



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

Name of designated centre:	Rivendell
Name of provider:	Rivendell
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	09 October 2018
Centre ID:	OSV-0002634
Fieldwork ID:	MON-0025051

## About the designated centre

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

The statement of purpose details that the centre provides fulltime long-term care to eight adult residents, currently female with severe to profound intellectual and physical disabilities who require fulltime nursing care. The centre comprises a two story house on its own grounds located in a rural location. Resident's accommodation is provided on the ground floor. It is accessible by transport to all services and all amenities. The premises has it 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:	8
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## How we inspect

To prepare for this inspection the inspector or 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
09 October 2018	09:30hrs to 19:00hrs	Noelene Dowling	Lead

## Views of people who use the service

The inspector met with all residents who communicated in their preferred manner and allowed the inspector to observe some of their routines and activities. Questionnaires had been completed by staff on behalf of a number of residents and a number were also completed by the residents parents. These questionnaires expressed satisfaction with the good level of care and support provided to their relatives and made reference to very good communication and consultation processes.

## Capacity and capability

The inspector found that the governance, oversight and direction of care practices were satisfactory to ensure the safe and effective delivery of care to the residents based on their assessed needs.

All of the actions required by the previous inspection in 2016 had been satisfactory addressed by the provider.

The management team consists of a suitably qualified and experienced full time person in charge, two clinical nurse managers and the director of nursing for the organisation. All roles are clearly defined and accountable.

There were effective reporting and oversight structures evident with detailed reports to the management group for review .

There were very good systems for quality improvement including detailed health and safety reviews, thematic inspections on for example, resident rights and auditing of residents care needs. All incident or accidents, falls or medicines errors were promptly reviewed and actions to prevent reoccurrence identified.

An additional safeguarding system was in place whereby managers in the organisation undertook unannounced visits to the centre at irregular hours, including night time to monitor residents care. These were observational in terms of resident's activities and wellbeing at the time and health and safety reviews with actions identified and addressed. These systems promoted residents welfare and ensured their complex care needs were being identified and addressed.

Unannounced visits by the provider had also taken place and an annual report was compiled. This was a detailed transparent review which identified the need to address shared bedrooms, increased access to community activities, staff training,

complaints and incidents. The provider outlined plans to address the shared bedrooms in the centre as part of an overall reconfiguration of the service.

There were a number of formal provider/parent meetings held to elicit relatives views and also ensured they were fully informed of any planned changes such as the reconfiguration of the service

The statement of purpose and all of the required documentation for the renewal of the registration had been forwarded .The inspector found that the service was operated in accordance with the statement of purpose and the needs of the residents were prioritised.

The skill mix and staffing levels were appropriate to the assessed needs for residents who required fulltime nursing care and support. The staff ratios had been increased significantly with between seven and five staff on during the day and evening and two staff overnight. This could be seen to help support residents with significant primary care needs and access to individual supports.

There were some deficits in the numbers of permanent staff available at the time of the inspection which necessitated the use of agency staff. In the main these were staff who were consistent and familiar with the residents and induction was undertaken. Recruitment was actively underway.

There was a commitment to ongoing staff training evident and all mandatory training was completed for the permanent staff with schedules for 2018 available. Recruitment practices were satisfactory for the permanent staff but while confirmation of An Garda Síochána vetting and training was provided for the agency staff this was not verified by the provider to ensure the information was correct.

Inspectors saw that there was formal and pertinent supervision undertaken by the person in charge with good induction programmes for new staff members.

The provider acted promptly to address any issues in relation to staff performance which arose. The inspector reviewed records of a very serious incident which occurred in the centre and has been notified to HIQA, the inspector found that the provider was taking the appropriate actions to address this matter.

Staff and the management team were seen to be very familiar with and supportive of the residents living in the centre.

Registration Regulation 5: Application for registration or renewal of registration

All documents required were forwarded in a timely manner.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge has the qualifications and experience necessary and was seen to be carry out the role effectively.

Judgment: Compliant

### Regulation 15: Staffing

The staffing levels , skill mix were suitable to meet the assessed needs of the residents. Systems to verify the information provided on behalf of agency staff are required.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Staff had the required training, skills and knowledge to support the residents.  
There were good supervision and monitoring systems in place for staff.

Judgment: Compliant

### Regulation 22: Insurance

Insurance was up to date and satisfactory.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective management systems which ensured the safe and effective delivery of care to residents. There was good oversight and reporting structures and the management were actively involved in the centre.

The provider took appropriate actions to ensure staff carried out their responsibilities.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

Admissions decisions were made based on compatibility and safety of residents. The contract for care was detailed and included all the required information.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose accurately detailed the service provided and practices reflected this.

Judgment: Compliant

### Regulation 31: Notification of incidents

From a review of records the inspector was satisfied that the person in charge and the provider forwarded notifications as required to HIQA with the exception of a

small number of restrictions.

Judgment: Substantially compliant

### Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

Arrangements for the absence of the person in charge were notified to HIQA and satisfactory.

Judgment: Compliant

### Regulation 34: Complaints procedure

Complaints made on behalf of residents had been addressed satisfactorily.

Judgment: Compliant

## Quality and safety

The inspector found that the complex needs of residents were identified and supported to provide them with a safe and meaningful quality of life. They required two to one supports for most physical care needs and the staffing levels and the breakdown of the routines was structured in a manner to provide this care in a calm and unhurried manner as observed by the inspector. Action required from the previous inspection in regard to implementation of suitable support plans, adequate reviews of resident care needs and risk management systems had all been addressed.

The residents' complex health care needs were identified and monitored. They had good access to a range of multidisciplinary assessments including physiotherapy, occupational therapy, speech and language and neurology. The residents had detailed support plans for all clinical and social care needs and good attention was paid to skin integrity, falls or choking risks and medicines review. Staff were very familiar with these needs. Staff were also made available to remain with residents at all times if they were admitted to acute care.

There were frequent and comprehensive reviews of the support plans and advanced care decisions undertaken in full consultation with their relatives which was appropriate to the resident needs.

In accordance with their assessed needs, day care arrangements were staggered and their own staff accompanied them. They had planned activities in the centre when not attending which included sensory supports or walks and activities in the garden which formed a large part of their routines. Their physical care needs dictated periods of rest during the day so this arrangement was appropriate.

Systems for consultation with residents were appropriate to their needs. Staff used pictorial images to assist residents in their routines. The inspector noted that the daily activities were undertaken at the residents pace and their preferences were respected.

Individual achievable social goals were identified following reviews and there was a monthly special individual plan made for each resident. For example, one was to travel on a train in October and another was to visit a friend in another centre and go out for tea.

Some improvements were needed to ensure that residents had access to positive interactions when in the centre however, the inspector did note some periods where residents did not have access to interaction and were waiting for long periods without any gentle stimulation such as music or suitable television. This was seen to create some anxiety for residents despite the high staff ratio.

In addition, a resident who, due of a significant risk in using transport was unable to avail of any external activities. This had a significant impact on the resident's ability to have a change of environment or community access due to the location of the centre which necessitated the use of transport for the resident. The provider had taken the decision that the resident would not be in a position to use the transport due to safety reasons however, the inspector found that the resident had been taken out in the transport on a number of occasions posing a risk to the resident. The inspector saw that numerous efforts had been made to source a safe method of transport to no avail. This risk was discussed during the inspection and the inspector was informed that until such time as an alternative form of transport could be sourced (if this was possible) the resident would not be using the transport. Having reviewed the evidence and the decision making process this was based on a robust assessment and was proportionate to the risk identified. In order to address the deficit for the resident, plans had been made to explore and provide different experiences in the centre such as having a beautician or hairdresser come in however, these had not been progressed.

There were effective systems in place to protect residents from harm and the person in charge and the provider acted promptly to address any issues. The significant vulnerability of the residents was clearly detailed in the intimate care and safeguarding plans and was further supported by the staff ratios and oversight systems.

There were also detailed guidelines for staff to follow regarding residents

communication and how they were to respond to signs of distress. The inspector saw that these guidelines were followed and understood by staff. These factors contributed to the quality of the residents' daily lives.

There was good access to behaviour supports and sensory assessment and supports.

A number of restrictions were in place in the centre including a locked front door and the use of bed rails. These had been appropriately assessed and reviewed as necessary, safe and were appropriate to protect the residents. Where medicines were used albeit very infrequently to manage behaviour or anxieties, these were monitored and reviewed. A rights committee which included suitably qualified external persons reviewed these restrictions. However, a small number of additional restrictions were in place which had not been defined as restrictive practice. These were discussed at verbal feedback and addressed by the person in charge.

The premises were suitable for purpose, well laid out and equipped to promote the residents' welfare and safety. There was a well used additional activities and sensory room and space for residents to have time alone. It was comfortable and homely.

However, there were two shared bedrooms and the inspector saw that these rooms had ample space and were very personalised. On this inspection there was no indication that residents sharing the bedrooms were impacted negatively by others' behaviours. The inspector saw that their privacy and dignity was maintained by staff at all times. The provider did have a long-term plan to address this and reduce the numbers of residents as part of an overall reconfiguration of the centres within the organisation. This was not definitive however and the provider is required to address this. This plan would also take account of the need to provide easier community access to the resident who could not use the transport provided currently.

All equipment including specialised hoists, chairs, baths and specialist mattresses were available for residents and maintained.

Risk management systems were good and took account of the vulnerabilities of the residents and the need to keep them safe. There was a centre specific risk register which detailed both environmental and clinical risks to the residents with detailed individual risks assessment and management plans implemented. Fire safety systems were also good with all of the required equipment and containment systems in place and serviced as required. Practice drills took account of the vulnerability of the residents and the evacuation plan also accounted for this dependency.

