



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

Issued by the Chief Inspector

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| Name of designated centre: | Rusheen House |
| Name of provider: | Health Service Executive |
| Address of centre: | Sligo |
| Type of inspection: | Announced |
| Date of inspection: | 31 August 2021 |
| Centre ID: | OSV-0005780 |
| Fieldwork ID: | MON-0033854 |

About the designated centre

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

Rusheen House is a community residential service providing care and support to four male adults with an intellectual disability who have complex health and behaviour support needs. The service is located in a rural setting close to Sligo town. The centre comprises of a two-storey house with four bedrooms and several communal rooms which the residents share. Residents at Rusheen House are supported by a staff team, which includes both nursing and social care staff. The staff support provided is based on the needs and abilities of individuals; there are three staff working in the centre during the day and two waking staff supported residents at night. Residential services are provided in a person centred approach and the provider incorporates a holistic approach to care and support, identifying each resident as an individual, while ensuring a safe, warm, home like environment.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 4 |
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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 31 August 2021 | 09:30hrs to 14:00hrs | Anne Marie Byrne | Lead |
| Tuesday 31 August 2021 | 09:30hrs to 14:00hrs | Úna McDermott | Support |

What residents told us and what inspectors observed

Inspectors found that the residents living at Rusheen House were provided with person-centred care and that their choices and rights were respected. Observations and discussions with residents and staff on the day, indicated that the residents were happy in the designated centre and were supported to be involved in the day-to-day decisions about their lives.

On the day of inspection there were three residents residing at the centre. The person in charge told inspectors that another resident was at home at that time. Inspectors had the opportunity to meet and speak with all residents while adhering to the public health guidance of social distancing and mask wearing. One resident was relaxing in a sitting area upstairs while waiting to depart for his day service. The person in charge asked the resident if he wished to meet with inspectors prior to making introductions. This demonstrated respect for the residents wishes. The resident told the inspectors about his plans for the day, which were written on a planner. He also spoke about his hobbies and interests and choose to show the inspectors his bedroom. This was comfortably furnished with pictures and a planner on the wall which the resident used to write his plans on. Inspectors also met with other residents who were having breakfast. One resident told the inspectors about being 'happy' in Rusheen House. A second talked about his enjoyment of the outdoors and gestured towards the bird feeders outside the window where he was sitting.

In addition to the person in charge, there were two staff working in centre and a third person arrived later. The staff spoken with had a good knowledge of the care and support needs of the residents. They were aware of the communication style of each individual and were available to provide support with understanding if required. The person in charge spoke about a residents use of 'Lámh' and explained how the use of sign was helpful to the resident. The staff on duty were observed to be caring, supportive, knowledgeable and interested in the residents wishes.

This designated centre was located in a rural area and within driving distance of the local village. The entrance hall was bright and welcoming. There was a separate sitting area on each floor for residents use and a large open plan kitchen/dining room. The centre was comfortably furnished and nicely decorated. The bedrooms viewed by the inspector were pleasant and had personal items displayed. The person in charge told the inspectors that there was a new sitting and exercising room outside which the residents had named the 'men's shed'. This was adjacent to the back door and was a light filled comfortable space. The person in charge explained that an exercise bike was ordered and that this area provided extra choice for those that might like to spend time away from others. Beside this, there was a level access patio area and open access to the front garden and the car park.

Overall, this designated centre was observed to have a homely and pleasant atmosphere where the support needs of the residents were at the centre of the care

provided. The next two sections of this report present the inspection findings in relation to governance and management in the centre and how this effects the quality and safety of the service provided.

Capacity and capability

Inspectors found that arrangements were in place to promote the safety and welfare of the residents living at Rusheen House. The centre was found to be adequately resourced, with good oversight and appropriate identification and reporting of risk.

There was a statement of purpose available at the centre which was available in easy-to-read format which promoted residents' understanding. This was in the process of review in preparation for the renewal of registration and to include the 'men's shed' at the rear of the building.

The person in charge had the appropriate skills and knowledge to fulfil her role and was regularly available in the designated centre. Inspectors observed sufficient numbers of staff on duty on the day of inspection to meet the support needs of the residents. The staff rota was reflective of what was being worked on the day, and a pictorial version was available for residents use. Agency staff worked at the centre when required and these were reported to be familiar with the residents needs and with the service which ensure consistency of the care provided. Inspectors spoke with two staff member on duty and they reported that Rusheen House was a pleasant place to work and that the person in charge was 'very supportive'. Staff had ongoing access to training as required to support the needs of the residents. Some training events were delayed due to the impact of COVID-19 and there were plans in place to facilitate these training events in the near future. Staff members had access to regular supervision meetings with the person in charge and in turn, the person in charge reported supervision meetings with her line manager. Staff meeting took place on a regular basis and good standard of communication was reported to be in use in the centre.

