



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

Issued by the Chief Inspector

Name of designated centre:	Rushmere House
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	06 September 2022
Centre ID:	OSV-0007787
Fieldwork ID:	MON-0029089

About the designated centre

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

Rushmere House provides a residential service for up to five adults with disabilities. The house is a five bedroom detached two storey home situated close to a small village in Co. Louth. Each resident has their own bedroom, one of which has an en-suite bathroom. One of the bedrooms is situated on the ground floor and the others are located on the first floor. On the ground floor there is also a large kitchen cum dining room, a utility room, sun room, living room and staff office. There are two bathrooms, one on the ground floor and one upstairs. The house is surrounded by a large driveway and garden.

The staff team comprises of a person in charge, two team leaders and a team of direct support workers. There are three staff on duty during the day and two staff on waking night duty. Nursing support (if required) is provided by community nurses employed in the organisation who support residents and staff to ensure that resident's health care needs are being met. A range of allied health care professionals are also available to support residents with their assessed needs. Residents do not attend any formal day service but rather are supported by staff to plan their day in line with their personal preferences. Transport is also provided to support residents with accessing community-based amenities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
--	---

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 6 September 2022	10:30hrs to 18:25hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

This inspection was carried out as part of the process for renewal of registration of this centre. The provider had informed the regulator of their intention to reduce the number of persons to be accommodated in the centre from five to four, and to reconfigure the purpose and function of a room. In this regard, this inspection took into consideration these proposed changes. An infection prevention and control (IPC) inspection had been carried out in April 2022, and significant concerns were identified on this inspection. A monitoring inspection was previously completed in December 2020, and the actions the provider had outlined as part of compliance plans from December 2020 and April 2022 were reviewed as part of this inspection.

From meeting with staff, observing interactions with residents and staff, and from reviewing a range of documentation, the inspector found residents were receiving a good standard of care and support. The support focused on providing residents with meaningful days and activities, balanced with the need to meet their health and emotional needs, while respecting their choices on any given day.

On arrival to the centre, the inspector was introduced to a resident, and staff supported the resident to communicate with the inspector using assistive technology. The inspector also observed that staff interpreted and responded positively to the resident's gestured prompts. While residents communicated in a non-verbal manner, the inspector observed that they appeared happy and content in their home, and freely moved about most parts of the house and gardens.

There had been improvements made to the upkeep of the premises since the last inspection, and the centre appeared comfortable and welcoming. The availability of a sensory garden and sensory room meant that residents could freely seek out sensory stimuli and relaxation activities independently, and the inspector observed residents enjoying these spaces throughout the inspection.

The service was organised around the choices and needs of residents, and staff knew the residents well, interpreting their individual communication styles to acknowledge their preferences. On the day of inspection, three residents were going on a trip to the Phoenix Park, while one of the residents chose to stay at home. Staff kept a record of new activities residents had tried, and of the residents' participation and enjoyment of these activities, which was then used to inform residents' choices going forward.

The inspector spoke to two staff who described skills teaching programmes which were helping residents develop their independence skills, for example, making a hot drink, helping with unloading shopping, packing the dishwasher and personal care skills.

Staff were warm and caring in their interactions with residents, and it was evident that residents felt comfortable with staff in the centre. Each of the residents had

their own bedroom, and it was observed that residents' privacy was upheld when attending to their care needs, and when supporting them with their emotional wellbeing.

Visitors were welcome into the centre, and staff supported residents to receive visitors such as family members, or to visit their families at home. There was a continuous drive to broaden residents' experiences in the community, enhancing their opportunities for social interactions and leisure activities.

The provider had made significant improvements since the last inspection specifically in IPC practices, and all of the actions from previous compliance plans were implemented. The centre was found to be in compliance with all 14 regulations inspected.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management positively impacted the quality and safety of the service being delivered.

Capacity and capability

Enhanced oversight arrangements were put in place, which resulted in significant improvements in the centre since the last inspection. The provider had the appropriate resources and systems in the centre to ensure residents received a good standard of care and support. There was a system of continuous improvement in the centre, which meant that risks and changing needs were responded to efficiently and effectively.

The centre was appropriately resourced and there were sufficient staff numbers in the centre. Staff were knowledgeable on the needs and support requirements of the residents, and continuity of care was maintained.

Since the previous inspection in April 2022 the provider had reviewed the staffing resources, and made the necessary changes in delegating IPC tasks to ensure the centre was clean and well maintained. They had also reviewed the premises and had upgraded aspects of the centre to ensure good IPC practices were implemented and maintained.

