Report of an inspection of a Designated Centres for Disabilities (Adults)

Name of designated centre: Larassa
Name of provider: RehabCare
Address of centre: First Sea Road, Sligo
Type of inspection: Unannounced
Date of inspection: 28 February 2018
Centre ID: OSV-0002687
Fieldwork ID: MON-0021071
The following information has been submitted by the registered provider and describes the service they provide.

Larassa provides full-time residential support to four adults with an intellectual disability. Residents may also have a secondary diagnosis of mental health difficulties. The service at Larassa is based on a social care support model and provides low support to residents. Larassa is located in a residential area on the outskirts of a town, but close to local amenities such as shops and leisure facilities. The centre is a purpose built bungalow with five bedrooms of which four are used by residents. Residents' bedrooms have access to en-suite bathroom facilities and an additional communal toilet is also available. In addition, residents have access to an integrated kitchen, dining and sitting room area as well as a separate sun room and small conservatory. The centre also has a rear garden with an accessible patio area. Residents are supported by a team of support workers, with one support worker being available at all times, and increasing to two workers dependent on residents' needs and planned activities. One support worker provides night-time support through the undertaking of a sleep over duty, with an alert system in place for residents can gain assistance as and when required during the night.

The following information outlines some additional data of this centre.

<table>
<thead>
<tr>
<th>Current registration end date:</th>
<th>15/11/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>4</td>
</tr>
</tbody>
</table>
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 and information submitted by the provider or person in charge 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 to 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 summarize our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions:

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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>28 February 2018</td>
<td>08:40hrs to 16:30hrs</td>
<td>Stevan Orme</td>
<td>Lead</td>
</tr>
</tbody>
</table>
**Views of people who use the service**

Residents who spoke to the inspector said that they were happy at the centre and were supported to do activities they enjoyed both at home and in the local community. Residents said that they were supported to go into the town to do personal shopping, as well as go to social dances, attend church services and see shows at the theatre. Staff also supported them to prepare meals and made sure the doctor was called if they felt unwell. Residents said that they liked the staff and they were always available to help them when needed.

Residents told the inspector that they had weekly meetings where they planned meals, social activities and appointments. Residents were also aware of their right to make a complaint about the support they received and told the inspector that if they were unhappy they would tell a staff member or use the centre’s suggestion box located at the front door.

Throughout the inspection, the inspector observed that residents appeared both comfortable and relaxed with the support provided from staff. Furthermore, support was provided in a timely manner and reflected residents' assessed needs.

**Capacity and capability**

The provider's governance and management arrangements ensured that the service was effectively managed and ensured that residents were supported to achieve their personal goals and enjoy a good quality service which complimented their assessed needs. However, some staff required refresher training in line with the providers policies and improvements were also required to ensure that documentation relating to residents was being kept up to date and reflected practices at the centre.

The provider had ensured that staffing arrangements at the centre were sufficient and available at all times to meet residents’ needs in a timely manner. These arrangements meant that residents were being actively supported to enjoy activities of their choice both at the centre and in the local community. Furthermore, staffing levels were subject to review by the person in charge to ensure they continually met residents' needs, with additional staffing resources being made available when residents’ needs changed due to health care needs.

Staff told the inspector that additional staffing had been introduced since the last inspection to provide residents with regular one-to-one support for community activities during the week. Staff expressed to the inspector that the additional staffing had lead to greater activity choice for residents and broadened their
expectations of what they could access in the local community, which in turn was reflected in their personal goals for the year.

The provider and person in charge completed management audits on the centre’s practices, with the outcomes discussed at regular staff team meetings. However, the inspector found that auditing arrangements had not ensured that all documentation maintained which related to residents' needs were kept up-to-date and reflected both staff knowledge and practices.

Throughout the inspection, staff who spoke with the inspector were knowledgeable about residents’ needs, especially in relation to interventions for the management of behaviours that challenge and safeguarding risks. However, although staff had received both mandatory and centre-specific training, the provider's governance arrangements had not ensured that all staff had received up-to-date refresher training in-line with the provider’s policies.