A provider led annual review of the centre took place and was up to date. The six monthly audits were completed and there were systems in place for regular internal audits to occur and where improvements were identified, time bound action plans were put in place to address these. Incidents that occurred were documented, reported and reviewed regularly in order to manage them effectively and avoid re-occurrence. The person in charge reported that the centre had access to all equipment required and gave the example of an exercise bicycle which had been requested by residents and was on order. There was access to a choice of two vehicles available for the residents use.

Overall, this designated centre was found to provide good quality, person-centred care and support the residents and the staff and management team were responsive to their needs. However, improvements noted under the theme of quality and safety

below would enhance the lived experiences of the residents.

Regulation 14: Persons in charge

The person in charge was found to have the qualifications and experience required by the regulations to carry out her role. She was regularly present at the centre and had systems and supports in place to fulfil her role.

Judgment: Compliant

Regulation 15: Staffing

The provider had adequate arrangements in place which ensured that sufficient staff were available to support the residents living at the centre. The staff rota was an true reflection of the staff on duty on the day.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to training as part of a continuous professional development programme. Staff supervision meetings took place on a regular basis and the person in charge had a similar supervision arrangement with her line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured this centre was adequately resourced in terms of staffing, equipment and transport. The person in charge regularly met with her staff team to discuss resident related care and also maintained contact with her line manager to review operational issues arising. Monitoring systems were in place to oversee the quality and safety of care and where improvements were identified, time bound action plans were put in place to address these.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available at the centre and at the time of inspection, it was in the process of further review to ensure it included all information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Since the last inspection of this centre, the provider had made improvements to ensure all incidents were notified to the Chief Inspector of Social services, as required by the regulations. The centre's incident reporting system was overseen by the person in charge, who regularly trended these to ensure the safety and welfare of all residents and staff.

Judgment: Compliant

Quality and safety

This centre provided a good quality and safe service which supported the care and welfare of the residents. Residents' were involved in decision making and the centre was found to promote the rights of the people living there. However, improvements were required in relation to the use of behaviour support plans and the fire evacuation procedures.

Residents had up-to-date individual assessment of needs completed and person-centred plans were in place. These were available in easy-to-read formats to support residents understanding. There was evidence of residents involvement in planning and choosing goals. For example, writing the daily plan on a white board or deciding to make a telephone call to speak with a family member. The individual healthcare needs of the residents were assessed and supported by a range of allied health professionals. These included access to the general practitioner, behaviour support specialist, psychologist and mental health services. The annual review was up-to-date and provider led six monthly audit had taken place.

Residents who required support with behaviours of concern had a support plan, a risk assessment and a protocol in place. All staff had received training in positive

behaviour support and the person in charge demonstrated good knowledge of the individual proactive strategies in use in the centre. Restrictive practices were in use and staff reported the recent reduction in the use of environmental restraints which was working well. Prior to this inspection, the use of chemical restraints had increased in this centre in response to resident's behavioural support needs. Following multidisciplinary input the provider put additional therapeutic measures in place for residents which resulted in a significant decline in the use of chemical restraint. The effectiveness of these additional measures was subject to regular review by the person in charge, the staff and the multidisciplinary team. Although for the most part, good linkage was observed between behaviour support plans and protocols for the use of chemical restraint, some behaviour support plans did require further review to ensure additional clarity to staff on the use of these measures.

There were no active safeguarding concerns in the centre at the time of inspection and all staff had access to safeguarding training. Residents' rights were promoted through the use of meetings at the weekends which were used to plan activities for the week. Menus were discussed on a day-to-day basis where residents could choose their meals for the following days. There was evidence of access to an advocacy service through the use of a poster displayed in a communal area. A roster was displayed for residents' use with pictures of the staff on duty displayed which assisted residents with understanding.

The provider had systems in place for the identification, assessment, response and monitoring of risk at this centre. The timely identification of risk was largely attributed to the regular presence of the person in charge at the centre and also to the centre's incident reporting system. Risk assessments were regularly reviewed and were found to have clear hazard identification, identified the specific controls put in place in response to risk and provided accuracy in the overall risk-rating. The person in charge demonstrated a very good understanding of the risk management processes and of the escalation pathway available to her as and when required.

Since the introduction of public health safety guidelines, the provider put a number of measures in place to protect the safety and welfare of all staff and residents. Regular temperature checks, social distancing, use of personal protective equipment and hand hygiene were practiced at the centre. Contingency plans were in place to guide staff on the response to decreasing staff levels and isolation arrangements, should an outbreak of infection occur at the centre and these plans were subject to regular review.

The provider had fire safety precautions in place, including, fire detection, regular fire safety checks, emergency lighting arrangements and up-to-date fire safety training had been completed with all staff. The provider had also ensured that adequate fire detection systems and emergency lighting were in place within the new 'men's shed'. Waking night staff were also available to support residents to evacuate if they needed to do so. The inspectors identified where maintenance work was required to some of the centre's fire containment arrangements and the person in charge put measures in place to ensure this was rectified before the close of this inspection. Regular fire drills were occurring and records demonstrated staff could

evacuate all residents in a timely manner. Although personal evacuation plan was in place for each resident, some required review to ensure these included additional guidance for staff for resident residing in upstairs accommodation and for resident who may require behavioural support during an evacuation. Furthermore, even though the fire procedure was available at the centre, it too required review to ensure it gave additional guidance, should the downstairs fire exits become inaccessible to those residing in upstairs accommodation in the event of fire.

