



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

Name of designated centre:	Lifford Accommodation
Name of provider:	RehabCare
Address of centre:	Donegal
Type of inspection:	Announced
Date of inspection:	15 January 2019
Centre ID:	OSV-0002678
Fieldwork ID:	MON-0022490

## About the designated centre

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

Lifford Accommodation provides full-time residential care and support to adults with a disability. The designated centre comprises of two interconnected semi-detached houses. Residents in each house have their own bedrooms and also have access to shared bathroom facilities on both the ground and first floors. In addition, the house includes a communal sitting room, kitchen dining room and laundry room for residents' use. The centre is located in a residential housing estate in a town and is close to local amenities such as shops, cinema and cafes. Residents are supported by a team of support workers, with staffing arrangements in each house being based on residents' assessed needs. In house one, during the week staff support is provided at set times in the evening to assist residents to maintain their independence skills. Whereas in house two, a staff member is available in the morning and evening to support residents when they are not at their day placements. In addition, the support worker will undertake a sleep over duty in house two in order that they are available to support residents at night if required. The sleep over staff are also available to residents in house one and accessed through the operation of a buzzer system. At the weekend, residents in both houses are supported by one staff member who undertakes a sleep over duty, with an additional staff member being available at set times during the day and evening. In addition, management support is available to staff outside of office hours through the provider's on call system if required.

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

Number of residents on the date of inspection:	6
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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
15 January 2019	09:10hrs to 17:25hrs	Stevan Orme	Lead

## Views of people who use the service

The inspector had the opportunity to meet with six residents during the inspection. Residents told the inspector about the care and support they received. Residents said they liked living at the centre and felt safe. Residents said that they were independent in many aspects of their daily life, but staff were always available to help them if needed.

The inspector also reviewed questionnaires completed by residents about the care and support provided at the centre. Questionnaires reflected comments made by residents to the inspector, and reinforced that they were happy and satisfied with all aspects of the designated centre.

The inspector also had the opportunity to speak with the residents' families during the inspection. Family members told the inspector that they were happy with the care provided by staff at the centre. They also told the inspector that they felt that staff ensured that residents were kept safe from harm and ensured that their needs were fully met.

## Capacity and capability

Governance arrangements had improved at the centre following the last inspection. There had been changes to the management team and a schedule of management audits had been introduced to assess the effectiveness of support practices. The changes implemented by the provider ensured that residents received a good standard of care in accordance with their assessed needs and enabled them to achieve their personal goals.

Following the last inspection, the provider had reviewed the centre's management arrangements, which had resulted in the appointment of a team leader to support the person in charge in the day-to-day management of the centre. Both the person in charge and team leader were knowledgeable about residents' assessed needs and actively involved in the operational management of the centre.

In addition, the person in charge had introduced a range of management audits following the last inspection which looked at the effectiveness of practices at the centre and ensured compliance with the provider's policies. Management audits included for example, the regular monitoring of residents' monies to ensure both compliance with the provider's policy and safeguarding residents from the risk of financial abuse. The provider further ensured the effectiveness of practices at the centre through the undertaking of

unannounced visits every six months to the centre and the completion of an annual review into the care and support provided at Lifford Accommodation. Where areas requiring improvement were identified through both internal audits and the provider's visits, clear action plans were developed by the person in charge. Furthermore, records showed that audit findings were addressed in a timely manner and ensured the ongoing provision of a good standard of support to residents. In addition, the person in charge made staff aware of the audits' findings through regular team meetings, ensuring both staff knowledgeable and a consistency of approach. This showed that the provider now had the capacity to self identify issues and address areas for improvement in a proactive way.

The provider had put arrangements in place to ensure that staff had the right training and knowledge to care for the residents who lived in this centre. Regular training opportunities ensured that staff knowledge and skills were up-to-date and reflected current developments in health and social care practices. Following the last inspection, the provider had improved staff access to training. Improved access ensured that all staff had received up-to-date mandatory training such as fire safety and manual handling, as well as training specific to residents' needs. In addition, to attendance at training and team meetings, staff members were further supported through regular one-to-one supervision meeting with either the person in charge or team leader. Staff told the inspector that they felt supported by the centre's management team and through their supervision meetings they had the opportunity to discuss their roles and responsibilities, training needs and personal development goals.

The provider had ensured that staffing arrangements at the centre were sufficient and available at key times during the day to meet residents' assessed needs. Staffing arrangements reflected residents' levels of independence, but also ensured that support was available as and when required. In addition, staffing arrangements ensured that residents were supported to achieve their annual personal goals and actively participate in activities in their local community.

