



Office of the Chief Inspector

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

Name of designated centre:	Rosslodge Services
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	28 March 2019
Centre ID:	OSV-0004945
Fieldwork ID:	MON-0025463

About the designated centre

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

Rosslodge services provide respite care and support to an identified group of ten residents who 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. Respite is offered to residents 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 nurse during daytime hours. 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 and public transport links are also readily available.

The following information outlines some additional data on this centre.

Current registration end date:	26/02/2020
Number of residents on the date of inspection:	5

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 - 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
28 March 2019	09:00hrs to 17:30hrs	Ivan Cormican	Lead
28 March 2019	09:00hrs to 17:30hrs	Angela McCormack	Support

Views of people who use the service

Inspectors met with five residents, who interacted with inspectors on their own terms. Inspectors observed that on the morning of and early afternoon of the inspection residents appeared comfortable and relaxed with supports provided by staff. Each resident was going about their planned daily routines during the inspection, with some residents enjoying activities in the centre's back garden. All interactions which were observed between residents and staff were warm and caring in nature.

Capacity and capability

On the day of inspection, inspectors found that the numbers of staff present supported the residents to live a good quality of life and a review of the rota indicated that residents received consistency of care from staff members who were familiar to them. There was a schedule of mandatory and refresher training in place and records indicated that all staff were up-to-date with their training needs. The provider also identified that additional training was required to support residents with complex medical needs. Staff who met with inspectors were found to have a good knowledge of these needs, which included the administration of rescue medication. Inspectors found that these systems ensured the quality of care delivered to residents was maintained to a good standard.

There was good recruitment practices in place, which included vetting disclosures, employment history and references. Staff files which were reviewed contained all requirements under Schedule 2 which assisted in ensuring that residents' safety was promoted. Team meetings occurred on a regular basis which facilitated staff to raise any concerns they had about the safety and quality of care in the service. However, some improvements were required with regard to supervision of staff, as this did not occur on a consistent basis for relief staff members.

The governance and management systems in place ensured that the safety and quality of care was maintained to a good standard. The provider had ensured that an annual review and six monthly unannounced provider-led audits were completed. There was also an internal system for auditing the centre that the person in charge and team leader completed. This ensured that the service was run in a safe and effective manner, and it also demonstrated that the provider was committed to driving quality improvement to enhance the lived experience for residents.

The inspectors found that there was a person-centred approach taken in relation to

the admissions and written agreements were made available for all residents. These agreements were also available in a user friendly version and were signed by the resident and/or their representatives. Residents also had an opportunity to visit the centre prior to admission and there were comprehensive transition plans in place for previous admissions to the centre. Inspectors found that transition arrangements ensured that the assessed needs of potential residents were met and that they were effectively supported to move into the centre .

Good complaints management arrangements were in place and evidenced in the centre's complaints log. Residents and their families were made aware of the complaints procedure and all complaints were followed up in a timely manner. The complaints procedure had been adapted to a user friendly format and this was discussed with residents on a regular basis. However, some improvements were required as this procedure did not contain information in regards to an appeals process. Furthermore, the displayed information on complaints had not been revised to reflect changes in the management structures within the organisation. Inspectors found that some minor adjustments in this area of regulation would further enhance the positive approach to the management of complaints.

Regulation 15: Staffing

On the day of inspection, inspectors found that the numbers of staff present supported residents to experience a good quality of life. There was a planned and actual staff rota in place, which indicated that residents received consistency of care from staff members who were familiar to them.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that all staff had received appropriate training as part of a continuous professional development programme. However, some improvements were required to ensure that relief staff received regular supervision.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were effective governance and management systems in place with clearly defined roles and responsibilities for all areas of the service provision. The registered provider had ensured that an annual review of the quality of care and support in the

centre was carried out and a quality improvement plan was in place. The provider ensured that six-monthly provider-led audits were completed and any actions arising were completed in a timely manner.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured that there was a policy in place regarding admissions and all residents had a written agreement that outlined their service provision and fees that were charged. The person in charge had ensured that any new residents had an opportunity to visit the centre prior to moving in.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had produced a statement of purpose which was reviewed on a regular basis and clearly outlined the service and facilities provided at the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had not ensured that all notifications were completed with regard to restrictive practices used to support residents' assessed needs at the centre.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The registered provider had a complaints procedure in place, which was in an accessible format and available to residents. Complaints were logged and dealt with in an appropriate manner. However, the resident's complaints procedure did not contain information about the appeals process and information which was on display was not kept up-to-date with staff changes within the organisation.