Following the centre’s previous inspection, the provider had improved their risk management practices and ensured that procedures were in place to effectively respond to adverse incidents which might occur. Staff were knowledgeable on risk identified at the centre and the associated interventions as well as actions to be taken in the event of an emergency at the centre such as fire. Arrangements were in place for the recording and analysis of accident and incidents at the centre, with the findings being discussed with staff and incorporated into practices at the centre such as residents' safeguarding and behaviour support plans.

**Regulation 15: Staffing**

The provider had ensured that an appropriate number of staff were employed, which enabled residents to participate in activities of their choice, achieve their personal goals and have their assessed needs met in a timely manner.

Judgment: Compliant

**Regulation 16: Training and staff development**

Although the provider had ensured that staff had received training such as manual handling, they had not completed refresher courses in accordance with the provider's policies in order to ensure that care and support provided to residents was in-line with developments in best practice.

Judgment: Substantially compliant
Regulation 23: Governance and management

The provider had ensured that the findings from the previous inspection had been addressed. Governance and management arrangements ensured that residents were safe from harm, supported in-line with their assessed needs, were being facilitated to achieve personal goals and enjoy activities of their choice. However, the provider and person in charge's monitoring systems had not effectively identified gaps in the quality of documentation.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose reflected the services and facilities provided to residents and contained all information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents were aware of their right to make a complaint about the service and complaints were recorded and investigated by the provider. However, the complainant's satisfaction with the outcome of their complaint was not documented.

Judgment: Substantially compliant

Quality and safety

During the course of the inspection, the inspector found that residents were happy and supported to participate in activities of choice. Residents were also kept safe from harm and supported to become more independent. However, improvements were required in the documentation of residents’ personal plan reviews and staff access to refresher training.

Since the last inspection, risk management arrangements had improved, with identified risks being assessed and control measures put in place to keep residents protected from harm. Staff were knowledgeable on risk management and spoke with confidence about fire safety, behaviour management and safeguarding
arrangements. However, not all staff had received up-to-date refresher training in areas such as the safeguarding of vulnerable adults and behaviour management. Furthermore, the person in charge had not ensured that safeguarding and residents’ fire evacuation plans were updated to reflect staff knowledge and practices.

Risk management arrangements also supported positive risk taking. Residents were supported to become more independent in areas such as community activities and self-medication.

Residents accessed activities both at home and in the local community. Residents told the inspector that they attended regular church services, did personal shopping and went to the theatre and social dances. In addition, residents were supported to explore new social activities through weekly one-to-one staff support sessions. This had lead to residents experiencing more diverse activities which were reflected in their annual personal goals.

Personal planning arrangements were comprehensive and guided staff on how to support each resident with their assessed needs. The person in charge told the inspector that accessible personal plans were in development to increase residents’ knowledge on the supports provided, however plans had not been fully completed or commenced for residents.

Personal plans were reviewed annually and residents actively participated in their review meetings. However, records did not effectively document that all aspects of residents' personal plans had been assessed.

Residents were aware of their rights and knew how to make a complaint. In addition, residents were involved in making decisions on the day-to-day running of the centre through their weekly house meeting, where they planned the weekly menus and social activities.

Regulation 13: General welfare and development

The provider ensured that residents were supported to enjoy a range of activities both at the centre and in the local community which reflected their personal goals, needs and interests. The provider further ensured that appropriate supports were in place for residents who were working towards achieving greater independence such as managing their own medication or accessing the local community without staff assistance.

Judgment: Compliant
### Regulation 17: Premises

The centre’s premises were well-maintained and decorated to reflect the personal interests and hobbies of residents. The premises’ design and layout ensured that all areas were accessible to residents and it met their assessed needs.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risk management arrangements had improved at the centre. Arrangements ensured that risks were identified and effectively managed to ensure that residents were kept safe from harm. In addition, risk assessments showed that residents were supported to embark on positive risk taking such as accessing the community independently or being unsupported by staff at the centre for short periods of time.