## Regulation 10: Communication

Residents were supported to communicate using pictorial images and there were support plans available to facilitate this. Staff clearly understood and responded to the residents methods of communication.

Judgment: Compliant

## Regulation 11: Visits

Relatives confirmed that they could visit at any time and also that staff facilitated visits home.

Judgment: Compliant

## Regulation 12: Personal possessions

Resident had numerous and important favourite possessions which were recorded.

Judgment: Compliant

## Regulation 17: Premises

The premises were very spacious and comfortable and equipped to meet the specific needs of the residents. However, the two shared bedrooms impact are not suitable for residents long term use.

Judgment: Not compliant

### Regulation 18: Food and nutrition

Residents nutritional needs were identified and well supported. Weights, food and fluid intake was reviewed and monitored to address any concern.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

There was detailed information available in the event of a resident needing admission to acute care. However, staff also remained with residents in these circumstances.

Judgment: Compliant

### Regulation 26: Risk management procedures

Systems for identifying and managing risk were robust and proportionate.

Judgment: Compliant

### Regulation 27: Protection against infection

There were suitable and pertinent systems for the prevention of infection in place and seen to be implemented.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire management systems were satisfactory. All of the fire safety equipment was in place, serviced as required and systems for containment of fire and evacuation suitable to the residents were implemented.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The systems for the management of medicines were safe and all medicines were reviewed regularly. Any errors were fully reviewed and remedial actions taken.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents had good access to pertinent assessments and good multidisciplinary supports. All personal plans were reviewed annually or as required with participation of the residents where possible and their relatives. Their care and support needs were being addressed.

However, some improvements were needed in supporting residents at busy times and also when they cannot access the external community.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents healthcare needs were identified, monitored and responded to promptly with suitable support plans implemented.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Residents were supported by the detailed behaviour and sensory support plans implemented.

There was good access to psychiatry and psychology which guided staff in supporting the residents.

Judgment: Compliant

## Regulation 8: Protection

The systems for prevention and responding to any potentially abusive situation were robust with prompt and appropriate actions taken to safeguard residents. The systems for oversight of care also protected residents.

Judgment: Compliant

## Regulation 9: Residents' rights

Systems for consultation with residents were pertinent to their needs and their preferences were seen to be known and respected. However, there were two shared bedrooms and a definitive plan is required to address this.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Rivendell OSV-0002634

Inspection ID: MON-0025051

Date of inspection: 09/10/2018

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            The provider is actively engaging with the Agency providers to ensure safe and accurate information pertaining to verification of vetting is held on site. Taking cognisance of GDPR issues identified by the representatives from the Agencies, HSE, Chief officer is continuing to engage in order to reach a satisfactory resolution</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:            The Provider and PIC will ensure that all restrictions are recorded appropriately and reported as required by the regulator.            All falls alarms in use have now been added to the restrictive devise register, staff are educated to the change and actively documenting as required. All information will be reported int eh nest quarterly returns.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:            There are currently 4 residents who share 2 double bedrooms in the centre. While it</p>	

forms part of the overall service decongregation plan to down size the centre by Q3 of 2020. This would ensure that no 2 residents have to share a bedroom. We are very much aware of our responsibility to the welfare of these residents and our job to advocate on their behalf to ensure that no decision to separate people against their wishes is made, which could have a detrimental effect on them, therefore it is our intention to ensure we ascertain their will and preference prior to executing the plans which are drawn up for phase 3 downsizing. We may need to review these depending on the outcome of this piece of work closer to the time.

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Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:  
 A complete overview of the resident's activation programs with particular emphasis to the requirement to be creative and source alternative service providers who are willing to provide services onsite for one particular resident who cannot travel on service transport. This individual particular needs in relation to community integration are identified and catered for in phase 3 of the service decongregation plan and will be progressed by Q3 2020.  
 A review of staff allocation was also undertaken to ensure that residents received timely support for activities.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
 There are currently 4 residents who share 2 double bedrooms in the centre. While it forms part of the overall service decongregation plan to down size the centre by Q3 of 2020. This would ensure that no 2 residents have to share a bedroom. We are very much aware of our responsibility to the welfare of these residents and our job to advocate on their behalf to ensure that no decision to separate people against their wishes is made, which could have a detrimental effect on them, therefore it is our intention to ensure we ascertain their will and preference prior to executing the plans which are drawn up for phase 3 downsizing. We may need to review these plans and advocate for the individuals to continue to share a bedroom depending on the outcome of this piece of work closer to the time.



## 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 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	28/02/2019
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	31/03/2020
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in	Substantially Compliant	Yellow	13/12/2018

	relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/01/2019
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	31/03/2020