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

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Monaghan Accommodation Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>RehabCare</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Monaghan</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>29 January 2020</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0005310</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0026142</td>
</tr>
</tbody>
</table>
About the designated centre

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

The centre comprises a large two storey detached house with five bedrooms, located close to the amenities of the local town. It provides residential care for four adults with low support needs, and there are no gender restrictions. Each resident has their own bedroom, and there are various communal areas, including a functional outside area with seating area for the residents. The centre is staffed by support workers from early afternoon, with a staff sleeping over and providing morning supports. There is support for full days over the weekends. Residents have access to a number of local amenities, such as shops, social clubs and restaurants.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 4 |

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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:**
<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wednesday 29 January 2020</td>
<td>12:00hrs to 19:00hrs</td>
<td>Julie Pryce</td>
<td>Lead</td>
</tr>
</tbody>
</table>
### What residents told us and what inspectors observed

The inspector met all four residents of the centre on the day of the inspection, and spent some time with them as a group as well as speaking to some people individually. Residents began to arrive home in the afternoon and were observed to immediately make themselves at home. They were comfortable and replaced, and were seen to have an easy and familiar relationship with staff.

As a group they chatted together, were interested in each other’s conversations and were observed to be kind and friendly to each other. A recently admitted resident had been previously known to the others, and had clearly fitted into the little group very well. There was a clear record of ensuring that the voices of all the residents were heard in relation to this addition during the decision making process.

Some residents showed the inspector their rooms and ensuite bathrooms, all of which were personalized, decorated in their chosen colours and fabrics, and full of their personal possessions. Each resident had a key to the front door and to their own room, and nobody entered their rooms without permission.

Residents described their activities to the inspector, some people talked about their jobs, others about their hobbies, and all were busy and active. Residents told the inspector that they felt safe in their home, and could describe precautions they would take, for example if a stranger came to the door. They could also identify the person they would go to if they had any problems, although they were all quick to say that they had no complaints, and were very happy in their home.

### Capacity and capability

The centre was effectively managed. There was a clearly defined management structure in place with clear lines of accountability and appropriate governance processes to ensure oversight.

The provider had ensured that key roles within the centre were appropriately filled. The person in charge at the time of the inspection was appropriately skilled, experienced and qualified, and demonstrated various strategies to ensure oversight of the centre. Systems of oversight and governance undertaken by the person in charge and senior management included six monthly unannounced visits on behalf of the provider. There had been such a visit two weeks before this inspection, and actions for improvement had been identified. Some of these actions had already been completed, and a review of the records of previous visits demonstrated that all actions were monitored until complete. An annual review of the care and support offered to residents had been developed and was available. While this report only
briefly alluded to the consultation of residents, there was detailed information of their views in the reports of the six monthly visits.

Various additional audits had been undertaken, including audits of medication management, restrictive practices and health and safety. There was also a monthly review of services to ensure monitoring between the audits. The required actions from all these processes were monitored via a software package which instigated alerts for due dates and required updates, and all those reviewed by the inspector were appropriately monitored and actioned. There was evidence of improved outcomes for residents as a result of these processes, including a reduction in restrictive practices in the centre.

Accidents and incidents were also recorded and monitored via this system, and where required actions were identified these were monitored, and any additional actions identified during the process were recorded.

Regular staff meetings were held on a three weekly basis, and again any agreed actions were monitored. These systems ensured continual oversight of the quality and safety of care and support in the designated centre.

The provider had arrangements in place to ensure a consistent and up to date staff team. Rosters were planned, and a record of the actual roster was maintained as required by the regulations. The number and skills mix of staff was appropriate to meet the needs of residents. There was regular formal supervision and performance management of staff, and a review of the documentation of these procedures indicated a practice that was supportive to staff.

Staff were in receipt of regular training and all were knowledgeable about the support needs of residents. Staff were observed to be implementing any guidance on the support requirements of residents. However staff had not yet received the appropriate training to ensure safe delivery of healthcare interventions for the most recently admitted resident.

A directory of residents was in place which included all the information required under the regulations.

There was a clear complaints procedure in place which was clearly available to residents. The record required resolution details and a section in which to record the learning from any complaints.