Judgment: Compliant

### Regulation 28: Fire precautions

Suitable fire safety arrangements and equipment were in place at the centre and both residents and staff were involved in regular fire evacuation drills. However, the provider had not ensured that residents’ personal emergency evacuation plans reflected staff knowledge on their needs in the event of an emergency.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The centre’s medication practices reflected the provider’s policy and residents were supported; where able, to manage and administer their own medication.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan
Personal plans were comprehensive and reflected residents' assessed needs and staff knowledge. However, although in development, the provider had not ensured that residents had accessible personal plans to inform them of the support they would receive to meet their assessed needs.

Residents participated in the annual review of their personal plan; however, review meeting minutes did not document for all residents that the meeting had looked at the effectiveness of all aspects of their plan.

**Judgment:** Substantially compliant

**Regulation 6: Health care**

Residents were supported to access healthcare professionals as and when required, which ensured that they maintained a good quality of life in-line with their assessed needs.

**Judgment:** Compliant

**Regulation 7: Positive behavioural support**

Where residents were supported with behaviour that challenges, the provider had ensured that behaviour management plans were in place which supported the individual and also ensured that other residents were kept safe from harm. Staff knowledge reflected residents' behaviour interventions; however, the person in charge had not ensured that all staff had received refresher training in positive behaviour management.

**Judgment:** Substantially compliant

**Regulation 8: Protection**

Arrangements were in place to protect residents from the risk of abuse and, where incidents of this nature had occurred, actions were being taken in line with the provider's policies. Although staff were knowledgeable on the safeguarding interventions in place to support residents, the person in charge had not ensured that all staff had received up-to-date refresher training in the safeguarding of residents and the prevention, detection and response to abuse.
Judgment: Substantially compliant
### Appendix 1 - Full list of regulations considered under each dimension

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 13: General welfare and development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and personal plan</td>
<td>Substantially compliant</td>
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<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
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<tr>
<td>Regulation 7: Positive behavioural support</td>
<td>Substantially compliant</td>
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<tr>
<td>Regulation 8: Protection</td>
<td>Substantially compliant</td>
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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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
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<tbody>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Substantially Compliant</td>
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Outline how you are going to come into compliance with Regulation 16: Training and staff development:

Background

- RehabCare’s Training Team co-ordinate and deliver a suite of training courses which meet regulatory requirements and assessed Residents’ needs. The PIC liaises regularly with RehabCare’s Training Team to schedule staff on relevant training courses. The Training Team update individual staff training records once training has been scheduled and completed. The PIC has access to these records via an internal platform.

Action

- The PIC will monitor the training records locally and will review training needs of staff on a quarterly basis through 1:1 meetings with staff.
- All outstanding training, including refresher courses required by staff at the time of inspection will be completed by the 31st July 2018.

<table>
<thead>
<tr>
<th>Regulation 23: Governance and management</th>
<th>Substantially Compliant</th>
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

Background

- The PIC supported by Team Leaders has responsibility to ensure there is oversight of all elements of service provision on day to day basis, this includes oversight of service documentation.
- The provider has systems in place to ensure an annual review and unannounced six monthly visits take place in the service.
### Action
- A local auditing checklist has now been developed and is being implemented by the PIC/PPI Ms from week commencing **16th April 2018.**

- Going forward the reviews at the six monthly unannounced visit will check compliance with the new local monitoring arrangements.

### Regulation 34: Complaints procedure  |  Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

#### Background
- All complaints are recorded on RehabCare’s online reporting system and the organisation’s policy guidelines are followed locally. The Complaints Policy and Procedure is discussed regularly in house meetings, including what to do if the complainant is not happy with the outcome of their complaint. The procedure is clearly outlined and advertised in the house and all residents have signed this document as evidence of their involvement in its discussion.

#### Action
- Revised organizational Complaint’s Policy was issued on 28/03/2018, the policy requires that complainant’s satisfaction with the outcome of their complaint is documented.

- Going forward the PIC will record whether or not the Complainant is satisfied with the outcome of their complaint in the “comments” section of the online report.

### Regulation 28: Fire precautions  |  Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

#### Background
- There are suitable fire safety arrangements and equipment in place in the service. Staff complete daily, weekly and monthly fire checks and the system and equipment is maintained by an external contractor. Fire drills are conducted every two months.

