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

Issued by the Chief Inspector

Name of designated centre:	Rossbarna
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	20 August 2020
Centre ID:	OSV-0005333
Fieldwork ID:	MON-0029813

About the designated centre

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

Rossbarna service provides full-time care to nine male residents who are over the age of 18. The centre comprises of two detached residential houses that are located a short distance from each other. Both locations are within driving distance of a large town and have many local amenities that residents can access. Both houses benefit from their own mode of transport. There is ample communal space in both houses for residents to enjoy, and residents have access to a large rear garden. Residents have their own bedrooms, which are decorated to their individual preferences and there are appropriate bathroom facilities for residents to use. Residents who live in Rossbarna have a moderate degree of intellectual disability and some residents are on the autism spectrum. The centre does not offer emergency admissions at present. The staff skill mix comprises of nursing staff and healthcare assistants. Each house has a waking night staff on duty each night, with one house having a sleepover staff also in addition to the night duty staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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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 - 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
Thursday 20 August 2020	10:45hrs to 15:45hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

The designated centre consisted of two houses which were located in close proximity to each other. Five residents lived in one house and four residents lived in the other house. The inspector spent time at one house only during the inspection, and got the opportunity to meet with staff and two residents while adhering to the public health measures of social distancing and the wearing of a face mask. The inspector also got the opportunity to speak with one staff and three residents from the other house, via telephone call, during the day of inspection.

The inspector spent time reviewing documentation and meeting with management, staff and residents in one location of the centre. Two residents were supported to go out for a day trip with staff, and the inspector did not get the opportunity to meet with them as a result. The other two residents who were living in the house met with the inspector before the inspection ended, and they were observed to be comfortable in their environment, with staff and with each other. One resident mentioned briefly about visiting a friend in a nearby service and was observed to be supported with having a beverage and snack in line with their requests. Another resident was observed to be relaxed while listening to the radio in the communal area, and they told the inspector that they had gone for a walk earlier in the day and that they were going out that evening to get food from a restaurant that they liked.

Residents who the inspector spoke with by telephone from the other house spoke about activities that they were taking part in during the COVID-19 public health restrictions; including listening to music, watching DVDs and gardening. One resident said that they missed their day service but that they were happy in the centre also.

In addition, the inspector got the opportunity to speak with two staff who were working on the day of inspection. Staff spoke about the activities that residents had been engaging in during the COVID-19 pandemic; including gardening, day trips, exercising and using technology to access the internet. Staff stated that overall, they felt that residents were getting on well during the public health restrictions. Staff who were supporting residents were noted to be knowledgeable about residents' individual support needs and were treating residents with dignity and respect.

Capacity and capability

This inspection was carried out to monitor compliance with the regulations and to follow up on actions that were required to bring the centre into compliance since the last inspection in May 2019. The inspector spent time reviewing documentation and

meeting with the person in charge, staff and residents in one location of the service. During this inspection, the inspector did not get to visit the second location of the service, but spoke with some residents and staff from that house via telephone.

Overall, the inspector found significant improvements in the governance and management of the centre. The oversight and monitoring systems had been strengthened, which resulted in improved compliance with the regulations and in turn enhanced the overall quality of the care and support of residents. However, further improvements were required in the review of some restrictive practices and risks, which would supplement the overall care and support of residents. This will be discussed later in the report.

The person in charge worked full-time and was responsible for one other designated centre, which was located nearby. The person in charge ensured oversight and monitoring of operations of the centre, by carrying out a range of internal audits in areas such as incidents, complaints, safeguarding, finances, infection prevention and control, falls, medication and health and safety. Where actions were identified in these audits, they were followed up and learning taken from findings. In addition, regular team meetings were held where various agenda items were discussed as a team; including health and safety, safeguarding and how to best support residents living in the designated centre.

The provider ensured that unannounced audits and an annual review of the quality and safety of care and support of residents were completed as required by regulation. These audits were detailed in nature and where actions were identified, these formed part of a quality improvement plan for the centre, which was under regular and ongoing review by management. Residents and families' views were sought as part of the the most recent provider audit carried out in July, and the person in charge said that this consultation and feedback will be included in the centre's upcoming annual review of the service. The centre was found to be resourced to meet the needs of residents on the day of inspection. In one location of the centre, the inspector was informed that a future need for increased staffing to address the changing needs of one resident had been identified. The inspector was informed that this need had been escalated to senior management and was currently under review and was included as part of the improvement plan for the centre.

The inspector got the opportunity to speak with two staff during the inspection, and staff spoken with said that they felt well supported and could raise any issues of concern to the management team. Staff were supported to develop skills to support them in their role by undertaking a range of mandatory and refresher training; including safeguarding, fire management and supporting behaviours of concern. The person in charge supported staff through supervision meetings in line with the organisation's policy, and a schedule for dates of meetings was maintained by the person in charge.

The person in charge was aware of their responsibilities to inform the Chief Inspector of Social Services of notifications as required in the regulations and a review of incidents that occurred at the centre demonstrated that notifications were

completed as required.

Regulation 16: Training and staff development

The provider ensured that staff received mandatory and refresher training as part of their continuous professional development and to support them to develop the skills required to support residents with their care and support needs. The person in charge maintained a schedule of supervision meetings with staff, and staff spoken with said they felt well supported by management.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems had improved since the last inspection in May 2019. A range of internal audits and provider audits occurred, and where actions were identified to improve the service, these formed part of a comprehensive quality improvement plan which identified time frames for completion and the names of persons responsible for ensuring that actions were completed.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was in place which was reviewed as required by regulation and included all the requirements under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of incidents that occurred in the centre demonstrated that notifications were submitted to the Chief Inspector in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents received a good quality and safe service, and that there were arrangements in place which promoted a safe and person-centred service. However, some improvements were required in the review and documentation of restrictive practices and risks, which would further enhance a rights based approach to care.

