



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

## Issued by the Chief Inspector

Name of designated centre:	Drombanna
Name of provider:	RehabCare
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	29 June 2020
Centre ID:	OSV-0002652
Fieldwork ID:	MON-0028499

## About the designated centre

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

Drombanna is a detached two-storey house located in a small housing development in a rural area but within a short driving distance to a city. The centre provides full-time residential support for a maximum of five residents, all male between the ages of 18 and 65. The centre can provide services for residents with intellectual disabilities and autism. All residents have their own bedrooms while other facilities in the centre include bathrooms, sitting rooms, a kitchen/dining area, a utility room, a garden room (located outside the main house) and a staff office/sleepover room. Residents are supported by the person in charge, team leaders and care/support workers.

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

Number of residents on the date of inspection:	5
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## How we inspect

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 - 2015 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
Monday 29 June 2020	10:00hrs to 17:30hrs	Lucia Power	Lead

## What residents told us and what inspectors observed

On the morning of the inspection all of the residents had left to attend their day service. This was their first day back since the restrictions were put in place due to the Covid-19 pandemic.

The inspector did meet all of the five residents in the afternoon and this was on an individual basis as each resident appeared to like their own space from each other. One of the residents had their own space in the centre so as to facilitate them have items that were meaningful to them. For example this resident liked wood and paints the wood. This wood is important to the resident and the inspector observed a staff member supporting the resident with this activity and being very respectful of the resident's needs. It was evident that the staff member had a good knowledge of the resident's needs and the resident was smiling and making gestures while this activity was going on. One of the other residents was sitting at the kitchen table having their tea while staff were cooking the dinner. The resident did not engage with the inspector but it was evident that the resident was comfortable with staff and was relaxing after their day in day services.

The inspector asked if one of the other residents would meet them as this resident was in a garden room at the rear of the house, which they used as their space and an area to relax. The resident was happy to meet the inspector and while the resident did not communicate verbally they understood the inspector and responded with gestures. This resident's garden room was furnished to meet their preferences and had some personal items. The resident was relaxing in an armchair and was watching videos on their phone. The inspector observed that the resident was happy in this room and the support staff maintained a respectful distance from the resident allowing the resident their space but at the same time being available for support. The inspector spoke with this staff member and they demonstrated a good understanding of the resident's needs, they were able to give examples of when the resident was sad, happy or distressed.

One of the other residents was happy for the inspector to meet them in their room where this resident was relaxing after coming back from day services. The resident expressed they were happy to be able to go back to their day service and told the inspector the name of the day service. The resident also expressed that they were happy living in the centre and with the supports they get from staff. The inspector was in the staff office when another resident came in to say hello. This resident went to shake the inspector's hand and the inspector apologised that they could not due to Covid-19. The resident understood this and sat on a chair maintaining the two meter distance. The resident was listening to music through their headphones and seemed to enjoy this, however the resident did not further engage with the inspector and then left the room. The inspector observed that on the day of inspection, each resident were content doing their own individual activities and did not engage with other residents. However it was observed that all residents interacted well with their support staff and it was evident that staff had a good

knowledge of residents' needs and the supports required.

## Capacity and capability

The Inspector noted that the provider had strengthened the governance and management of the centre since the last inspection and there was governance arrangements in place that enhanced the oversight of the designated centre. However despite the provider's efforts the inspector noted ongoing concerns in relation to the suitability of the centre for residents' needs and safeguarding along with the rights of residents as will be discussed later in the report.

The person in charge worked full-time and was also responsible for the management of a day service. The person in charge was supported by a team leader and an additional team leader was appointed since the previous HIQA inspection in November 2019 to support the person in charge with the operational management of the centre.

The registered provider is required to carry out unannounced visits to the designated centre as cited in the regulations. The provider carried out an unannounced visit in January 2020 and the person in charge carried out a six monthly internal audit in June 2020. This June 2020 audit was then followed up by the provider with a verification audit. The inspector noted that these audits were comprehensive, with identified actions and follow up where necessary.

Since the last inspection the provider had requested weekly reports from the person in charge. Such reports included updates on risk management, safeguarding, complaints, staffing issues, property issues and medication management. These reports were sent to the regional operations manager weekly and then submitted to the provider's board of directors for review. The inspector also reviewed monthly audits that were carried out by the person in charge and these reviewed quality systems in place in the centre.

Staff received regular training as part of their continuous professional development and from a review of the training matrix the inspector noted that all training was up-to-date. The Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) Regulations 2013 states that the person in charge shall ensure that there are copies of the Act, standards and relevant guidance available for staff but the inspector noted that these were not available in the centre on the day of inspection. The person in charge committed to ensuring these would be made available in the centre.

## Regulation 14: Persons in charge

The person in charge was full time and had the necessary qualifications, skills and experience to manage the centre.

Judgment: Compliant

### Regulation 15: Staffing

The registered provider ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to appropriate training and were appropriately supervised. However there was no copies of the regulations or standards made available for staff.

Judgment: Substantially compliant

### Regulation 23: Governance and management

While the provider had improved the oversight of this designated centre and was carrying out key regulatory requirements, such as provider unannounced visits, concerns remained around the suitability of the centre to provide for all residents' needs and their safety.

Judgment: Not compliant

### Regulation 3: Statement of purpose

The registered provider had in place a statement of purpose containing the information set out in schedule 1 of the regulations.

Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge had notified the chief inspector of any adverse events which occurred in the designated centre.

Judgment: Compliant

## Regulation 34: Complaints procedure

The registered provider had an effective complaints procedure in place for residents. There was no open complaints at the time of inspection.

Judgment: Compliant

## Quality and safety

The inspector found that the provider was committed to meeting the needs of each resident and had sought to put systems in place to support the individual needs of residents. The inspector also noted that significant input from the provider was put in place since the previous inspection. However, despite the provider's best efforts, the inspector found that concerns remained in relation to the suitability of the centre to meet all residents' needs and ensure their safety along with the rights of residents. This will be discussed further on in this section of the report.

For each resident the provider had carried out a comprehensive assessment of need by appropriate health care professionals which were reviewed on an annual basis. However the resident or their representative did not attend annual review meetings and it was noted that identified goals were more task focused than personal to the resident. The key workers did a review on monthly basis but these reviews did not include the resident and were more focused on health care needs as opposed to the choice and interests in dealing with the complex needs of the residents.

Following concerns highlighted by the previous HIQA inspection in November 2019, the provider ensured that there was a compatibility assessment carried out in January 2020 for all residents living in the centre. Each assessment had identified recommendations outlining supports that needed to be put in place for each resident. There was significant input from a behavioural specialist, who worked closely with staff in the centre with this person maintaining oversight of all behavioural support plans and supporting staff in carrying out the recommendations identified in these reports. The inspector spoke to a number of staff in the centre and they demonstrated a good knowledge of the residents' needs and also told the

inspector of the support they got from the behavioural specialist, person in charge and team leaders. However, despite these efforts the inspector was not assured that the designated centre was suitable for the purposes of meeting the needs of each resident.

It was noted that behaviours that challenge were having a direct impact on a number of areas in residents' lives. For example there was a number of restrictive practices in place such as door locks, light switches and access to the food store. This had an impact on residents accessing their environment and exercising control in their daily lives. The provider had put a number of supports in place to reduce these practices and were actively reviewing potential reduction, however the impact was still very evident for the residents. Another example noted was that one of the resident's accessed other residents' bedrooms without their permission and incidents relating to safeguarding was prevalent when this happened.

The provider did have safeguarding plans in place with input from the Health Service Executive (HSE) safeguarding team and the records of these meetings were made available to the inspector on the day of inspection. The inspector also reviewed meeting notes in relation to impact for residents and these notes highlighted the provider's own concerns. From reviewing all the documentation, speaking with staff, speaking with the provider and reviewing the actions to date the provider had taken a number of measures to reduce behaviours that challenge that were having a direct impact on the safety of residents. While these efforts included changes to the environment, the significant input from a behavioural specialist and staff supports, the measures introduced had proved unsuccessful. Consequently, concerns highlighted during the previous HIQA inspection remained with notifications submitted to the Chief Inspector in relation to safeguarding issues in this centre having increased since then.

The inspector asked the person in charge if the residents had access to an independent advocate given the current situation for some residents and the issues noted. The inspector was advised that they had not made this option available but would review and follow up.

The centre was homely and additional space for residents to relax had been made available by the provider since the last inspection. Each room was suitably decorated and personalised to meet residents' choices and interests. There was a large back garden and this was well maintained.

Overall suitable arrangements were in place for effective fire safety management. However the previous HIQA inspection report noted that there was an issue with simulated fire drills at the time of that inspection. The provider did carry out eight fire drills since December 2019, but the inspector was not assured, as it was seen that when a fire drill was carried out for five residents, one resident refused to evacuate and subsequent fire drills did not include all five residents. It was noted by the provider in their own internal audit that the recommended fire evacuation time is less than three minutes but a December 2019 fire drill had an evacuation time of 3 minutes 30 seconds. The provider committed to carrying out a simulated fire

drill with all five residents.

### Regulation 17: Premises

The registered provider ensured the premises were of sound construction, in a good state of repair and was clean and suitably decorated.

Judgment: Compliant

### Regulation 26: Risk management procedures

The registered provider ensured there was systems in place in the designated centre for the assessment, management and ongoing review of risk.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider ensured that there was systems in place for the effective management of healthcare associated infections. The provider was also adhering to the National guidance furnished by the Health Protection Surveillance Centre and the HSE in relation to Covid-19.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had effective fire management systems in place, however there were gaps in relation to simulated fire drills in the designated centre.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

While there was a comprehensive assessment of need in place for residents, which

had multidisciplinary input and subject to an annual review, there was no evidence that the residents participated in these review and it was in accordance with the residents' wishes. As at the previous inspection, the inspector was not assured that living in this designated centre was suited to the assessed needs of each resident.

Judgment: Not compliant

### Regulation 7: Positive behavioural support

Staff had up to date knowledge and skills appropriate to their role and had knowledge in how to respond to behaviour that is challenging. The registered provider ensured where restrictive practices were in place these were reviewed and alternative measures were considered before a restrictive procedure was used.