Following the last inspection, risk management practices had been improved at the centre. Arrangements were in place for the management of adverse events, with emergency plans in place to respond to situations such as an outbreak of fire. The provider ensured that where risks to residents were identified, they were assessed and robust control measures implemented. Risk interventions were subject to regular review by the person in charge to ensure their currency and effectiveness in protecting residents from harm. Furthermore, risk interventions supported residents to increase their independence through positive risk-taking in their daily lives. Arrangements were also in place for the recording of accidents and incidents which occurred at the centre. As well as reporting events of this nature, the person in charge undertook regular reviews of all accidents and incidents to both assess the effectiveness of actions taken in response and to identify any trends which may require changes in practice at the centre. Where trends had been identified, the person in charge had ensured that an effective response was implemented to reduce future re-occurrences such as safeguarding training for residents.

## Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured that all prescribed documentation required for the renewal of the designated centre's registration was submitted to the Chief Inspector as and when required.

Judgment: Compliant

## Regulation 15: Staffing

Staffing arrangements ensured that residents' assessed needs were met in a timely manner and they were supported to participate in activities of their choice and achieve personal goals.

Judgment: Compliant

## Regulation 16: Training and staff development

Access to regular training opportunities ensured that staff were suitably skilled and knowledgeable to support residents' needs and that their practices were in-line with current health and social care developments.

Judgment: Compliant

## Regulation 23: Governance and management

Following the last inspection, the provider had improved governance arrangements at the centre including changes to management arrangements and the introduction of a schedule of practice audits. Introduced changes ensured that practices at the centre were regularly monitored, which ensured their effectiveness in supporting residents' assessed needs and facilitating them to achieve their personal goals.

Judgment: Compliant

## Regulation 3: Statement of purpose

The provider ensured that the centre's statement of purpose was subject to regular review, reflected the services and facilities provided and contained all information required under the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

Following the last inspection, the provider had reviewed arrangements for the management of complaints at the centre. Revised arrangements ensured that received complaints were recorded and addressed in-line with the provider's policy and to the satisfaction of residents and or their representatives.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The provider's policies and procedures were available to staff at the centre. However, not all policies required under the regulations had been subject to a review every three years to ensure they were up-to-date and reflected current developments in health and social care practices.

Judgment: Substantially compliant

## Quality and safety

During the course of the inspection, the inspector found that residents were happy living at the centre and were supported in-line with their assessed needs. Care and support practices in place at the centre ensured that residents were both safeguarded from harm and also supported to develop their independence through positive risk-taking.

Personal planning arrangements were comprehensive in nature and clearly guided staff on how to support residents with their assessed needs. Residents' personal plans were regularly updated by residents' assigned key worker when changes occurred which both ensured the currency of staff knowledge and a consistency of approach. The effectiveness of residents' personal plans was ensured through annual review meetings. Review meetings were attended by the resident and their representatives as well as staff and associated multi-disciplinary professionals. In addition, review meetings assessed the effectiveness of all aspects

of the person plan in meeting residents' needs. Where review meetings resulted in changes or recommendations towards residents' care and support, personal plans were swiftly updated to ensure their ongoing effectiveness and to update staff knowledge. However, although residents were actively involved in the development and review of their personal plans, the inspector found that residents did not have an accessible version of their plan available to them to further inform them about how the residents' needs would be met by staff at the centre.

Following the last inspection, the provider had reviewed fire safety arrangements at the centre. Both staff and residents were knowledgeable about what to do in the event of a fire and had attended fire safety training. The provider also ensured that the centre was equipped with appropriate fire equipment such as alarms, extinguishers, fire doors and emergency lighting. The inspector also noted that where residents had sensory disabilities, the person in charge had facilitated specialised equipment to ensure they were effectively alerted. Following the last inspection, the person in charge had also reviewed residents' 'personal emergency evacuation plans' (PEEPs) and ensured they were up-to-date, reflected residents' needs and clearly guided staff on individuals' support needs in an emergency. In addition, regular fire drills were carried out at the centre; however the inspector found that drills had not been carried out under all circumstances to assess their effectiveness such as minimal staffing conditions.

Residents were supported to play an active role in their local community and to develop personal relationships outside of the centre. Residents accessed formal day service provision during the week which reflected their assessed needs and for some residents they participated in work placements in the local area. When not at day services, residents either with staff support or independently access a range of activities in the community such as personal shopping, dancing, music concerts, meals out and visiting family members

Residents were also actively involved in the day-to-day running of the centre. Residents participated in regular house meetings in both houses and made decisions on a variety of subjects such as weekly menus, social activities and house decor. Meetings were further used to inform residents' of their personal rights such as how to access advocacy services. In addition, meetings were used to inform residents about any changes to health and safety arrangements at the centre. Following, the last inspection, the provider had reviewed complaints management arrangements at the centre, and ensured that all complaints raised by residents were appropriately recorded and investigated in-line with the provider's policy. Residents were aware of their right to make a complaint, and easy read information was available to further inform their knowledge. Where complaints had been lodged, residents told the inspector that they had been addressed swiftly by staff and to their satisfaction.

