



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Rosslodge Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	23 January 2025
Centre ID:	OSV-0004945
Fieldwork ID:	MON-0046320

About the designated centre

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

Rosslodge services provides residential respite service to up to five residents at a time, who are over the age of 18 years. Rosslodge can accommodate residents who may have a moderate to severe intellectual disability. Residents who use this service may also require additional supports relating to behaviours of concern and mental health needs. Residents receive respite on a planned and recurrent basis, with each resident having their own bedroom for the duration of their stay. Residents are supported by a combination of social care workers, support workers and a nursing staff. The provider also has a waking staff in place at night-time to meet residents' needs, as and when required. The centre is located within a short drive of a local village and also in close proximity to a large city. There is transport available for residents to access their local community if they so wish, and public transport links are also readily available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	0
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How we inspect

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
Thursday 23 January 2025	10:00hrs 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 with the person in charge, a member of the management team and staff on duty, and viewed a range of documentation and processes.

The inspector did not get the opportunity to meet with any residents during this inspection. A severe storm had been forecast for the coming night and the following day, and a red weather warning had been issued. As a result of this the centre's emergency plan was activated and it was decided that the respite service would be closed until the storm had passed. For residents who were scheduled to come to the centre in the afternoon, arrangements were made for these individuals to remain in their family homes until after the storm.

Discussion with staff and review of documentation and records that took place during the inspection, indicated that the person in charge, management team and staff prioritised the wellbeing, and quality of life of residents. Conversations with staff and information viewed during the inspection also indicated that residents had a good quality of life, had choices during their respite breaks, and were safe during their stays in the centre.

It was clear from a walk around the centre that safe and comfortable accommodation was provided for residents. The centre consisted of a large house on the outskirts of a busy city. The centre was laid out and equipped to provide residents with a safe and comfortable living environment. Each resident had their own bedroom during respite breaks and these rooms were personalised with each person's own individual bedding before each break.

The centre could accommodate up to five residents at a time. The person in charge explained that when planning respite placements, consideration is given to the compatibility of residents, which enhances the enjoyment of the breaks for all residents. They explained that residents usually had their respite breaks with friends or other individuals whose company they enjoyed. Although the centre could accommodate up to five residents, respite breaks usually supported from two to four individuals at a time to ensure compatibility. As all residents who were supported in this centre attended various external day services on weekdays, and therefore respite breaks took place in the evenings on weekdays and all day at weekends.

A staff member told the inspector that residents were supported and encouraged to take part in activities that they enjoyed during their respite breaks. Some of the activities that residents took part in included going to matches and sporting events, outings to places of interest and beaches, walking outings, social farming, fishing and attending concerts and music events. They also carried out regular community activities such as going out for meals or to the cinema, personal shopping, visiting

the hairdresser or barber, and taking part in health and fitness projects. Activities that residents enjoyed in the centre included watching television, using computers and technology devices, playing cards and taking part in growing projects in the polytunnel in the garden.

The provider also ensured that residents were kept safe during their respite breaks. Individualised risk assessments had been carried out for each resident, intimate care plans and missing person plans had been developed.

There were systems in place in the centre to support residents' human rights. Residents communication needs had been assessed, and communication passports had been developed accordingly. There were techniques in use for residents who required support with communication. Food pictures were used to support residents to make choices, and easy-to-read documents had also been developed. The inspector learned that a referral for alternative and augmentative support had been made following an assessment. There were both internal and external advocacy processes available to residents, and there was a complaints process that was available to residents in a user friendly format.

While this inspection identified good practices throughout the regulations that were examined, there were some minor areas for improvement, 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 during their respite breaks. However, the centre's policies required review to ensure that up-to-date policies were available to staff.

There was a clear organisational structure in place to manage the service and this was described in the centre's statement of purpose. The person in charge worked closely with staff and the wider management team. There was a team leader based in the centre who supported the person in charge and took responsibility for the day-to-day management of the service. There were arrangements in place to manage the service and support staff when the person in charge was not on duty.

There were systems in place oversee the quality and safety of care in the centre. These included ongoing audits of the service in line with the centre's audit plan, six-monthly unannounced audits by the provider, and an annual review of the service which included consultation with residents.

The centre was well resources to ensure that suitable care was delivered to

residents during respite breaks. These resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport, and access to Wi-Fi and televisions. Adequate staffing levels were being maintained in the centre to support residents' preferences and assessed needs.

Documents required by the regulations were kept in the centre and were available to view. Documents viewed during the inspection included fire drills, staffing rosters, personal planning information, healthcare records and plans, behaviour support management information, and service agreements. The records viewed were maintained in a clear and orderly fashion, and were up to date. The provider also had a range of policies and guidance documents available online. Although all schedule 5 policies were present, some had not been reviewed within the past three years as required by the regulations.

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection.

The staff team consisted of a mix of social care and nursing staff which was appropriate to the assessed needs of residents. The person in charge and team leader had developed planned and actual rosters which were being updated as required. The inspector viewed the current staff roster and found that sufficient numbers of staff were allocated for duty when residents were in the centre for respite breaks and that staffing levels varied in line with number and needs of residents who were availing of the service on any given day. The staffing roster was accurate for the day of inspection. Although residents attended day service activities external to the centre, the centre was always staffed during the day. These staff took care of household tasks and administration work, which ensured that they were available to focus on and support residents when they were in the centre.

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.

The provider had developed a clear organisational structure to manage the centre and this was set out in the statement of purpose. The service was subject to ongoing monitoring and review. This included auditing of the service in line with the centre's audit plan, six-monthly unannounced audits by the provider, and quarterly reviews of the quality and safety of the service carried out by the person in charge.

<p>The inspector viewed these audits, all of which showed a high level of compliance. Any areas for improvement were identified and were being addressed. The centre was suitably resourced to ensure the effective delivery of care and support to residents. During the inspection, the inspector observed that these resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport vehicles, Wi-Fi, television, and adequate staffing levels to support residents' preferences and assessed needs during their respite breaks.</p>
<p>Judgment: Compliant</p>
<p>Regulation 24: Admissions and contract for the provision of services</p>
<p>There were written agreements in place for the provision of service to residents.</p> <p>The inspector read a sample of two service agreements, and found that they included the required information about the service to be provided including the fees to be charged, and had been signed both by the provider and by representatives of the residents.</p>
<p>Judgment: Compliant</p>
<p>Regulation 3: Statement of purpose</p>
<p>There was a statement of purpose which described the service being provided to residents. The statement of purpose was being reviewed annually and was up to date.</p> <p>The inspector read the statement of purpose and found that it described the service being provided to residents. However, there was some minor adjustments required to the statement of purpose to meet all the requirement of the regulations and these were promptly addressed by the person in charge.</p>
<p>Judgment: Compliant</p>
<p>Regulation 4: Written policies and procedures</p>
<p>Although the provider had made a range of policies available to staff, improvement was required as some of the policies were out of date.</p> <p>Policies required by schedule 5 of the regulations were available in the centre on an online system, to which all staff had access. The inspector viewed these policies and</p>

found that while all schedule 5 policies were present, some had not been reviewed within the past three years as required by the regulations. For example, the policies on staff recruitment and monitoring nutritional intake had not been reviewed within the the required time frames. The location of some guidance documents was also not being clearly directed to staff. For example, food safety procedures were not present in any of the policies viewed, although it was later located in another guidance document. This presented a risk that this information may not be easily sourced by staff when required.

Judgment: Substantially compliant

Quality and safety

There was a high level of compliance with regulations relating to the quality and safety of care delivered to residents during their respite breaks in the centre. The management team and staff in this service were very focused on maximising the independence, community involvement and general welfare of residents while they were staying at the centre. However, some improvement to fire drills, care intervention records and to the external property was required.

The centre was located in a residential area, close to both a busy city and the coast. It was comprised of one house which suited the needs of residents, and was clean, comfortable and well maintained. The house was spacious and each resident had their own bedroom during respite breaks. Laundry facilities were available in the centre for residents' use if they wished and there was a refuse collection service provided. There was a large well-kept garden to the back of the house where residents could spend time outdoors. However, at one end of the garden there was a steep drop to a hard surface below. Although staff confirmed that residents who visited this service were mobile and not at risk of falls, the provider was asked to risk assess this layout to establish whether or not it presented a risk in the garden.

Some improvement was required to the provider's systems in the centre to manage and reduce the risk of fire. Although this regulation was not examined in full at this inspection, the inspector found that systems in place included development of personal evacuation plans for each person who attended the respite service, and completion of frequent daytime emergency evacuation drills in the centre. Fire doors were fitted throughout the building to limit the spread of fire and there was an up-to-date risk management and emergency policy to guide practice. The fire drill process, however, required improvement as residents' capacity to evacuate safely in night-time situations had not been suitably evaluated.

Residents could use the centre's transport to access their preferred activities in . Although the inspector did not have an opportunity to meet with any residents, review of information in personal files and discussions with staff indicated that residents were busy and active during their respite breaks.

Regulation 10: Communication

The provider had systems in place to support and assist residents to communicate in accordance with their needs.

Review of information in the centre and conversations with staff indicated that some residents required support with communication and that measures were in place to support these residents. The inspector read information which had been developed to guide staff and support residents to communicate. Communication passports, which outlined required individual communication supports, had been developed. Hospital passports, including a synopsis of each resident's care and communication needs, had also been developed for each resident. Television, radio, internet and user-friendly pictorial aids were provided for residents in the designated centre. There was an up-to-date policy to guide practice.

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. However, the provider was asked to consider the safety of part of the garden.