Judgment: Compliant

### Regulation 8: Protection

The registered provider did not ensure that all residents were free from abuse.

Judgment: Not compliant

### Regulation 9: Residents' rights

The registered provider did not ensure that residents' privacy was respected in relation to their living space and that residents had the freedom to exercise choice and control in their daily lives. The provider did not ensure that residents had access to advocacy services.

Judgment: Not compliant

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

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Drombanna OSV-0002652

Inspection ID: MON-0028499

Date of inspection: 29/06/2020

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> <li>• A copy of the Health Act 2007 (SI No. 367 of 2013) is printed and available on site. Completed on 07/07/2020.</li> <li>• A copy of the HIQA National Standards for Residential Services for Children and Adults with Disabilities is now available on site and distributed to staff. Completed on 07/07/2020.</li> <li>• Copies of the relevant Guidance Documents will be made available to staff on site and distributed to staff. This was completed by 17/07/2020.</li> </ul>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• Plans are in place to address the suitability of the centre to provide for assessed needs and safety of each resident. One resident will be supported to move to an alternative placement which is deemed to be more suitable to meet their needs. Move to alternative placement will be completed by the 31/07/2021.</li> <li>• This will reduce the number of residents to 4 and no additional resident will be admitted. This will have a positive impact on the safeguarding concerns within the service. This will be completed by the 31/07/2021.</li> </ul>	

- Funding has been sought to develop a separate living accommodation for one the residents.
- In the interim, ongoing behaviour supports will be implemented to manage the risk and support all residents until the transitions have taken place.
- Meeting with HSE to progress the above is scheduled for 30th July 2020.

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

- A fire drill was completed involving all 5 residents on the 9th July. All residents evacuated within the required timeframes. This was completed on the 9/07/2020.

Regulation 5: Individual assessment and personal plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

- As outlined above under Regulation 23 the provider is working to implement changes and facilitate transition of one resident in order to ensure that those living in the designated centre are compatible in terms of needs. This will be completed by the 31/07/2021.
- Person Centered Planning meetings with a focus on the wishes and goals of residents will be scheduled between August to October. Residents will be actively involved in these meetings. This process will be supported by the RehabCare Advocacy Officer as appropriate. This will be completed by the 31/10/2020.

Following the Person Centre Planning meetings action plans based on the wishes of the residents will be developed and keyworkers will take responsibilities for ensuring actions are progressed.

Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> <li>• As outlined above under Regulation 23 the provider is working to implement changes and facilitate one resident to transition out of the house in order to ensure that those living in the designated centre are compatible in terms of needs. This will be completed by the 31/07/2021.</li> <li>• In the interim, ongoing behaviour supports will be implemented to manage the risk and support all residents until the transitions have taken place.</li> <li>• In addition to the ongoing support of the Behaviour Therapist support, a Behaviour Support Worker has commenced supporting the service from July 20th.</li> <li>• Currently there is a Safeguarding Plan in place for one resident which identified control measure to reduce the risk of and impact of abuse. The plan is regularly reviewed with the Local Safeguarding Team.</li> <li>• All incidents will continue to be notified to HIQA as required by the regulations.</li> <li>• A door will be installed at the top of the corridor leading to one of the resident rooms which will further increase privacy for this resident, this door will be fitted with an electronic lock. This will be completed by the 27/09/2020.</li> </ul>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> <li>• The Person Centered Planning process will actively involve the resident and incorporate supports necessary to participate in decisions about their care and support. Person Centered Planning meetings will be completed by the 31/10/2020.</li> <li>• When a resident is supported to transition out of the service this will decrease the restrictions on the residents to exercise choice and control in their daily lives. This will be completed by the 31/07/2021.</li> <li>• The RehabCare Advocacy Officer will provide ongoing advocacy support to the residents in the house. This will commence in August 2020.</li> <li>• A door will be installed at the top of the corridor leading to one of the resident rooms which will further increase privacy for this resident, this door will be fitted with an electronic lock. This will be completed by the 27/09/2020.</li> </ul>	



## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 16(2)(a)	The person in charge shall ensure that copies of the following are made available to staff; the Act and any regulations made under it.	Substantially Compliant	Yellow	07/06/2020
Regulation 16(2)(b)	The person in charge shall ensure that copies of the following are made available to staff; standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Substantially Compliant	Yellow	07/06/2020
Regulation 16(2)(c)	The person in charge shall ensure that copies of the following are made available to staff; relevant guidance issued from time to time by statutory and professional	Substantially Compliant	Yellow	17/07/2020

	bodies.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/07/2021
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	09/07/2020
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	09/07/2020
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).	Not Compliant	Orange	31/07/2021
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a	Not Compliant	Orange	31/10/2020

	review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	31/07/2021
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Not Compliant	Orange	31/10/2020
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature	Not Compliant	Orange	31/07/2021

	of his or her disability has the freedom to exercise choice and control in his or her daily life.			
Regulation 09(2)(d)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has access to advocacy services and information about his or her rights.	Not Compliant	Orange	31/10/2020
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	31/10/2020