Judgment: Substantially compliant

Quality and safety

Overall, inspectors found that residents received a good quality service and that there were arrangements in place which promoted the safety of residents.

Generally, residents' healthcare needs were maintained by their respective families; however, there were comprehensive medical histories maintained in the centre and associated healthcare plans were detailed and reviewed on a regular basis by the staff team. Some residents had complex medical needs and staff members who met with inspectors had a good knowledge of associated care plans which included the ongoing monitoring of blood levels and response with pre-determined medication dosages. Staff members could also account for situations which would require medical intervention and there was clear and concise information available which guided staff in this area of care. Some residents also availed of up-to-date technologies which minimised the need for invasive blood monitoring and assisted in reducing the stress of these procedures. Overall, inspectors found that these arrangements ensured that residents' healthcare and safety was promoted at all times.

The person in charge had a good understanding of risks within the centre and specific risks which may impact on residents had detailed risk management plans in place. However, some improvements were required to ensure that risks were reviewed on a regular basis and also to ensure risk ratings were reflective of controls which were implemented by the provider.

Residents' education, training and employment needs were facilitated through their respective day services. The staff team were also facilitating resident's independent living skills and personalised task analysis were utilised to support residents with laundry, making tea and sandwiches. Each resident had their own bedroom for the duration of their stay and they had independent storage for their possessions when they were not residing in the centre. Detailed financial records were also maintained and a team leader also indicated that additional oversight of bank transactions would be implemented subsequent to the inspection. Inspectors found that these arrangements safeguarded both residents' personal possessions and financial interests.

Each resident had a comprehensive personal care plan in place which was reviewed on an ongoing basis by the staff team. A sample of reviewed plans gave a clear outline of the support requirements of each resident and some aspects were adapted to an accessible format for residents. Residents were supported to identify and achieve personal goals and good progress had been made in supporting the achievement of some personal goals. However, further improvement was required to ensure that residents were fully supported with the progression of

all identified goals. Residents were supported at their annual reviews by family members and members of the day and residential services. These reviews were found to be comprehensive in nature, but the minutes of these meetings failed to highlight how some residents were involvement in this process.

Some residents required support with behaviours and there were comprehensive support plans in place which promoted consistency of care. Staff who met with inspectors also had a good understanding of the supports which residents may need. There were some restrictive practices in place and the person in charge and staff team were found to have detailed knowledge of the rationale for their use and the requirements for their interventions. There was good oversight of these practices and there was evidence that the staff team had reduced some aspects of restrictive practice in response to a resident's changing needs. However, some improvements were required in regards to consent for the use of these practices in the centre.

Fire safety was taken seriously by the provider and fire safety equipment such as fire doors, alarm panel, fire extinguishers and smoke detection devices were installed. There were procedures in place for the regular checking and services of this equipment which also assisted in ensuring that the safety of residents was promoted at all times. Staff who met with inspectors had a good knowledge of the evacuation needs of each resident and fire drill records indicated that residents could be evacuated in a prompt manner. However, some improvements were required as these records did not detail which residents had participated in a fire drill.

Regulation 12: Personal possessions

Each resident had their own bedroom for the duration of their stay and there was ample individual storage for residents who choose to leave some personal belongings in-between stays at the centre. Detailed financial records were also maintained and a team leader also indicated that additional oversight of bank transactions would be implemented subsequent to the inspection.

Judgment: Compliant

Regulation 13: General welfare and development

Residents' educational, training and employment needs were facilitated through their individual day services. A review of records also indicated that residents had good access to their local community.

Judgment: Compliant

Regulation 17: Premises

The premises was spacious, clean and comfortable furnished. There was two reception rooms in which residents could relax and the design and layout of the building appeared very homely.