Therefore the inspector found that oversight of the centre was robust, that issues were addressed in a timely manner, and that the quality of life for residents was upheld.

Regulation 14: Persons in charge

The person in charge was appropriately skilled, experienced and qualified, had a
detailed knowledge of the support needs of residents and was involved in oversight of the care and support in the centre.

Judgment: Compliant

**Regulation 15: Staffing**

The staffing numbers and skills mix were appropriate to the number and assessed needs of the residents.

Judgment: Compliant

**Regulation 16: Training and staff development**

Staff training had been provided to staff in most areas, however not all required training in relation to the individual needs of residents was in place, and training in the protection of vulnerable adults was not up to date for all staff.

Judgment: Substantially compliant

**Regulation 19: Directory of residents**

The directory of residents included all the required information.

Judgment: Compliant

**Regulation 23: Governance and management**

There was a clear management structure in place which identified the lines of accountability and authority. There were effective monitoring systems in place.

Judgment: Compliant

**Regulation 24: Admissions and contract for the provision of services**
There were contracts in place which clearly laid out the services offered to residents and any charges incurred.

**Judgment:** Compliant

### Regulation 34: Complaints procedure

There was a clear complaints procedure in place and a complaints log was maintained

**Judgment:** 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, and that their rights were upheld and choices respected.

Each resident had a personal plan in place based on detailed assessments of needs and abilities, each of which were regularly reviewed with the resident. There was guidance in each of these plans to ensure that residents had a meaningful life, and had access to various activities and interests in accordance with their preferences and abilities. Goals had been set in consultation with each resident, and these goals were meaningful, and subject to ongoing review. There was evidence of supports in place towards increasing the independence of residents in these plans. Residents were supported to engage in various activities which were ongoing. Some residents had part time jobs, some were involved in community activities and some were engaged in voluntary work. There was also evidence of the support of residents who enjoyed activities in their own garden.

Residents had access to their personal plans and goals via a software package, and residents had the facility to document their views. Where residents were unable to access this facility, meaningful pictorial representation of the plans had been developed.

Healthcare needs were supported, and residents had access to allied healthcare professionals in accordance with their needs. Residents were supported to maximise their independence in managing their own health, and health promotion was prioritised and supported by staff.

Where residents required positive behaviour support this was supported by a detailed assessment and behaviour support plan which was regularly reviewed.
Appropriate referrals had been made for additional support.

Where restrictive practices were required to support residents, these were recorded appropriately, and oversight was in place to ensure that they were the least restrictive possible to mitigate the risk. There was an ethos of minimising the use of restrictive practices in the centre, and some restrictions had been discontinued. A clear rationale was documented for any restrictions, and residents had consented to the strategies. There was also clear evidence of ongoing support for residents with a view to lifting restrictions, including supported learning.

A risk register was maintained in which all identified risks, both local and individual, were recorded. Individual risk assessments were in place, within an ethos of positive risk taking and maximising independence. The risk register included environmental risks, and a recently identified risk had been assessed and a plan to mitigate the risk developed and followed up. The processes in place indicated that risk management was robust, and that the safety of residents was prioritised.

There were systems and processes in place in relation to fire safety, although there was insufficient evidence that all evacuations could be undertaken in a timely manner. There was safety equipment and fire doors throughout. All staff had completed fire safety training. Residents had also completed certified fire safety training. However, while most residents had a personal evacuation plan in place, this had not been completed for the most recently admitted resident. Whilst fire drills had been undertaken regularly, and residents were evacuated in a timely manner during the day, a fire drill under night time circumstances had not been undertaken.

There were robust systems 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. Both staff and the person in charge were aware of their roles in relation to safeguarding of residents. There were robust systems in place to ensure residents were protected from financial abuse. There were clear records of financial transactions signed by staff and residents, and records reviewed by the inspector were accurate and clear.

There was an emphasis on the rights of residents in the centre. There was a rights charter which outlined rights and responsibilities which had been read and signed by each resident. Rights were regularly discussed with residents, both at residents’ meetings, and individually. A detailed satisfaction survey had been undertaken with each resident, and residents were consistently consulted about the operation of the centre. Consent was sought in various areas, and residents had signed consent forms relating to support, and relating to who should have access to their information. Residents’ meetings were documented and these records indicated discussions around domestic issues, activities, and in particular in relation to the admission of a new resident. The minutes of the meetings were signed by each resident.

In addition, where the support needs of a resident had changed significantly, all efforts had been made to accommodate the changing needs until safety became an issue. Where a change in service provision had become a necessity, the resident
was supported to maintain contact with friends and staff of the centre.

There were clear contracts of care in place for each resident which outlined the services offered and any charges incurred. Where a resident had been recently admitted to the centre there were clear records of the involvement of both existing residents and the new resident in the decision making process.

Overall the provider had systems in place to ensure that residents had a safe and meaningful life, that their choices were respected and that their rights were upheld.

**Regulation 11: Visits**

Visits were facilitated and welcomed.

Judgment: Compliant

**Regulation 13: General welfare and development**

Residents were provided with appropriate care and support in accordance with their assessed needs and preferences.

Judgment: Compliant

**Regulation 17: Premises**

The design and layout to the premises was appropriate to meet the needs of the residents.

Judgment: Compliant

**Regulation 26: Risk management procedures**

Appropriate processes were in place to assess and mitigate identified risks.

Judgment: Compliant
<table>
<thead>
<tr>
<th>Regulation 28: Fire precautions</th>
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</thead>
<tbody>
<tr>
<td>Fire equipment and fire doors were in place throughout the centre. Residents knew what to do in the event of an emergency, however a fire drill under night time circumstances had not been conducted.</td>
</tr>
<tr>
<td><strong>Judgment:</strong> Substantially compliant</td>
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<table>
<thead>
<tr>
<th>Regulation 5: Individual assessment and personal plan</th>
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<tbody>
<tr>
<td>Each resident had a personal plan in place based on an assessment of needs. Plans had been reviewed regularly.</td>
</tr>
<tr>
<td><strong>Judgment:</strong> Compliant</td>
</tr>
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<thead>
<tr>
<th>Regulation 6: Health care</th>
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<tbody>
<tr>
<td>Provision was made for appropriate healthcare.</td>
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<tr>
<td><strong>Judgment:</strong> Compliant</td>
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<thead>
<tr>
<th>Regulation 7: Positive behavioural support</th>
</tr>
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<tbody>
<tr>
<td>Appropriate systems were in place to respond to behaviours of concern.</td>
</tr>
<tr>
<td><strong>Judgment:</strong> Compliant</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Regulation 8: Protection</th>
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</thead>
<tbody>
<tr>
<td>There were systems in place to ensure that residents were protected from all forms of abuse.</td>
</tr>
<tr>
<td><strong>Judgment:</strong> Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
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<tr>
<td>--------------------------------</td>
</tr>
<tr>
<td>The rights of residents were upheld, and the privacy and dignity of residents was respected.</td>
</tr>
<tr>
<td>Judgment: Compliant</td>
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</tbody>
</table>


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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</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 19: Directory of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 24: Admissions and contract for the provision of services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</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 5: Individual assessment and personal plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Positive behavioural support</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
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Compliance Plan for Monaghan Accommodation Service OSV-0005310

Inspection ID: MON-0026142

Date of inspection: 29/01/2020

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. 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>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>

Outline how you are going to come into compliance with Regulation 16: Training and staff development:

• An on-site training record and plan for staff will be developed. This will be updated and maintained on the staff shared drive so all staff can access it.

• The needs and support of the residents along with mandatory training will be reflected in the training planned for and completed by staff. These needs can be tracked through residents Annual Reviews, Keyworker Meeting, PCPs and Staff Meetings, where a training need is identified it will be used to inform the staff training plan.

• Since this inspection was completed, all staff have completed two online training courses to support them to meet the needs of one resident who has diabetes.

| Regulation 28: Fire precautions                       | Substantially Compliant|

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

A night time drill was completed on March 1st, all resident’s evacuated within the required timeframe.
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>27/03/2020</td>
</tr>
<tr>
<td>Regulation 28(3)(d)</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>01/03/2020</td>
</tr>
</tbody>
</table>