The centre was made up of one house, which could accommodate up to five residents at any time for respite breaks. During a walk around the centre, the inspector found that the house was well maintained, clean, comfortable and suitably decorated. The centre was served by an external refuse collection service and there were laundry facilities for residents to use. There was a well-maintained enclosed garden behind the house. However, the garden was elevated and there was a steep drop from the higher part of the garden to the pathway below it. This layout had the potential to be a falls risk. The person in charge and staff confirmed that all current people who availed of respite service had good mobility and that nobody had ever fallen in this area. The person in charge was asked to carry out a risk assessment of this area, & confirmed that this would be done.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had not ensured that fire evacuation systems in place were fully effective to evacuate residents from the centre in the event of a fire.

Fire safety management was not reviewed in full during this inspection, but emergency evacuation procedures were examined. Fire evacuation drills involving residents and staff were being carried out frequently and evacuations were being achieved in a timely manner during day time hours. However, there had been no recent drills carried out at night, or to reflect night time arrangements with minimum staffing and when residents were sleeping. It had been almost a year since the last night time drill had been carried out. Therefore, there was no information to determine if an emergency evacuation at night time could be carried out effectively and in a timely manner. Furthermore, this impacted on the development of accurate personal emergency evacuation plans for residents.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of residents had been carried out, and individualised personal plans had been developed for each resident based on the resident's assessed needs. These plans included a wide range of assessments for various aspects of residents' care and safety. Overall these were of good quality, were up to date and were informative. However, some improvement to recording of residents' care interventions was required.

The inspector viewed a sample of two residents' personal plans and found that these personal plans had been developed with input from the provider's multidisciplinary team. Comprehensive assessments of residents' needs were being carried out annually with multidisciplinary involvement as required. The assessments informed personal plans which identified residents' support needs and identified how these needs would be managed. Overall, these plans of care were clear, comprehensive and up to date. However some plans of care had not been written in sufficient detail to fully guide practice. This presented a risk that new staff might not have access to the information required to care for residents, although staff in the centre knew residents very well and were clear and knowledgeable about their care needs

Residents' personal goals had been agreed at annual planning meetings. Residents, their families, staff from the designated centre, and day service staff were involved in this process. Residents' personal goals were agreed at these meetings and these were made available to residents in a user-friendly format. As respite users were based in the centre at limited times their personal plans and goals were being supported by families, day service staff, and staff in the designated centre.

Judgment: Substantially compliant

Regulation 6: Health care

Appropriate healthcare was provided for each resident.

The inspector viewed the healthcare plans for two residents and found that their health needs had been assessed and they had good access to a range of healthcare services, such as general practitioners and medical consultants. Residents access to healthcare professionals was usually arranged and supported by their families, although support from day service and designated centre staff was available as required. Plans of care for good health had been developed for residents based on each person's assessed needs. Nurses were employed in the centre to ensure that residents' specific healthcare needs were being addressed during respite breaks. The person in charge confirmed that all residents had access to their family general practitioners.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges. The inspector saw that there were procedures to support residents to manage behaviours of concern. The inspector viewed the plans that had been developed for two residents who required support to manage their behaviours. These plans were clear and up-to-date, and had been developed by a behaviour support specialist who worked with the residents. There was limited use of restrictive interventions in the centre and any interventions that were in place for residents' safety were being kept under review. There were up-to-date behaviour support and restrictive practice policies to guide practice in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Rossledge Services OSV-0004945

Inspection ID: MON-0046320

Date of inspection: 23/01/2025

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 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: This matter has been escalated to the Brothers of Charity Policy Review Group, which is responsible for reviewing and updating policies within the specified timeframe. However, there are currently seven policies that are out of date. Three of these are local policies, and the Director of Service will today 14/03/25 extend both the Accidents/Incidents Policy and the Medication Policy until August 2025. The national policies are all completed in draft form; however, there is no set implementation date for their release. The Person in Charge (PIC) has escalated this issue to the provider.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A risk assessment has been conducted regarding the elevated garden and the safety of individuals using it. To date, there have been no incidents related to the slope or any associated falls, and the risk assessment has determined it to be of low risk. Existing controls include: (a) all individuals having full mobility; (b) full staff supervision at all times while using the garden; and (c) two points of entry, each with steps and handrails to assist with access. Additional controls: The Buildings and Facilities Department will assess the garden this month and will plan to implement adaptations aimed at further reducing the risk.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: We will increase the frequency of nighttime fire drills to ensure all night staff have	

experience carrying them out. As a result, a nighttime fire drill will be conducted once each quarter. The team leader will coordinate and record these drills. Additionally, we will ensure that all respite attendees participate in a fire drill, so sufficient information is available to assess each individual's needs, which will be reflected in their respective egress plans.

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

All personal plans will be reviewed to ensure they are current and reflect the individual needs of each person supported. We will ensure that the details are clear, concise, and easy to understand, so that new staff members can quickly comprehend the information.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(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 number and needs of residents.	Substantially Compliant	Yellow	31/08/2025
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	31/05/2025
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the	Substantially Compliant	Yellow	31/05/2025

	procedure to be followed in the case of fire.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/06/2025
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	31/05/2025