



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:	Announced
Date of inspection:	08 August 2024
Centre ID:	OSV-0002634
Fieldwork ID:	MON-0035648

About the designated centre

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

Rivendell is a designated centre operated by the Health Service Executive (HSE). The designated centre provides a community residential service to a maximum of six adults with a disability. The centre is located in a rural location in Co. Wexford with access to local services and amenities. The centre is a detached two-storey house. Resident's accommodation is provided on the ground floor which comprised of an entrance hall, sitting room, kitchen, dining room, multi-sensory room, a laundry, six individual bedrooms and a number of bathrooms. The second floor consists of office space, storage and meeting room. To the rear of the premises there is a large garden for resident to avail of if they wish. The staff team consists of staff nurses and multi-task workers. The staff team are support by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
Thursday 8 August 2024	10:00hrs to 18:00hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted to monitor on-going compliance with the regulations and to inform a decision regarding the renewal of registration.

The inspector had the opportunity to meet with six residents on the day of inspection. The residents all alternative methods to communicate and the inspector endeavoured to determine the residents views through observation of care practices and reviewing documentation.

On arrival, the inspector meet with the six residents as they went about their day. One resident was in the sitting room watching TV before they left the centre to access the community, three residents were being supported with breakfast and two residents were being supported to prepare for the day. Later in the morning, the residents were observed leaving the centre to go for walks and drives. In the centre the inspector observed residents spending time in the garden, sensory room and dining room. In the afternoon, the inspector also observed the residents engaging in hand massage, watching the Olympics and listening to music.

The inspector carried out a walk-through of the premises accompanied by the person in charge. As noted, the designated centre comprised of a detached two-storey house on its own grounds, The house consisted of sitting room, kitchen, dining room, multi-sensory room, a laundry, six individual bedrooms and a number of bathrooms. Overall, the house was well-maintained and decorated in homely manner. Each resident bedroom was decorated in line with their preferences. However, some areas required attention including flooring in the laundry and one resident's bedroom. This had been self-identified by the provider and plans were in place to upgrade the flooring.

The inspector also reviewed six questionnaires completed by the residents with the support of staff describing their views of the care and support provided in the centre. Overall, the questionnaires contained positive views with many aspects of service in the centre such as activities, bedrooms, meals and the staff team. In addition, the inspector reviewed recently questionnaires completed by family members of the residents on the care and support provided in the centre. Overall, the family members spoke positively about the care and support. However, a number of family members noted that the consistency of staffing was an area for improvement.

In summary, based on what the residents communicated with the inspector and what was observed, it was evident that the residents received good quality of care and support in the designated centre. The residents appeared content and comfortable in the service and the staff team were observed supporting the residents in an appropriate and caring manner. However, some improvement was required in staffing arrangements, fire safety and residents finances.

The next two sections of the report present the findings of this inspection in relation to the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, there was a clear management structure present and which ensured that the service provided was safe, consistent, and appropriate to the residents' needs. On the day of inspection, there were sufficient numbers of staff to meet the residents assessed needs. However, the staffing arrangements required further review to ensure the planned staffing complement levels were maintained.

There was a defined governance structure in place. The centre was managed by a full time, suitably qualified and experienced person in charge. The provider had carried out regular quality assurance audits including an annual review 2023 of the care and support in the centre and six-monthly unannounced visits as required by the regulations. The quality assurance audits identified areas for improvement and action plans were developed in response.

The inspector reviewed a sample of the staff roster and found that improvements were required in the staffing arrangements to ensure the planned staffing complement was maintained. Throughout the inspection, the staff team were observed treating and speaking with the residents in a dignified and caring manner. There were systems in place for the training and development of the staff team. This ensured that the staff team had up-to-date knowledge and skills to meet the care and support needs of residents.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and was suitably qualified and experienced for the role.

Judgment: Compliant

Regulation 15: Staffing

On the day of the announced inspection, the registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. For example, the six residents were supported during the day by seven staff members. At night, two waking night staff supported the six residents. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

The person in charge maintained a planned and actual roster. From a review of the roster, there was an established staff team in place. At the time of the inspection the centre was operating with four whole time equivalent vacancies. This was managed through the existing staff team and the use of regular agency staff.

However, the staffing arrangements required improvement. For example, from a review of the roster from June - August, there were 21 occasions where the planned staffing complement was not maintained due to lack of cover and redeployment. While, the reduced staffing levels were in line with minimum safe staffing levels for this centre, the staffing arrangements required further review to ensure the planned staffing complement levels were maintained.

The inspector reviewed a sample of staff files and found that they contained all of the information as required by Schedule 2 of the regulations.

Judgment: Not compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, the staff team had up-to-date training in areas including fire safety, manual handling, positive behaviour supports, human rights and safeguarding.

However, multi-task workers had no training in medicine management and therefore were not permitted to administer medication to residents. When residents were at home, staff nurses were available to administer medications. However, when residents were in the community they were, at times, supported by multi-task workers. Therefore the staff could not administer medication. The provider had commenced a review of this and had recently developed risk assessments to guide practice and scheduled medication reviews with the relevant consultants to ensure that emergency medicine prescribed was still required. Further review of residents' needs and staff training requirements were required to ensure that residents' were

adequately supported at all times.

There was a supervision system in place and all staff engaged in formal supervision. From a review of records, it was evident that the staff team were provided with supervision in line with the provider's policy.