There was a clearly defined management structure from the staff in the centre, through the person in charge and to senior management personnel. There was ongoing and effective monitoring of the services and facilities in the centre including, a suite of audits, a monthly governance meeting with the assistant director of services, and monthly staff meetings. Where issues arose, timely action was taken to deal with concerns. The person in charge worked directly in the centre five days a week. This meant they were able to directly supervise the care and support provided to residents, and to provide support to staff as needed.

Regulation 15: Staffing

There were sufficient staff numbers in the centre, and staff had the skills and knowledge to meet the assessed needs of residents. There were three staff on duty during the day including a team leader and two direct support workers, and there were two direct support workers on duty at night time. Staffing levels were in line with the statement of purpose.

The inspector spoke to the team leader and a staff member during the inspection, and found they knew the residents very well, and had worked with the residents for a number of years. Staff knew the individual needs of residents and described supports in place to meet the health, social and personal care needs of residents. Planned and actual rosters were maintained in the centre, and rosters reflected regular staff were provided in the centre, ensuring continuity of care was maintained.

Judgment: Compliant

Regulation 22: Insurance

An up-to-date certificate of insurance was available in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in the centre had ensured the service provided was safe, effective and was monitored on an ongoing basis. The provider had responded to IPC risks identified on the previous inspection and had implemented all of the required changes to bring the centre into compliance with Regulation 27, Protection Against Infection.

There was a clearly defined management structure in place. Staff reported to the person in charge and in their absence a team leader provided supervision and support. The person in charge reported to the assistant director of services who reported to the director of services, the chief operating officer and the chief executive officer. The chief executive officer reported to the board of management. The post of the person in charge had been reviewed recently, and the person in charge now had responsibility for one centre only. This meant that the person in charge was on duty in the centre five days a week, and provided direct supervision of the care and support of residents. Two staff told the inspector the person in

charge provided good leadership, and staff could raise any concerns about the care and support provided to residents with the person in charge. The person in charge had previously worked with the residents a number of years ago and knew their needs well.

The centre was effectively resourced with sufficient staffing levels, suitable premises, transport and equipment, and an allocated shopping budget. In addition, residents could access a range of allied health professionals in the service.

There was ongoing and effective monitoring of the services provided, and where audits identified risks and issues, actions were taken in response. For example, new wardrobes were fitted following health and safety audit in July 2022, a new bus was provided following the same audit in May 2022, and new flooring was scheduled to be installed following a recent IPC audit. Audits included reviewing fire safety, infection prevention and control, incidents, restrictive practices, medicines management and individualised support and care.

The assistant director and person in charge met monthly in governance meetings, and reviewed the services provided, and the practices in the centre. These included a walk around the centre to review IPC standards and premises, and practices, for example, the management of incidents, fire safety, person centred planning, restrictive practices and staffing. Actions were developed and reviewed at subsequent meetings to ensure completion.

A six monthly unannounced visit had been complete in August 2022, and a number of actions were developed with all actions either completed or a clear timeframe for completion agreed. An annual review of the quality and safety of care and support was completed in March 2022, and the views of residents and their representatives were sought as part of this review.

As mentioned the provider had responded to the IPC risks identified on the previous inspection and this will be further discussed in Regulation 27.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose had recently been updated to reflect a change in management personnel, and contained all of the requirements as per Schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

Overall the inspector found residents were provided with a good quality of care and support, based on their assessed needs. The support provided was person centred, focusing on the preferences of residents, while respectfully encouraging residents to seek new opportunities, learn new skills, and promote their independence.

Residents' needs had been assessed and plans were put in place to support residents with their health, social and personal care needs. Plans were regularly reviewed and updated to reflect changes in needs, and to set new goals as residents achieved previously agreed goals. Interventions and steps to achieve goals were developed into social stories for residents. There was a focus on broadening residents' experiences and their sense of achievement, both in the community and through self-help skills development, and activities were planned for the month ahead to support this process. The centre was equipped with a sensory room and a large sensory garden which residents used at their leisure.

The specific communication needs of residents had been identified and were supported through practices in the centre. These included the use of assistive technology, picture communications systems, and accessible plans and policies. Staff were observed to interact with residents consistent with their communication preferences, and were knowledgeable on the interventions to help residents with their communication development.

