



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

Issued by the Chief Inspector

Name of designated centre:	Rose Lodge
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	29 September 2021
Centre ID:	OSV-0007947
Fieldwork ID:	MON-0033661

About the designated centre

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

This designated centre provides a residential service for up to three male or female adults with an intellectual disability, autistic spectrum diagnosis or acquired brain injury who may also have mental health difficulties or responsive behaviours. The objective of the service is to promote independence and to maximise quality of life through interventions and supported which are underpinned by a model of person-centred support. The designated centre consists of a two-storey suburban house with three bedrooms, a living room, dining room, kitchen and rear garden. The centre is staffed by social care workers with access to community nurse services.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	1
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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
Wednesday 29 September 2021	11:15hrs to 18:00hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet the resident during this visit. The resident appeared relaxed and content in their home, watching television, listening to music, and using their tablet computer. The resident did not communicate using speech, and the inspector observed staff using their preferred sign language and pictures to communicate with the resident and relay their choices and experiences in the designated centre based on their assessed needs and preferences.

This designated centre commenced operation in summer of 2021 and had conducted a detailed process of pre-admission assessments and visits to be assured that the potential residents and their representatives were satisfied that the service offered was appropriate, and that the staff team were equipped with the skills and resources to deliver on residents' assessed support needs.

The inspector met with family members during this inspection. The family spoke positively on the service, the staff, and their involvement with decision-making in the designated centre. They praised the local management of the centre and how they were supported to stay in regular contact including visits. The inspector heard positive feedback on the continuity and routine of the resident's supports, and how they had been supported to engage in meaningful social skills and outings in the local area and settle into the new house.

The centre premises were safe and suitable in layout and design. Residents of this house have single private bedrooms which provide adequate storage for belongings and space to decorate based on individual preference. There was a large back garden available and the provider advised of plans to add sensory features to maximise its use. The designated centre had exclusive use of a car to optimise their ability to get out into the community as and when the resident wished.

The centre was featured with pictorial aids to support the resident to make choices regarding meals, activities and plans for the day. The inspector observed the resident and staff using these pictures and props to communicate, and was showed plans for introducing tablet software to support the resident to speak with the assistance of the technology.

The inspector observed kind, friendly and supportive interactions between the resident and staff. Examples were seen of the resident being supported to have their home looking the way they preferred and where the resident was supported to maintain their privacy and dignity. A number of long and short-term personal goals were in progress to support the resident to develop their independence around activities of daily life and enhance their social supports such as being comfortable with other people and their interactions.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how

these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The inspector found this centre to be sufficiently resourced to provide a meaningful, consistent and person-centred level of support. There were appropriate arrangements to ensure oversight and governance of this new designated centre by the service provider as well as day-to-day operation of the service by the local leadership.

This centre was newly registered in January 2021 and commenced accommodation in May 2021. The inspector found good examples of how the provider was assured that the centre was resourced with the appropriately facilities, personnel and management arrangements to meet the assessed needs of residents who may be accommodated here. The provider had composed a statement of purpose outlining the supports and services offered as part of living in this designated centre, however some development was required to ensure that all services referred to in the regulations were included and described in a manner that was detailed for this specific centre.

The person in charge was full-time in their role and retained oversight of other designated centres in the local area. Staffing records indicated that they based themselves in this house on specific days to ensure regular engagement with the resident and staff team. In their absence, there were two team leaders who would manage the staff team, as well as on-call arrangements for out-of-hours support. The inspector observed examples of the staff having built a relationship with the resident and supported them with their personal, health and social needs. The team was sufficiently resourced to consistently provide two support staff during the day and night, and the complement was sufficient to provide cover for planned and unexpected leave through swapped shifts and overtime. This meant that the service rarely relied on relief support and retained a continuity of support by familiar staff with whom the resident was comfortable. The inspector reviewed a sample of personnel records which evidenced that staff were suitably recruited, inducted and vetted by An Garda Síochána.

Regulation 14: Persons in charge

The person in charge worked full-time in the role and had designated time set aside to attend this designated centre each week.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient personnel resources to provide staff support during the day and night in accordance with assessed needs. The staffing complement was appropriate to provide continuity of support to residents during planned and unexpected leave.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre was suitably resourced, and the provider entity maintained oversight of this service and its operations to ensure a safe and effective service was provided.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The service gave effect to a detailed admission plan to ensure the service was suitable to meet the needs of its residents. Residents had a contract with the provider which outlined the terms and conditions of living in this designated centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose in place, however some of the information required under Schedule 1 of the regulations was absent or not detailed to the service provided by this designated centre.

Judgment: Substantially compliant

Quality and safety

The inspector found that there was suitable arrangements in place to provide person-centred, evidence-based support for residents and ensure that they were facilitated to pursue their preferred interests and routines, as well as developing personal development goals. Some areas of development were required to ensure that features of the premises allowed for safety as well as unrestricted use of the resident home.

The inspector found that a comprehensive needs assessment had been carried out upon admission and took input from the resident, their representatives and the multidisciplinary team to develop person-centred guidance to staff on how to meet the assessed support needs. These were reviewed by the inspector and found to be detailed, personal, respectful and reflective of practices observed during inspection. Plans encouraged and facilitated independence and dignity, and clearly outlined the level of independence or support required for activities of daily living, communication, eating and drinking, personal hygiene and exercise, and support with medical diagnoses. Where relevant, staff had been provided specialist support training on care needs. Input towards these supports from speech and language therapy, dietitian, psychology, physiotherapy and other health services was evident in these plans. A simple language version of support planning was created to support the resident to understand and consent to their support and objectives.

The resident was being supported with personal development goals which were meaningful to them. These included short term goals such as independence with activities of daily living and household jobs, to longer objectives related to being comfortable in crowds and social settings. The resident went on trips in the local area with the support of staff. Pictures from preferred locations and activities were being used to put together a speaking application to support the resident to communicate with others and make choices and plans around their day.

From being shown around the premises, the inspector found it to overall be suitable in size and layout for the number of residents for whom the centre was registered. Bedrooms and communal spaces were homely and nicely decorated with comfortable sitting room furniture and space for activities and projects. Features were added to the house, garden and vehicle to be safe and suitable for resident support needs, including sensory features, communication aids, and features to provide privacy and security in the house. The house was clean and in a good state of maintenance, and was equipped with features to support good infection control practices. Some features of environmental restrictive practice were in effect in the house, primarily related to health and safety concerns. It was not consistently evident what the rationale for all restrictive features were, and some development and review measures were required to be provide assurance that each measure was the least restrictive control to mitigate the identified risk, and relevant to this designated centre and its occupants.

The house was fitted with an addressable fire detection and alarm system, and all internal rooms were equipped with doors constructed to contain flame and smoke in the event of a fire. All firefighting equipment and emergency lighting was present

and subject to regular maintenance and certification. The resident and staff had practiced evacuations and were assured from these that evacuation could be achieved in short time. During the initial walk of the premises, the inspector observed that one of the two evacuation routes was compromised by a gate which was sealed shut. While the person in charge unfastened this gate immediately when identified by the inspector, however the obstruction had not been identified during routine checks of fire escape routes and evacuation drills. There was a wooden shed at the rear of the premises containing a tumble dryer and fridge, as well as other flammable material and rusted electrics. While this shed was a distance from the house, the fire risk assessment did not account for this potential origin risk which was not equipped to detect or alert staff to fire or smoke.

Assessment had been done to establish the level of support required with medicines, and staff were provided clear instruction in prescriptions regarding the dose, frequency and proper use of medications. The purpose of each drug was listed along with protocols for emergency medications and those administered only when required. There was a sufficient stock which was securely stored. Some improvement was required in medicine documentation practices, as the inspector witnessed a drug round being carried out in which the administration record was signed before the medication was administered to the resident rather than after.

Regulation 10: Communication

Communication measures were in effect to support staff to communicate and understand the resident in accordance with their communication assessment. The provider was working with the speech and language therapist to introduce electronic supports for the resident to communicate.

Judgment: Compliant

Regulation 11: Visits

Visitors were welcomed into the service and appropriate precautions were in effect to protect people from risks related to COVID-19.

Judgment: Compliant

Regulation 12: Personal possessions

The resident was supported to have access to their money in line with their support requirements, and suitable checks and audits were carried out to monitor income

and expenses.

Judgment: Compliant

Regulation 13: General welfare and development

The resident was being supported with various personal, social and developmental goals in the house and in the community which were meaningful to them, with regular progress notes recorded by keyworking staff.

Judgment: Compliant

Regulation 17: Premises

The premises was suitable in designed and layout, and was kept in a good state of cleanliness and maintenance.

Judgment: Compliant

Regulation 18: Food and nutrition

The resident was supported with food and drink in accordance with their assessments and preferred routine. There was a wide selection of healthy food and snacks available in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

The designated centre was clean and was equipped to exercise good practices around infection control. Staff were observed following correct practices on use of face coverings and hand hygiene.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector identified that one of two exits routes was obstructed, which had not been identified in routine checks or drills.

Assurance was required regarding an area of potential fire risk on the premises which was not equipped to detect or alert in the event of fire.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Improvement was required to ensure that medication administration records are only signed once the medication administration has been witnessed.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Personal plans and staff guidance were detailed, person-centred, and evidenced by incidents and multidisciplinary assessments. Accessible versions of plans were available for resident discussion.

Judgment: Compliant

Regulation 7: Positive behavioural support

Review of environmental restrictive practices was required to ensure the rationale for their use was assessed as being the least restrictive option to control the relevant risk in this designated centre.

Judgment: Substantially compliant

Regulation 8: Protection

Measures were in place to protect the resident from potential or actual abuse,

including risk controls related to intimate support, community participation and management of finances.

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 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Rose Lodge OSV-0007947

Inspection ID: MON-0033661

Date of inspection: 29/09/2021

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 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Identified Substantially Compliant in the Centre has been Identified and resolved.</p> <ul style="list-style-type: none"> • The Statement of purpose has been amended. • The information under Schedule 1 of the regulation has been reviewed to reflect details of the service provided by the designated center. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Identified non-compliance in the center has been identified and resolved. The obstruction of the side gate during the inspection has been removed, is now clear and can always be opened when required. Daily inspections of all fire exits are completed by staff on shift and signed off in fire inspection book within the centre. All fire drills are reviewed by the person in charge to show evidence and compliance. All staff have completed fire evacuation drills for the centre Staff meeting completed to reflect fire review of the centre. Fire audits completed every month. All staff completed practical fire training assessment when working in the centre.</p>	
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 identified substantially compliant has been identified and resolved.</p> <ul style="list-style-type: none"> • All staff to follow medication management in the administration of medication. • Medication Competencies completed with all staff. • Medication Audits completed and up to date 	

• Community nurse completed an education piece with staff following inspection to ensure that medication administration record is signed once the medication has been witnessed by second staff Member.

Regulation 7: Positive behavioural support

Substantially Compliant

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

The Identified Substantially Compliant has been identified and resolved.

• The restrictive practice on environmental restriction within the Centre on the day of the inspection has been reviewed by MDT on the 30/09/2021. All staff have been made aware of the removal of the environmental restriction. The identified environmental restriction has been removed from the restrictive practice log.

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(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	21/10/2021
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	21/10/2021
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	Substantially Compliant	Yellow	21/10/2021

	prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	05/10/2021
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	05/10/2021