



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

## Issued by the Chief Inspector

Name of designated centre:	Rivendell
Name of provider:	Health Service Executive
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	26 November 2021
Centre ID:	OSV-0002634
Fieldwork ID:	MON-0034314

## About the designated centre

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

The designated centre Rivendell provides full-time long-term care to eight adult residents, currently female with high levels of intellectual and physical disabilities who require full-time nursing care. The centre comprises a two-storey house on its own grounds, located in a rural location in Co. Wexford. Resident's accommodation is provided on the ground floor. It is accessible by transport to all services and all amenities. The premises has its own safe gardens and all areas and facilities are easily accessible to the residents. Day services are attached to the organisation.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	7
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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 (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
Friday 26 November 2021	09:30hrs to 15:30hrs	Sinead Whitely	Lead

## What residents told us and what inspectors observed

The inspector had the opportunity to meet with six residents on the day of inspection. One resident was not residing in the centre on the day of inspection and the inspector did not meet with them. Residents all used non verbal methods to communicate and the inspector endeavoured to determine the residents thoughts through observation of care practices and monitoring of non verbal communication methods. The inspector observed residents appear happy and relaxed on many occasions during the inspection day.

The COVID-19 pandemic continued to pose a risk on the day of the day of inspection and therefore standard precautions for residential care facilities were taken by the inspector and staff. This included social distancing, wearing of personal protective equipment and regular hand hygiene.

A considerable amount of work had been carried out by the centres management team since the centres most previous inspection. The provider had registered a new designated centre and one resident had moved there. This ultimately discontinued the use of shared bedrooms in the centre. The management team and staff had worked with the residents and their families to make this transition as smooth as possible for the resident. The centre had also discontinued the use of a central kitchen since the centres most previous inspection and were cooking all meals in the centres kitchen. Meal times appeared to be a pleasant experience for residents. The inspector observed fresh meals being prepared by staff in a safe manner and observed staff supporting residents with eating their home cooked meals in a personalised way. All residents had individual nutritional plans in place.

The staff team was a mix of support workers and staff nurses. Support appeared sufficient to meet the needs and number of residents on the day of inspection. The staff team appeared warm, friendly, approachable and familiar with the residents needs when asked. In addition to meeting residents and staff and observing their interactions during this inspection, the inspector also reviewed documentation relating to the overall care and support provided to the residents. Documentation evidenced that in general, residents were in receipt of person-centred care and support.

The premises comprises a two-storey house on its own grounds, located in a rural location in Co. Wexford. Resident's accommodation was provided on the ground floor of the centre and offices and storage areas were located in the second floor of the building. There were six bedrooms in the centre on the day of inspection. Residents all had their own rooms which were bright and homely. One room was designated for use as an additional bedroom should a 7th resident resident in the house. The premises also had accessible surrounding gardens. In general the property was in a good state of repair, however the inspector noted a number of areas with chipped and flaking paint that was in need of maintenance.

While COVID-19 continued to impact daily routines, residents appeared to enjoy a range person centres activities daily. These included music sessions, walks, massage, multi-sensory sessions, and reading. All resident had individual activity folders in place where staff kept a record of what activities they had supported residents with daily.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered in the centre.

## Capacity and capability

This was a unannounced focused risk inspection to review areas of concern noted during the centres previous inspection. This included a review of residents rights, the use of a shared bedroom and the use of a central kitchen. The inspector found marked improvements since the centres most previous inspection. In general, the inspector found that the majority of actions had been addressed since the previous inspection. Residents' well-being was maintained by a good standard of evidence-based care and support. The provider demonstrated the capacity and capability to operate and manage the designated centre in a manner that was resulting in a good quality service. Some improvements were required in relation to fire safety, premises, infection control and residents rights.

The centre had failed to comply with the compliance plan response submitted to HIQA following the centres previous inspection. This included the time lines outlined to discontinue the use of the shared bedroom and to reduce overall numbers of residents before 31 October 2021. The inspector acknowledges that on the day of inspection the provider had successfully reduced overall numbers in the centre following this date and marked improvements were noted in areas including residents rights and food and nutrition. The centre continued to be unsuitable for one resident, secondary to specific support needs and disabilities. This resident could not travel via the service vehicle and had not accessed their local community in a number of years.

The centre had a clear management structure in place and there was a regular management presence in the centre. There were established quality assurance systems and reporting mechanisms in place, to ensure that the centre was effectively monitored.

There was an adequate number of staff on duty each day and night to meet residents' assessed needs, in line with the statement of purpose and it was observed that all staff had completed up-to-date mandatory training and refresher training. Residents had access to full time nursing support.

## Regulation 15: Staffing

The staff team was a mix of support workers and staff nurses. Residents were in receipt of full time nursing care to support their assessed healthcare needs. There were sufficient levels of staff in place to meet the needs of the residents and the inspector found that staffing numbers were in line with the centre's statement of purpose and whole time equivalent. There was a staff rota that was well maintained and an accurate record of staff on duty in the centre.