The health, personal and social care needs of residents were assessed and support plans were developed where required to guide staff in supporting residents with their care needs. A sample of residents' annual review meetings was reviewed, and demonstrated that there was full participation with residents and/or their family representatives involved in the meetings. Personal goals that had been identified for the year were reviewed during COVID-19, and new goals were identified including; gardening, carpentry, exercise and learning new skills. There was photographic evidence in place which showed some activities that residents had engaged in.

The provider promoted the safety of residents through a system of regular review of incidents, adopting safeguarding procedures where concerns arose and the implementation of safeguarding plans where this was identified as a need. Where safeguarding plans were in place, they were under regular review by the person in charge and staff, and team meetings included safeguarding as a standing agenda item. Residents were supported to develop the awareness and skills to self-protect by discussion at weekly residents' meetings. Staff had received safeguarding training, and staff who the inspector spoke with were knowledgeable about what to do in the event of a concern of abuse. In addition, residents had comprehensive intimate care plans in place which were reviewed regularly and aimed to promote residents' independence in this area.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. The person in charge had completed a self-assessment audit to assess the centre's preparedness for a COVID-19 outbreak. There was a site specific contingency plan in place in the event of a suspected or confirmed case of COVID-19, which included arrangements for isolation of residents and plans in the event of staff shortages. Risks associated with community activities in light of COVID-19 were completed for residents, and actions to mitigate against risks were identified and in place. The person in charge ensured that staff were made aware of public health guidance and staff spoken with demonstrated a good understanding of where to access relevant information.

There was a risk management policy and procedure in place. Risk assessments were carried out for identified risks in the centre. In addition, specific risks which had been identified for residents had risk assessments in place which were monitored and reviewed regularly. However, it was found that some risk ratings of

assessments required further review to ensure that they reflected the actual risks posed. For example, one risk assessment assessed that the likelihood of injury to staff due to behaviours that challenge was almost certain, however it was confirmed through documentation review and discussions with relevant staff that the likelihood of this occurring had reduced significantly over the past few months and was no longer almost certain.

Residents who required support with behaviours of concern had plans in place which had a multidisciplinary input. The support plans listed behaviours of concern and the proactive and reactive strategies required to support residents. Plans were reviewed regularly with the relevant multidisciplinary team and residents' advocates. However, the inspector found that there was a gap in documentation in relation to one resident's plan, as it did not clearly outline the reasons for the use of some restrictive practices that the inspector was informed were used to support the resident with anxiety related behaviours. In addition for one restrictive practice, there was no evidence that this had been assessed to be the least restrictive option. Furthermore, the support plan and protocol did not clearly outline the rationale for the use of this practice, nor did it guide staff in how exactly it should be used in order to promote the privacy rights of the resident versus the associated risk. For example, on review of the documentation and discussions with the person in charge and staff, it was not clear if the practice was in use to support the resident with a risk associated with health or behaviours of concern. As this practice could impact on the residents' right to privacy, the risk needed to be clearly identified to ensure that all staff were clear on how and why it should be used, and also to ensure that it was assessed as the least restrictive option and used for the shortest duration.

Regulation 26: Risk management procedures

There was a risk management policy in place which included the requirements of the regulations. Risks that were identified were assessed and reviewed, however some risk ratings required further review to ensure that they were reflective of the actual risks posed currently in the centre.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had systems in place for the prevention and control of infection; including staff training in hand hygiene and COVID-19, the use of personal protective equipment, an enhanced cleaning schedule, risk assessments and a site specific plan in the event of an outbreak of COVID-19, which included arrangements

in the event of staff shortages and the need for residents to self-isolate.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector found that residents' health, personal and social care needs were assessed and support plans put in place where required. Residents and/or their advocates were involved in the annual review of residents' personal plans and in the identification of personal goals.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that there were gaps in one resident's behaviour support plan as it did not clearly reflect the use of restrictive practices which the inspector was informed were used as a proactive measure to support the resident with behaviours of concern. In addition, the inspector found that for one of the restrictive practices in use, it was not clearly documented what the rationale was for its use, what the risks were to warrant the use of this practice and what the guidelines were for staff to ensure that it was the least restrictive option for the shortest duration.

Judgment: Substantially compliant

Regulation 8: Protection

Residents' safety was promoted through staff training in safeguarding, implementation of safeguarding procedures, development of safeguarding plans where required and regular discussion about safeguarding at residents' and staff team 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 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	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Rossbarna OSV-0005333

Inspection ID: MON-0029813

Date of inspection: 20/08/2020

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Provider has ensured that risk ratings have been reviewed to ensure that they are reflective of the actual risks posed currently in the centre. Complete 27/08/2020</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 Provider has ensured that gaps in one resident's behaviour support plan has been updated to clearly reflect the use of restrictive practices which are used as a proactive measure to support the resident with behaviours of concern. The Provider has also ensured that for one of the restrictive practices in use, it is clearly documented what the rationale is for it's use, what the risks are to warrant the use of this practice and what the guidelines are for staff to ensure that it is the least restrictive option for the shortest duration. The Positive behavioural support plan has been reviewed in line with restrictive practice protocols Complete 27/08/2020</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 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	27/08/2020
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Substantially Compliant	Yellow	27/08/2020
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour	Substantially Compliant	Yellow	27/08/2020

	necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.			
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