The provider had procedures in place for the safe prescribing, administration and storage of medicines at this centre. However, some improvements were required to ensure that the administration of as-required pain relief was guided by a pain assessment, in accordance with the centre's medication management policy.

Overall, inspectors found that residents were supported with their individual needs, and assisted with opportunities for planning, understanding and decision making. Improvements in the linkage between support plans and chemical restraint, and a review of the fire evacuation procedures would add to the quality of care provided to the residents.

Regulation 26: Risk management procedures

The provider had systems in place for the identification, assessment, response and monitoring of risk at this centre. The timely identification of risk was largely attributed to the regular presence of the person in charge at the centre and also to the centre's incident reporting system. Risk assessments were regularly reviewed and were found to have clear hazard identification, identified the specific controls put in place in response to risk and provided accuracy in the overall risk-rating.

Judgment: Compliant

Regulation 27: Protection against infection

Since the introduction of public health safety guidelines, the provider put a number of measures in place protect the safety and welfare of all staff and residents. Regular temperature checks, social distancing, use of PPE and hand hygiene were practiced at the centre. Contingency plans were in place to guide staff on the response to decreasing staff levels and isolation arrangements, should an outbreak of infection occur at the centre and these plans were subject to regular review.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety precautions in place, including, fire detection, regular fire safety checks, emergency lighting arrangements and up-to-date fire safety training had been completed with all staff. Regular fire drills were occurring and involved the participation of all staff and residents. Although personal evacuation plans was in place for each resident, some required review to ensure these included additional guidance for staff for resident residing in upstairs accommodation and for resident who may require behavioural support during an evacuation. Furthermore, even though the fire procedure was available at the centre, it too required review to ensure it gave additional guidance, should the downstairs fire exits become inaccessible to those residing in upstairs accommodation in the event of fire.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had procedures in place for the safe prescribing, administration and storage of medicines at this centre. However, some improvements were required to ensure that the administration of as-required pain relief was guided by a pain assessment, in accordance with the centre's medication management policy.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that the residents had individual assessments and person in plans in place that were subject to regular review.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a range of allied healthcare professionals in order to meet their assessed healthcare needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required behavioural support, the provider had ensured these residents received the care and support they required. Since the last inspection of this centre, the provider had made improvements to the protocols in place for the use of restrictive practices. Where restrictive practices were in place, these were subject to regular multi-disciplinary review. Although for the most part, good linkage was observed between behaviour support plans and protocols for the use of chemical restraint, some behaviour support plans did require further review to ensure additional clarity to staff on the use of these measures.

Judgment: Substantially compliant

Regulation 8: Protection

There were no safeguarding concerns at this centre at the time of inspection. All staff had access to training in safeguarding and the safeguarding of residents was promoted.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were encouraged to make decisions and choices about the running of the centre and about their day-to-day lives. This was supported through the use of easy-to-read information and regular resident meetings.

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 | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Quality and safety | |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Substantially compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Substantially compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Rusheen House OSV-0005780

Inspection ID: MON-0033854

Date of inspection: 31/08/2021

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 28: Fire precautions | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The registered provider has ensured the following;</p> <ul style="list-style-type: none"> • All individual personal evacuation plans have being reviewed and updated to include behavioral support for all residents and evacuation guidance for those residing in upstairs accommodation. • The Centre evacuation procedure has being reviewed and updated to include additional guidance for those residing upstairs in the event of a fire. | |
| Regulation 29: Medicines and pharmaceutical services | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The person in charge has ensured:</p> <ul style="list-style-type: none"> • All residents' pain management care plans have being updated to include the use of a pain assessment tool the "Abbey Pain Scale" prior to administration of as-required pain relief, in accordance with the HSE medication management policy | |
| Regulation 7: Positive behavioural | Substantially Compliant |

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| support | |
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

The person in charge has ensured that;

- The Positive behavioral support plan has been reviewed by the behavior therapist
- This will provide clarity on the use of PRN chemical restraint and will ensure the rationale for administration of PRN medication is identical in both the Positive Behavioral Support Plan and the Prn Protocol .

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 28(3)(d) | The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations. | Substantially Compliant | Yellow | 01/09/2021 |
| Regulation 28(5) | The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre. | Substantially Compliant | Yellow | 01/09/2021 |
| Regulation 29(4)(a) | The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, | Substantially Compliant | Yellow | 03/09/2021 |

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|------------------|---|-------------------------|--------|------------|
| | prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely. | | | |
| Regulation 07(1) | The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour. | Substantially Compliant | Yellow | 06/09/2021 |