Judgment: Compliant

## Regulation 16: Training and staff development

There were arrangements in place to monitor and meet staff training and development needs. Staff had received training in areas such as safeguarding, fire safety, manual handling, infection control, behaviour management and food hygiene.

Staff who spoke with the inspector were aware of their roles and responsibilities and said they were well supported by management. There were appropriate arrangements in place for the supervision of the staff team, and regular one-to-one supervision meetings were taking place with all staff members. agenda items

Staff meetings were occurring regularly, and these were found to be varied and resident-focused. There was evidence that staff were supported to raise areas for improvements.

Judgment: Compliant

## Regulation 23: Governance and management

The centre had failed to comply with the compliance plan response submitted to HIQA following the centres previous inspection. This included the time lines outlined to discontinue the use of the shared bedroom and to reduce overall numbers of residents before 31 October 2021. The inspector acknowledges that on the day of inspection the provider had successfully reduced overall numbers in the centre and marked improvements were noted.

The centre had a full time person in charge who shared their role with one other designated centre. This person was on leave on the day of inspection and another member of management had been nominated to manage the running of the designated centre in their absence. The provider used a nursing management

structure and the person in charge was supported by a number of senior nursing staff within the service including a director of nursing and assistant director of nursing.

The inspector observed evidence that the senior management team had oversight of the service provided. There was an annual review of the quality and safety of care available in the centre for 2020, along with six-monthly auditing reports/unannounced visits. Action plans with clear time lines and persons responsible were developed for areas where deficits were identified. Audits used the regulations and standards as tools for making compliance judgements.

Judgment: Substantially compliant

## Quality and safety

This was an unannounced focused risk inspection to review areas of concern noted during the centres previous inspection. This included a review of residents rights, the use of a shared bedroom in the centre, fire safety, governance and management, and residents food and nutrition. Overall, the inspector found marked improvements since the centres most previous inspection.

The majority of actions from the centres previous inspection had been addressed by the provider. This included discontinuing the use of shared bedrooms in the centre and discontinuing the use of a central kitchen.

The inspector reviewed the quality assurance mechanisms in the centre and found that management and staff were aware of residents' needs and knowledgeable in the care practices required to meet those needs. Good practice was noted in areas such as personal planning, safeguarding and risk management. However, some improvements were required in relation to fire safety, residents rights, premises and infection control.

Residents all had individualised risk management documentation in place, individual social goals and personalised safeguarding plans which appeared to guide the care and support provided to them. Documentation was regularly reviewed and updated to reflect residents most current needs.

Systems were in place to reduce the risk of healthcare associated infections. It was also noted that active efforts were being made to protect residents from COVID-19. During the inspection, it was seen that infection prevention and control measures were being followed, including regular cleaning, staff training and the use of personal protective equipment (PPE). A contingency plan was also provided for this centre, which the inspector identified required a review.



## Regulation 17: Premises

The premises comprises a two-storey house on its own grounds, located in a rural location in Co. Wexford. Resident's accommodation is provided on the ground floor of the centre and offices and storage areas are located in the second floor of the building. There were six bedrooms in the centre on the day of inspection. Residents all had their own rooms which were bright and homely. One room was designated for use as an additional bedroom should a 7th resident resident in the house. The premises also had accessible surrounding gardens.

In general the property was in a good state of repair, however the inspector noted a number of areas with chipped and flaking paint which were in need of maintenance.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

The centre had discontinued the use of a central kitchen since the centres most previous inspection and were cooking all meals in the centres kitchen. Meal times appeared to be a pleasant experience for residents. The inspector observed fresh meals being prepared by staff in a safe manner and observed staff supporting residents with eating their home cooked meals in a personalised way. All residents had nutritional plans in place. Staff spoken with appeared knowledgeable regarding residents dietary preferences and needs and were familiar with safe procedures for cooking the residents food.

Judgment: Compliant

## Regulation 26: Risk management procedures

The registered provider had implemented a system for the assessment, management and ongoing review of actual and potential risks in the designated centre. The centre had a risk register which identified all risks in the centre.

Residents all had individual risk management plans in place which were subject to regular review. Risks associated with COVID-19 had also been reviewed by the service. Some residents presented with specific healthcare concerns and these were continuously risk assessed and reviewed by the service.

Judgment: Compliant

## Regulation 27: Protection against infection

There were regular cleaning schedules maintained and recorded daily by staff. These included regular cleaning of residents equipment and all aspects of the environment. Cleaning products were readily available in the centre in line with the providers own policy. Alcohol hand gels were in place at key areas and residents and staff temperature checks were taken and recorded daily. Personal protective equipment (PPE) was available for staff and staff were observed wearing face coverings during the course of the inspection in line with national guidance.