Residents were supported with their emotional and behavioural needs, and could access the services of a behaviour support specialist and a psychiatrist as needed. Behaviour support plans were in place for residents and were implemented in practice. Restrictive practices were used in line with the risks presented, and plans were in place to reduce some of these practices. Restrictive practices were regularly reviewed. Residents were protected in the centre, and safeguarding incidents had been reported and investigated appropriately. Safeguarding plans had been developed and implemented, which meant that the actions required to keep residents safe were in place on the day of inspection.

The practices in the centre promoted residents' rights to participate in decisions about their care, and communication aids along with individual communicative expressions, were used to ascertain residents' choice and consent to interventions, and for example activity and meal choices. The privacy and dignity of residents was also protected through personal care practices, the provision of individual resident bedrooms and securely stored personal information.

The provider had implemented a significant number of improvements to ensure satisfactory infection prevention and control (IPC) practices were implemented in the centre. This meant that the risks that had been identified on the previous inspection, had measures in place to mitigate the risk of healthcare acquired infections to residents, visitors and staff. There was ongoing oversight to ensure these improvements were sustained including daily checks of cleaning schedules by the team leader, and monthly premises walkaround by the assistant director.

Satisfactory arrangements were in place for the management of risks and the

reporting and investigation of adverse incidents in the centre. The control measures outlined in risk management plans were implemented in practice, and there was evidence of learning following adverse incidents. Safe and suitable practices were in place for the ordering, storing, prescribing, administration, and disposal of medicines in the centre.

Regulation 10: Communication

Residents were supported with their communication needs and had access to a variety of media including the internet, television and radio. The communication needs of residents had been assessed, and plans were implemented in line with these identified needs. For example, the use of a functional communication system formed part of a behaviour support plan, and a staff member described the communication training for a resident as per this plan. Residents were provided with assistive technology, for example a resident used an electronic tablet with a communication app, and the inspector observed the resident interacted with staff using this device throughout the day. The use of picture communication systems was evident throughout practices in the centre, for example, daily schedules, menu planner and accessible policies and procedures.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported with a range of activities in the centre and in the community in line with their interest and goals. For example, residents visited a range of recreational amenities in the community, went to restaurants, had learned new household skills, and were developing independent personal care skills. The centre was equipped with a sensory room, and residents were observed to use this throughout the day. There was a large sensory garden to the back of the property, and residents were observed to enjoy accessing this space, and use the nest swing. The organisation of the centre was arranged around these activities and the expressed preferences of residents on a day to day basis. For example, community activities were provisionally planned for the month going forward, and in the event a resident chose alternative activity, this was facilitated. Residents were supported to maintain links with their families, through both visits home and visits by family members to the centre.

Judgment: Compliant

Regulation 17: Premises

The premises was clean, well maintained and was laid out to meet the individual and collective needs of residents. Since the last inspection the centre had been painted, and two residents had been provided with new storage for their clothes. Each resident had their own bedroom, which were nicely decorated. There were sufficient numbers of bathrooms for residents' use. There was a fully equipped kitchen, and laundry facilities were available for resident's use.

As mentioned the provider had informed HIQA of their intention to reduce the capacity of the centre from five to four, as part of their upcoming application to renew the registration of this centre. On the day of inspection an unused bedroom was in use as a storage room.

Judgment: Compliant

Regulation 26: Risk management procedures

Arrangements were in place for the identification, assessment and management of risks in the centre. Individual risks had been assessed and the controls outlined in risk management plans were in place of the day of inspection. For example, seating arrangements in the bus due to a risk of adverse incidents, a low stimulus environment was maintained in line with behavioural recommendations, and meaningful activities were provided to reduce the risk of an incident of behaviours of concern.

Adverse incidents were reported and recorded. The inspector reviewed a sample of incidents for the preceding year. All incidents were reviewed by the person in charge, and the recommendations to reduce the likelihood of reoccurrence had been put in place. For example, an overflow locked press was provided for medicines following a medicine error, and an area in the garden had been resurfaced after a resident fell. Incidents were reviewed as part of monthly staff meeting, as well as monthly governance meetings with the person in charge and the assistant director.

The inspector reviewed the follow up actions taken in response to the non-compliance in December 2020, and found all reasonable measures had been taken to seek clarity on this risk, while considering residents' choices. Arrangements were in place to complete this process in the coming months.

Judgment: Compliant

Regulation 27: Protection against infection

Since the last inspection in April 2022, there were significant improvements in IPC

practices in the centre, and the provider implemented measures to mitigate all the IPC risks which had been identified during the previous inspection. The centre was clean and well maintained and all cleaning records were complete. The provider had reviewed the arrangements for cleaning in the centre and had revised the cleaning schedule to include touch point cleaning four times a day, daily and nightly cleaning tasks, and weekly deep clean tasks. The team leader reviewed these tasks at change of shift to ensure they were completed. A new vehicle had been provided since the last inspection, and this was also observed to be clean.

