in place in the centre to control the spread of infection and to reduce the risk of COVID-19. This included adherence to national public health guidance, availability of PPE, staff training and daily monitoring of staff and residents' temperatures. The risk register had also been updated to include risks associated with COVID-19.

Regulation 27: Protection against infection

There were good measure in effect to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. However, some areas required improvement. Minor repair and maintenance was required to some areas of the centre to ensure surfaces could be effectively cleaned. In addition, improvement to some aspects of cleaning processes was also required to enhance the overall quality of cleaning. These had already been identified through audits and ongoing observations in the centre, and measures to address them were already underway. These areas for improvement included:

- the upholstery on some soft furnishing was worn and therefore was not easily cleanable
- there was no designated area for storage of cleaning equipment which increased the risk of cross contamination
- clear guidance on the management and laundry of mop heads was required
- there was minor damage to paintwork in parts of the building.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Rosewood Court OSV-0002630

Inspection ID: MON-0036162

Date of inspection: 12/04/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>To ensure compliance with Regulation 27 the following actions have been undertaken</p> <ul style="list-style-type: none">-New furniture has been ordered to replace worn furniture .This furniture will be easy cleanable and a cleaning schedule will ensure this is completed on a daily basis.-There is now one designated area for the storage of the cleaning materials .This designated area is located in the utility room.-A new flat mop system has been ordered .This will be stored in the utility room .There will be color coded charts on the use of this flat mop system and there will be instructions displayed on the laundry of these materials after each use.-The chipped paintwork identified on the woodwork with be repaired with aluminum strips to avoid reoccurrence of the damage .These strips will allow for ease of cleaning .	

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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/05/2022