All staff had received up-to-date training in areas including infection control, hand hygiene and donning and doffing of PPE. Up-to-date information regarding infection control and COVID-19 was readily available to all staff in the centre. The provider had developed a COVID-19 contingency outbreak management plans. While this appropriately identified isolation procedures, the inspector found that this would not adequately guide unfamiliar staff on the management and general operation of the designated centre in the event of an outbreak of COVID-19 in the centre. Emergency contacts were not clearly laid out in this plan.

Some areas requiring improvements were observed around the centre. There were areas with chipped and worn paintwork. This made deep cleaning of these areas difficult. A bean bag was observed in the centres activities room. This was visibly very dirty and not subject to a recorded cleaning schedule. There were a number of shared toiletries in one of the centres bathrooms. These were not labelled for individual use by residents while showering and bathing.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

There was a fire detection and alarm system in the designated centre, along with fire fighting equipment, emergency lighting and fire containment measures. All equipment in place was checked and serviced by a relevant fire professional on a routine basis, and records of this were well maintained. Staff had received training in fire safety, and this training was refreshed routinely. Regular fire safety checks were completed by staff and recorded. These included checks of exit routes, equipment and electrical points.

Evacuation procedures were prominently displayed on the centres walls. Simulated fire evacuations were completed regularly by staff and residents all had personal emergency evacuation plans in place. However following a review of drill records, the inspector found that records did not demonstrate that staff could fully and safely evacuate residents in the event of a fire at night in an efficient manner. This also meant that personal emergency evacuation plans did not appear to adequately

outline how to efficiently evacuate residents in the event of a fire during the night.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place which included a comprehensive assessment of need. Where a need was identified a corresponding support plan was in place to guide and inform staff on the support requirements for the resident. This included identified healthcare needs and concerns.

Residents all experienced annual reviews of their plan of care. This was an opportunity to set out their goals for the year ahead. Key working systems were in place and key workers were responsible for reviewing and updating residents personal goals and supporting them to achieve their desired outcomes. The inspector observed one resident had a personal goal to purchase a new smart phone, it was evident that steps had been taken to support them to achieve this.

Judgment: Compliant

### Regulation 8: Protection

There were arrangements in place to ensure that residents were safeguarded, including a policy and associated procedures. Staff had received training in adult safeguarding, there were also persons identified with responsibility for managing safeguarding concerns. It was found that any concerns or potential safeguarding issues had been investigated appropriately, and where necessary there were safeguarding plans in place. There were clear support plans in place for residents who required support with personal care, to ensure this was provided in a dignified and respectful manner.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider had discontinued the use of shared rooms in the centre since the centre's most previous inspection. This appeared to be a positive step towards respecting all residents' privacy, dignity, choice and control.

However one resident living in the centre could not travel via the service vehicles due to physical disabilities and safety risks. This had been an issue identified during

the centres previous inspection. The residents current living arrangement meant that they had not left the centre or accessed their community for a number of years. This living arrangement was very restrictive to them in their daily life. The provider had failed to adhere to the compliance plan response submitted to HIQA following the previous inspection which stipulated that this resident would move to a new home that better met their physical needs before September 2021. That said, it was well evidenced that the provider, management and staff had communicated with, and worked with the residents multi-disciplinary team since the previous inspection to explore alternative options available to the resident. The residents occupational therapist was now considering alternative seating to support this resident to access their community from the centre.

Judgment: Not 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Rivendell OSV-0002634

Inspection ID: MON-0034314

Date of inspection: 26/11/2021

## 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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Registered provider has applied for a variation to reduce the number of beds to 6 with a contingency plan for the conversion of a second day room to a bedroom should the requirement for an additional resident to return from a long term home stay occur.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The registered provider together with the PIC has escalated quotations for painting and is assured that the centre will be painted and that areas of concern regarding infection prevention & control risks will be addressed as a result of these improvements.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: All staff are scheduled for training in Clean Pass fore Q4 of 2022. In the interim Senior Nurse Management team have reviewed the format of work schedules to ensure enhanced guidance and detail required in relation to IPC and COVID is reflected. COVID contingency plan has been reviewed to include all information in relation to guidance for unfamiliar staff. With advances in COVID Vaccine roll out and the application of protective measures it is envisaged that at no point will the Senior Nurse Management Team be unavailable as a whole.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: On onsite review of Personal Evacuation Plans is being undertaken by the fire Officer	

with a view to formalizing a plan for the use manual handling equipment for evacuation purposes.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
A newly designed Wheelchair has been sourced for the resident in question. Currently Pro mobility are supporting the resident trail travel enabler devices which in turn will be assessed by Motability Ireland to determine compliance with road safety.  
In the event this process is deemed successful and the resident can safely travel on a service vehicle the requirement to support her relocation to an alternative home will be unnecessary



## 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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/07/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	13/11/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated	Substantially Compliant	Yellow	31/12/2022

	infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	31/03/2022
Regulation 09(1)	The registered provider shall ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.	Not Compliant	Orange	31/05/2022