Handsoap, hand sanitiser and disposable handtowels were available throughout the centre. Personal protective equipment was appropriately stored in an unused bedroom upstairs, and a weekly stock check was completed of all PPE in the centre. Equipment such as extractor fans, showers, kitchen and utility presses were all clean. The medicine press was relocated to the office, and each residents' medicine cabinet and containers were also clean. Cleaning equipment was appropriately stored in the external shed, and a sensor operated waste bin was provided in line with a known risk. Some chairs and couches had been replaced and were clean on the day of inspection. Suitable arrangements were in place for the management of clean and used linen. Alternative arrangements had been made in the centre for two pet cats, and these pets no longer accessed the kitchen area. The person in charge described the contingency plan in the event a resident could not self-isolate.

Staff were observed to wear face masks in line with public health guidelines. Satisfactory measures were in place related to food hygiene, for example, the use of colour coded chopping boards, weekly fridge and freezer temperature checks, and food storage preparation and storage areas were clean on the day of inspection.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Safe and suitable practices were in place for the management of medicines in the centre, and the inspector reviewed these procedures with the team leader. The residents availed of the services of community pharmacies, and medicines were ordered and collected weekly from the pharmacy. Medicines were securely stored in individual locked presses, and stock records were maintained of all medicines received into the centre.

The inspector reviewed medicine prescription and administration records for the four residents and found all records were complete. PRN (as needed) medicine prescriptions and protocols stated the circumstances under which medicine should be administered, and the maximum dose in 24 hours was clearly stated. The team leader was knowledgeable on the types of medicines prescribed for residents, their desired effect, and on the reasons residents may be administered PRN medicines. Suitable arrangements were in place for the disposal of medicines and a separate

locked press was provided for medicines requiring disposal.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had their social, health and personal care needs assessed by staff and a range of allied healthcare professionals. Assessments were also informed by known preferences of residents, and information given by families. Personal plans were developed based on these assessed needs, and plans were informative so as to provide sufficient information to guide practice. Personal plan interventions were developed into accessible format, to promote communication with residents and their involvement and understanding in their care and support.

Staff supported residents to develop goals, and plans were set out detailing the steps to be taken to help residents achieve their goals. Goals included for example, day trips to the seaside, Phoenix Park and a lake, trying out a variety of restaurants, and developing self-help skills. The effectiveness of goal plans were reviewed monthly and once achieved, new goals were set, and achieved goals formed part of everyday activities for residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

Up-to-date behaviour support plans were in place for residents, and had been developed in consultation with a behaviour support specialist. Plans outlined the proactive and reactive responses to support residents to manage their emotions and to keep residents safe. The inspector observed that staff provided this support to a resident in line with their plan.

There were a number of restrictive practices in use in the centre, and the inspector discussed these with the person in charge and a team leader, who described the rationale for use of these interventions, and the plans being used to reduce these practices. Risks assessments also described the rationale for use of these practices, and the inspector found restrictive practices were being implemented relative to the risk presented. Restrictive practices had been reviewed by a rights review committee and were subject to monthly review by the person in charge and the assistant director of services.

Judgment: Compliant

Regulation 8: Protection

There had been a significant reduction in safeguarding incidents in the centre, and safeguarding plans had been implemented following some incidents since the inspection in December 2020. Plans had included an additional staff member being on duty every day, and increased supervision for residents, and these were in place on the day of inspection. The inspector reviewed a sample of four safeguarding incidents, and all had been reported to the relevant authorities, and safeguarding plans developed. The person in charge described the actions they would take in response to a safeguarding incident, to ensure residents were safe and the matter was reported and investigated.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were promoted in the centre, and decisions about the care and support residents received was based on their expressed preferences and identified needs. While residents could not communicate verbally, the staff made every effort to ascertain residents' choices and seek their consent through use of communication aids, and interpreting residents' vocalisations and gestures.

Residents' meetings were regularly facilitated, and social stories and accessible information was used to help communicate policies such as safeguarding, infection control, complaints and fire safety to residents. Residents could access an external advocacy service and information was available on how this service could be contacted. The privacy and dignity of residents was also protected, for example, each resident had their own bedroom, and residents' personal information was securely stored.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant