Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

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

Name of designated centre:	Drogheda Supported Accommodation
Name of provider:	RehabCare
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	13 February 2019
Centre ID:	OSV-0002671
Fieldwork ID:	MON-0023347

About the designated centre

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

Drogheda supported accommodation is a designated centre operated by Rehabcare which provides 24 hour residential support to four adults with intellectual disabilities. The centre is a large detached five bedroom house with garden areas in close proximity to the nearest town.

The provider describes the service as offering community based support in a full time residential service whereby service users are supported in all areas of their care as identified in their care plans.

The following information outlines some additional data on this centre.

Current registration end date:	17/10/2020
Number of residents on the date of inspection:	4

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
13 February 2019	10:30hrs to 19:30hrs	Julie Pryce	Lead

Views of people who use the service

On the day of inspection there were four residents living in the centre and the inspector met all the residents and spent time with them as they arrived home from their various daily activities. Residents were observed to talk to staff and tell them about their day, and some were happy to have a chat with the inspector. Some took time to get used to a visitor in their home, and engaged with the inspector after a short period of time.

The inspector observed that residents had a good relationship with each other. There was banter between them, about their birthdays and their daily activities, some telling the inspector amusing anecdotes about the others, which indicated that they were comfortable and happy together. Residents told the inspector how they had helped each other when one or other was having a problem, and told the inspector about some occasions where this had been important to them.

Residents told the inspector that whilst they were supported to be independent, when they needed staff for support it was immediately available to them, including any occasions where they felt unwell. They also described the way staff had supported them in events that were important to them. One resident enthusiastically described a significant trip, saying that they had met a personal goal, and went on to outline their next personal target, and described how staff were supporting them in taking steps towards this.

The inspector asked each of the residents if there was anything that could improve their quality of life, and each of them told the inspector that they were happy, and gave examples of how they felt that they had a happy life in their home.

However there were discussions underway in relation to reorganisation of the service in response to the changing needs of some residents. It was evident that the residents were unaware of these plans. The inspector did not address this with residents, other that asking them in general terms if they would like to move or alter their current living arrangements, and all residents told the inspector that they had no aspirations to move.

Capacity and capability

The centre had a clearly defined management structure in place with clear lines of accountability and appropriate governance processes to ensure consistency of

oversight at a local level.

The provider had made arrangements to ensure that key management and leadership positions were appropriately filled. There was a person in charge in position at the time of the inspection who was appropriately skilled, experienced and qualified. She was a regular presence in the centre and was knowledgeable about the care and support needs of residents.

There was currently a staff team with the required skills and numbers to effectively meet the needs of residents. There was a core team of staff, and any required relief staff were drawn from a local staff complement, all of whom were known to residents. The current staffing levels were in place since September 2018 following falls risks assessments which identified the need for increased staffing levels to ensure the safety of residents. The reduced incidence of falls and the increase in activities available to residents showed that these staffing levels were now meeting the needs of residents. The current staff complement was also ensuring that the previous practice of group outings because of staffing levels had been discontinued, and that activities were in accordance with the needs of residents. Staff were in receipt of regular training which was found to be up to date. Therefore staff who were providing support to residents were trained and skilled in accordance with their needs and preferences.

The provider was monitoring the quality of the service provided to residents. There were some systems in place to ensure oversight of the quality and safety of care and support offered to residents. Audits had been undertaken in some areas and unannounced visits had been conducted on behalf of the provider. A detailed annual review of the quality and safety of care and support had been developed and made available to the inspector. Required actions from these processes were monitored and some of those reviewed by the inspector had been completed. However there were outstanding maintenance issues in the house which had first been identified by the person in charge in June 2018 and had not been addressed at the time of the inspection. The issue of maintenance issues being outstanding for significant periods of time had been identified as a required action for improvement in the previous inspection. Therefore, while the provider had the capacity to identify areas requiring improvement, not all were responded to in a timely manner.

The provider had put systems in place to receive and respond to feedback about the service. There was a clear complaints procedure in place which was clearly available, and a log was maintained which included a record of both complaints and compliments received, indicating that cognisance was taken of both positive and negative feedback.

Regulation 14: Persons in charge

The person in charge was appropriately skilled, experienced and qualified.

Judgment: Compliant

Regulation 15: Staffing

Current staffing levels were appropriate to meet the needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were in receipt of training in accordance with the needs of residents.

Judgment: Compliant

Regulation 23: Governance and management

There were systems and structures in place to ensure monitoring and oversight of the care and support offered to residents. However, the provider was not consistently demonstrating the capacity to address areas for improvement identified during internal audits.

Judgment: Substantially compliant

Quality and safety

The provider had put arrangements in place to ensure that residents had support in leading a meaningful life and having access to healthcare. Improvements since the previous inspection, particularly in staffing numbers, had led to a corresponding improvement in activities available to residents, and an improved quality of life. However, the person in charge discussed with the inspector plans for reorganisation of the centre in response to the changing needs of some residents. It was not demonstrated that residents had been consulted or their views sought in order to

inform this process.

There was evidence of the rights of residents being upheld within their current living arrangements. Residents were regularly consulted in relation to the running of the home, and in their choices and preferences both in the home and of activities. Choices around documentation were respected, and residents had keys to the front door and to their own rooms. However the person in charge outlined on-going discussions in relation to significant reorganisation of living arrangements due to changing healthcare needs, in particular reduced mobility. Whilst there were not yet any definite plans to relocate residents, there was no evidence to suggest that they had been consulted about this change, and it was clear that they were very happy in their current home. The residents in question had not been informed about the discussions. Therefore it was not demonstrated that residents' rights were being upheld in relation to their right to participate in and consent to decisions about their care and support.

There was information about accessing an advocate displayed in the centre, however the advocate was employed by the organisation and was not independent, so that it was not clear that residents had access to impartial advocacy services..

Each resident had a personal plan in place based on an assessment of needs and abilities, each of which were regularly reviewed and clearly implemented. Residents had a choice as to the information that was included in the personal plan, and also a choice as to who had access to the information. Some additional work was required around developing accessible versions of personal plans, and the person in charge had already identified this as a requirement.

Residents had access to healthcare in accordance with their needs. They had access to various members of the multi-disciplinary team. Assessments were in place, and this included an assessment of the screening needs and choices of residents. Health care plans were in place, and were being implemented. The support provided to residents was ensuring that they maintained optimal health.

Residents were supported to experience positive mental health. Where residents required positive behaviour support, there were detailed assessments place and the relevant allied professional had been involved in the development of plans. Behaviour support plans were in place and were implemented. This support had resulted in the management of behaviours of concern for some residents which allowed them to maintain their quality of life.

There were safe practices in relation to the ordering, storage and administration of medications. All staff involved in the administration of medication had received training. Self administration assessments had been conducted, and residents were supported with medication management in accordance with these assessments. Whilst there was a stock control system in place, there had not yet been an audit of medication management by which the person in charge could be assured of safe practice.

A risk register was maintained in which all identified risks, both local and individual, were recorded. This showed that the provider was prioritising the safety of

residents. The information included a brief description and a risk rating and was reviewed regularly. Each entry referred to a full risk assessment and risk management plan which included guidance for staff in the management of the risk. The person in charge had oversight of all risks in the centre, and escalation, if required was to regional management, or the national risk register. There was a risk policy in place which included all the information required by the regulations.

Accidents and incidents were recorded and reported, and oversight of incidents was managed by monthly trending. The record of any incidents included the identification of any required actions These processes indicated that risk management was robust, and that the safety of residents was prioritised.

Fire safety practices and equipment were in place for the most part. Fire safety equipment including fire doors, extinguishers, fire blankets and emergency lighting were in place and were regularly maintained.There were fire doors throughout, however there was a practice of propping open fire doors to some areas of the house to allow residents easier access Therefore it was not demonstrated that the appropriate fire containment measures were in place in order to provide appropriate protection in the event of a fire. There was a personal evacuation plan in place for each resident, and regular fire drills had been undertaken. However, there was no evidence of a fire drill having been undertaken under night time circumstances. The provider had therefore not assured themselves that residents could be evacuated in the event of an emergency at night.

There were structures and processes in place in relation to the safeguarding of residents. All staff had had appropriate training and there was a policy in place to guide staff. There were no current issues relating to safeguarding of residents. Staff and the person in charge were aware of their roles in relation to safeguarding of residents.

Regulation 13: General welfare and development

Residents were supported to have a meaningful day.

Judgment: Compliant

Regulation 17: Premises

Premises were appropriate to meet the needs of residents.

Judgment: Compliant

Regulation 26: Risk management procedures

Robust practices were in place in relation to risk management.

Judgment: Compliant

Regulation 28: Fire precautions

Fire equipment was in place and appropriately checked. However fire containment measures required review as fire doors were propped open. The provider had not assured themselves that the centre could be effectively evacuated under night time conditions as no night time fire drill had been conducted.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There was safe management of medications

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans were in place but not in a format accessible to residents.

Judgment: Substantially compliant

Regulation 6: Health care

Healthcare was well managed and supported

Judgment: Compliant

Regulation 9: Residents' rights

The right for residents to have control over their living circumstances was not being respected.

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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
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 9: Residents' rights	Not compliant

Compliance Plan for Drogheda Supported Accommodation OSV-0002671

Inspection ID: MON-0023347

Date of inspection: 13/02/2019

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Funding was secured for all maintenance that was not completed on the day of the inspection, all works have now been completed. Completed 14/03/19.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • Night time drill has been completed on 2 recent occasions, dates: 14/02/19 and the 14/03/19. All residents evacuated as required. • Fire doors downstairs have been have been fitted and are now self-closure doors to prevent staff from propping doors open for the residents with rollators. Completed 20/03/19.	
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:
• Support Plans will be reviewed and will be made available to residents in a more clear and concise format which will be easily accessible to each individual's needs. This will be completed by 15/07/2019.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• PIC has made a third party referral to the National Advocacy Service (NAS) in agreement with the Resident, the local NAS Advocate has agreed to provide support for the Resident and it is anticipated the Advocate will meet with the Resident before 10th June.

• The views of the resident to determine the resident's wishes in respect of current and future living arrangements will be obtained.

• The PIC has requested a meeting with the HSE to discuss the current the situation in respect of the resident's living arrangements. At this meeting RehabCare will present a proposal for current living arrangements to remain the same if this is the resident's wishes. This meeting will take place by 15th June.

• Subsequent to the meeting with the HSE, a meeting will be held with family to discuss the outcome. Following same the resident will be fully informed and supported.

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 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.	Substantially Compliant	Yellow	14/03/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	20/03/2019
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	Substantially Compliant	Yellow	15/07/2019

	to safe locations.			
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	15/07/2019
Regulation 09(2)(b)	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 the freedom to exercise choice and control in his or her daily life.	Not Compliant		15/06/2019