#### Action
- All personal emergency evacuation plans will be reviewed by the **30th April 2018** to ensure that they reflect the detailed staff knowledge of Residents’ support needs in the event of an emergency evacuation.

- PEEPs will then continue to be reviewed on an annual basis or more frequently if support needs change.

### 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**
- In line with organizational guidance all Residents have a support plan which identifies their support needs and guides staff practice. Residents are 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.

**Action**
- Going forward staff will record in the minutes of annual reviews that all aspects of the effectiveness of the plan have been reviewed. Where this has been lacking an appendix to the minutes will be added by the **31st May 2018**.

- Keyworkers are currently working with residents and other relevant staff to ensure that all plans are recorded on the organisation’s IplanIt system. IplanIt is a web based system that facilitates accessible formats such as photos and video linkages and enables the resident to share different aspects of their plan with people from their circle of support, if they so wish.

- Accessible personal plans via IplanIt will be in place for all residents by **the 31st August 2018**.

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<table>
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<tr>
<th>Regulation 7: Positive Behavioural Support</th>
<th>Substantially Compliant</th>
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**Outline how you are going to come into compliance with Regulation 7: Positive Behavioural Support:**

**Background**
- The organisation’s Positive Behaviour Support Policy guides staff practice when supporting Residents in this regard. Organisational policy requires that all staff must complete a 2-day MAPA Foundation course and an annual refresher thereafter throughout their employment with RehabCare. This training equips staff with the skills required to support Residents who experience behaviours that challenge.

- Behaviour management plans are in place where necessary and staff are knowledgeable and competent in the implementation of these plans. These plans are periodically reviewed and monitored to ensure they are meeting the needs of the Resident.

**Action**
- Staff have completed MAPA training. All refresher training overdue at the time of this inspection will be completed by **July 31st 2018**.

- The PIC will monitor the completion of MAPA training by all staff going forward to ensure the training is received in a timely manner.
Outline how you are going to come into compliance with Regulation 8: Protection:

**Background**

- Arrangements are in place to ensure that all residents are protected from the risk of abuse. In the event of an incident of this nature organizational and national policy is adhered to. All staff are knowledgeable on the safeguarding interventions in place to support residents.

**Action**

- Staff have received Safeguarding and Children First training. All refresher training overdue at the time of this inspection will be completed by the **31st July 2018**.

- The PIC will monitor the completion of Safeguarding training by all staff going forward to ensure the training is received in a timely manner.
**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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 16(1)(a)</td>
<td>The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31&lt;sup&gt;st&lt;/sup&gt; July 2018</td>
</tr>
<tr>
<td>Regulation 23(1)(c)</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30&lt;sup&gt;th&lt;/sup&gt; April 2018</td>
</tr>
<tr>
<td>Regulation 28(3)(d)</td>
<td>The registered provider shall make adequate arrangements for evacuating, where</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30&lt;sup&gt;th&lt;/sup&gt; April 2018</td>
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necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Description</th>
<th>Compliance</th>
<th>Date</th>
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<tbody>
<tr>
<td>34(2)(f)</td>
<td>The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.</td>
<td>Substantially Compliant</td>
<td>16&lt;sup&gt;th&lt;/sup&gt; April 2018</td>
</tr>
<tr>
<td>05(5)</td>
<td>The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.</td>
<td>Substantially Compliant</td>
<td>31&lt;sup&gt;st&lt;/sup&gt; August 2018</td>
</tr>
<tr>
<td>05(6)(c)</td>
<td>The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.</td>
<td>Substantially Compliant</td>
<td>31&lt;sup&gt;st&lt;/sup&gt; May 2018</td>
</tr>
<tr>
<td>07(2)</td>
<td>The person in charge shall ensure that staff</td>
<td>Substantially Compliant</td>
<td>31&lt;sup&gt;st&lt;/sup&gt; July 2018</td>
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</table>
receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

| Regulation 08(7) | The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse. | Substantially Compliant | Yellow | 31st July 2018 |