Judgment: Substantially compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to an Clinical Nurse Manager 3, who in turn reports to the Assisted Director of Nursing and Director of Nursing. There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents needs. The quality assurance audits included the annual review 2023 and six monthly provider visits as required by the regulations. The audits identified areas for improvement and action plans were developed in response.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider prepared a statement of purpose which included all the information as required in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse accidents and incidents occurring in the centre and found that the Office of the Chief Inspector was notified as required by

Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the management systems in place ensured the service was effectively monitored and provided appropriate care and support to the residents. The inspector found that this centre provided person-centred care in a safe and homely environment. However, some improvement was required in premises, fire safety and residents finances.

The inspector reviewed a sample of the residents personal files. Each resident had an up to date comprehensive assessment of their personal, social and health needs. These informed the residents plans which were found to be up-to-date and suitably guiding the staff team. However, the inspector found an area for improvement in residents finances.

There were effective systems in place for safeguarding the residents. The inspector reviewed a sample of adverse incidents occurring in the centre which demonstrated that incidents were reviewed and appropriately responded to. The residents were observed to appear comfortable and content in their home.

There were appropriate systems in place for fire safety. However, some improvement was required in demonstrating the all persons could be safely evacuated at night time in the event of a fire.

Regulation 12: Personal possessions

The inspector reviewed a sample of residents' finances and that found that there were appropriate local systems in place to provide oversight of monies held by residents physically in the centre. For example, local systems included day-to-day ledgers, storage of receipts and regular checks on the money held in the centre by the staff team.

The provider had recently introduced systems to ensure residents' financial information was readily available to residents. For example, account statements were now being provided to residents. This system also allowed for regular oversight of these financial accounts.

The oversight systems in place to support residents to manage their monies and/or savings in circumstances where residents were supported by others required improvement. For example, the provider did not demonstrate how they were

assured that all resident monies and savings were appropriately accounted for whereby there was third party involvement/management of resident finances. This had been self-identified as an area for improvement by the provider.

Judgment: Not compliant

Regulation 13: General welfare and development

While, the six residents in this service could access sessions in the day service, they did not attend formalised day services or work during the day. The residents were reliant on the staff team for activation.

The inspector reviewed activity and daily records for a sample of residents for a month of July 2024. There was evidence of residents attending a music festival, a birthday party, going to the beach, visiting family members and going for walks. The provider had self-identified activation and the development of social roles as an area for further development.

In addition, goals were set for the residents and progress in achieving same was recorded in their personal files. For example, one resident identified developing their family connections as a goal and there was evidence of steps taken to achieve same.

Judgment: Compliant

Regulation 17: Premises

The designated centre was designed and laid out to meet the needs of the residents. The house was decorated in a homely manner with the residents possessions and pictures of people important in their lives. The inspector found that the premises was well maintained.

The previous inspection identified areas of the flooring lifting in the hallway, areas of broken tiles in bathrooms and kitchen surfaces posing a barrier to effective infection, prevention and control. This had been largely addressed with a new kitchen being installed and new flooring in the centre. However, the flooring of the laundry room and one bedroom required attention. This had been self-identified by the provider.

Judgment: Substantially compliant

Regulation 20: Information for residents

The provider had prepared a residents guide which contained all of the information as required by regulation 20.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place to identify and manage risk. The inspector reviewed the risk register and found that general and individual risk assessments were in place. The risk assessments were up to date and reflected the control measures in place.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Each resident had a personal evacuation plan in place which appropriately guided the staff team in supporting the residents to evacuate.

There was evidence of regular fire evacuation drills taking place including an hour of darkness fire drill. However, some improvement was required in the hours of darkness drill. For example, the last hour of darkness drill did not include the highest number of residents. This meant that it was not demonstrable that the arrangements in place at night-time were appropriate to evacuate all persons with the highest numbers of residents from the designated centre in a timely manner.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

There were systems in place to identify, manage and review the use of restrictive practices. At the time of the inspection, there were some restrictive practices in use in the designated centre. From a review of records, it was evident that restrictive practices had been reviewed and efforts made to reduce or remove restrictive practices as appropriate.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to safeguard the residents. There was evidence that incidents were appropriately reviewed, managed and responded to. The inspector also observed that residents appeared content and comfortable in their home and in the presence of the staff team and management. All staff had up-to-date safeguarding training.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Rivendell OSV-0002634

Inspection ID: MON-0035648

Date of inspection: 08/08/2024

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	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Provider and Person in Charge have reviewed the staffing arrangements for the centre. The roster has been reviewed and a new roster will commence 14th October 2024. There will be one vacant WTE Monday to Friday line and this will be filled early 2025 when staff member returns from leave.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Person in Charge has scheduled medication reviews for remaining residents to identify if emergency medications prescribed are still required. A staff member within the service has completed training in the administration of emergency medication for residents who are diagnosed with epilepsy and prescribed rescue medication. This staff member will commence training non-nursing staff in administration of rescue medication.	
Regulation 12: Personal possessions	Not Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: The Provider has arranged to meet with the third party involved and referred to in this inspection report who manages their daughter's finances. Alternatives to cease this practice and to operate in line with the Assisted Capacity Act will be explored, with the resident, her mother, the Provider and Person in Charge.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

The Person in Charge has arranged and overseen the requirement for new flooring in the laundry area and the one remaining bedroom. This is now completed.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Person in Charge has arranged a further fire drill for night-time to occur when all residents are present in the centre, with minimal staff i.e. two waking staff.	

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Orange	31/10/2024
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	14/10/2024
Regulation 16(1)(a)	The person in charge shall	Substantially Compliant	Yellow	31/12/2024

	ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.			
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	14/08/2024
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.	Substantially Compliant	Yellow	14/09/2024