Judgment: Compliant

Regulation 26: Risk management procedures

There was good oversight of issues which could impact on the safety of residents and each of these issues had a risk management plan in place. However, some improvements were required in regards to the review of risk management plans.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were fire safety systems and procedures in place which promoted the safety of residents. Staff in the centre had a good understanding of these systems and they also conducted regular prompt fire drills. However, some improvements were required as fire drill records did not identify residents who had taken part.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The centre had appropriate storage facilities in place and staff were conducting regular stock checks of received and returned medications. Inspectors reviewed a sample of medication prescription sheets and found that staff had a very good knowledge of the administration of some medications which regularly required alternating doses. However, some improvements were required to documentation which supported the administration of rescue medication to ensure that these were aligned to their associated care plan.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' personal care plans were subject to ongoing review and clearly guided staff on residents' assessed needs and the personal goals they wished to achieve. However, further improvement was required to ensure that residents were fully supported with the progression of all identified goals. In addition, although annual care plan reviews were held which were comprehensive in nature and attended by residents' representatives, sampled minutes did not document how some residents were involvement in the meeting.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had regular access to their own general practitioner and there were comprehensive care plans in place which promoted residents' health care.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were comprehensive behavioural support plans in place which ensured that a consistent approach could be adapted by staff members. There were some restrictive practices in place, but there were good oversight and review arrangements in place which ensured that the least restrictive measure was implemented. However, some improvements were required to ensure that consent had been sought for the use of these practices.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had arrangements in place which ensured that residents were safeguarded from harm at all times. The provider had further developed a 'stay safe' booklet to promote self care and protection among residents, which was to be

introduced at the centre subsequent to the inspection.

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
Views of people who use the service	
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially 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 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Ross Lodge Services OSV-0004945

Inspection ID: MON-0025463

Date of inspection: 28/03/2019

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: (The person in charge shall ensure that staff are appropriately supervised.)</p> <p>We will ensure that all irregular Locum Relief Staff have the same opportunity as regular Locum Relief Staff to engage in the Support & Supervision process facilitated by the team leader.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: (The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.)</p> <p>We will ensure that all restrictive practices implemented in the Designated Centre, including the use of locked side garden gates as identified, are recorded and reported, as required, through the Quarterly Notification process.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: (The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.)</p>	

<p>We have amended the resident's complaints procedure form displayed in the designated centre, to accurately reflect the relevant Organisational personnel involved in managing complaints, including the complaints and appeals officer and their contact details.</p>	
<p>Regulation 26: Risk management procedures</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: (The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.)</p> <p>We will review the scoring of the individual risk identified and the residual score of the risk following interventions implemented, in order to clearly identify the effectiveness of all interventions.</p>	
<p>Regulation 28: Fire precautions</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: (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 procedure to be followed in the case of fire.)</p> <p>We will ensure that the names all residents who take part in fire drills are clearly recorded, in order to clearly establish that all residents have participated in fire drills throughout the year.</p>	
<p>Regulation 29: Medicines and pharmaceutical services</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: (The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.)</p> <p>We have reviewed the individual residents Epilepsy Care Plan to ensure that there is absolute clarity with regard to both the dosage and method of administration of rescue medication, when required.</p> <p>We will recommence Medication Audits, to ensure that all medications received into the designated centre are accurately accounted for.</p>	
<p>Regulation 5: Individual assessment</p>	<p>Substantially Compliant</p>

and personal plan	
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: (The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.)</p> <p>We will ensure that all steps taken to progress identified individual goals are clearly documented. This will also include instances when goals are not progressed, and the reason for this.</p> <p>(The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.)</p> <p>In order to ensure the maximum participation of each individual resident, we will ensure that we will clearly outline how we gathered individual resident's wishes and contributions to the formulation of their individual plan, including when they have chosen not to attend their individual meeting. We will also ensure that the names of people in attendance at individual planning meetings are accurately recorded.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: (The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.)</p> <p>We will ensure that the discussion with each resident and their family members regarding the use of all restrictive practices, both individual and those that impact on the person, and their consent to the use of these practices, is accurately recorded in our documentation.</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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	01/05/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	01/07/2019
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 procedure to be followed in the case of fire.	Substantially Compliant	Yellow	01/05/2019
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	01/05/2019

Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Substantially Compliant	Yellow	30/04/2019
Regulation 34(1)(d)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.	Substantially Compliant	Yellow	15/04/2019
Regulation 34(2)(d)	The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process.	Substantially Compliant	Yellow	15/04/2019
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	01/05/2019
Regulation	The person in charge shall	Substantially	Yellow	01/05/2019

05(6)(c)	ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Compliant		
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	01/05/2019