## Regulation 13: General welfare and development

Residents participated in a range of activities which reflected their assessed needs, capabilities and interests. The provider ensured that support was provided in-line with residents' personal plans and promoted their independence both at the centre and in the local community.

Judgment: Compliant

### Regulation 17: Premises

The centre's premises were well-maintained and decoration reflected residents' personal interests and tastes. In addition, the premises' design and layout ensured that all areas were accessible to residents and met their assessed needs.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified and effectively managed. Where risk control interventions had been implemented, they were subject to regular review to ensure they were effective in nature and safeguarded residents from harm. In addition, risk management arrangements ensured that residents were supported to develop their independence through positive risk taking such as accessing the community independently and the self administering of medication.

Judgment: Compliant

### Regulation 28: Fire precautions

Suitable fire safety equipment and arrangements were in place at the centre. In addition, both residents and staff were knowledgeable about actions to be taken in the event of an outbreak of fire. However, although regular simulated fire drills were carried out, they had not been conducted under all circumstances to assess their effectiveness.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The provider's medication practices ensured that medication was securely stored and administered as prescribed to residents by suitably qualified staff. In addition, where residents had been assessed as being able to self administer their own medication, appropriate arrangements had been put in place to support them.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Personal plans were comprehensive and reflected residents' assessed needs and staff knowledge. Residents were supported to actively participate in the development of their personal plans through both regular key worker meetings and attendance at annual personal plan reviews, where the effectiveness of all aspects of the plan was assessed. However, accessible personal plans were not available to residents to inform them about how their needs would be supported at the centre.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents were supported to access health care professionals as and when required, with all supports being subject to regular review to ensure their effectiveness and that they reflected recommendations from health care professionals. In addition, resident were supported to access health screening programmes in the local area.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider ensured that staff had access to positive behaviour management training to ensure their knowledge and skills reflected current development in health and social care practices. Following the last inspection, the provider had removed environmental restrictions such as the locking of the connecting door between the houses, which ensured that residents had full access to all parts of the centre.

Judgment: Compliant

## Regulation 8: Protection

The provider had arrangements in place to safeguard residents from abuse which included clear reporting protocols which reflected staff knowledge. Furthermore, staff had received training on 'safeguarding of vulnerable adults', which ensured their knowledge was up-to-date and reflected current practice developments as well as the provider's policies.

Judgment: Compliant

## Regulation 9: Residents' rights

The provider ensured that residents were made aware of their rights and actively involved in decision making about the day-to-day running of the centre.

Judgment: 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially 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	Compliant

# Compliance Plan for Lifford Accommodation OSV-0002678

Inspection ID: MON-0022490

Date of inspection: 15/01/2019

## 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 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>Background The organisation Policy on Policies govern the management and development of policies to guide practice within each service. All policies are developed by subject matter experts in consultation with staff from across various sectors of the organisations. All policies are scheduled to be reviewed every three years.</p> <p>Action</p> <ul style="list-style-type: none"> <li>• All organisational Schedule Policies 5 that are overdue review will be reviewed and circulated to guide staff practice by 31/03/2019.</li> </ul>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Background Within the service there are systems in place to ensure all fire equipment is serviced and in working order. Daily and weekly checks are completed to ensure exists are not obstructed etc. Each resident has an individual PEEP which identifies their support requirements in the event of a fire. A fire risk assessment is completed and regularly reviewed. Regular fire drills are facilitated to ensure there is adequate preparation in the event of a real fire. All drills are recorded and reviewed by the PIC, with any actions followed up on immediately and lessons learned shared with the staff team.</p>	

Actions

- A drill with the minimum number of staff and maximum number of residents was carried out on 12.02.19 at 07:30hrs, evacuation was completed within required timeframes. Complete

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

Background

There is an annual screening of Resident needs, this informs the support plan which identifies their support needs and guides staff practice. The Resident is also supported to have ongoing action plans which enable them to pursue their goals. Based on the ethos of person centred planning Support Plans and Action Plans are developed in consultation with the resident. Plans are reviewed on an ongoing basis to review their effectiveness and there is formal review at minimum on an annual basis. The review looks at the effectiveness of the plan over the previous 12 months and encourages the resident to identify goals for the coming year.

Actions

- The PIC met with the key working team on 16.01.19 to review the development of accessible personal plans. – Completed
- Accessible plans will be developed by key workers with each individual resident based on their own individual interests, information they need to have access to and information they wish to have their own copy of. The format will be chosen by the individual residents. These accessible plans will be reviewed by the PIC and in place by 30.04.2019.
- PIC will provide training for key workers on an online planning tool – iPlanit- so that it can be offered as a possible format to residents for their accessible plan. This will be complete by 31.03.2019.



## 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 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	12/02/2019
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/03/2019
Regulation 05(5)	The person in charge shall make the personal plan available, in an	Substantially Compliant	Yellow	30/04/2019

	accessible format, to the resident and, where appropriate, his or her representative.			
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