



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

## Issued by the Chief Inspector

Name of designated centre:	Boulia Accommodation Service
Name of provider:	RehabCare
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	14 February 2020
Centre ID:	OSV-0005748
Fieldwork ID:	MON-0028529

## About the designated centre

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

Boulia Accommodation Service is a large detached bungalow located in a rural area but within a short driving distance to various towns. The centre can provide residential support on a full-time basis for up to four male residents between the ages of 18 and 72. The centre provides for residents with intellectual disabilities, autism, mental health needs and epilepsy. Facilities in the centre include bathrooms, a sitting room, a kitchen, a dining area, a utility room, a conservatory and a staff office/sleepover room while each resident has their own bedroom. Residents are supported by the person in charge, a team leader and care/support workers.

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

Number of residents on the date of inspection:

3

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
Friday 14 February 2020	09:00hrs to 17:20hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

On arrival in this designated centre some residents were in the communal areas of the centre. One of these residents greeted the inspector, who talked to the inspector, with assistance from staff members present, about going a gym in a nearby town, having a meeting the previous day and collecting the post. Later on this resident played a game of cards with a staff member which the resident appeared to really enjoy. During this time good natured and jovial interactions were overheard between the resident and the staff members.

The other two residents living in this centre was also met. One of the residents indicated initially that they did not want to speak to the inspector while the other did not engage with the inspector during this inspection. It was noted though that this latter resident appeared very happy during the short time the inspector saw them and they were seen to warmly greet a member of staff. Shortly after residents were overheard being asked by staff what they wanted to do for the day and if they wanted to go out. Residents were also advised of upcoming adverse weather. All three residents left the designated centre thereafter with the support of staff members to go to a restaurant and to do some shopping.

Two of the residents returned to the centre later in the afternoon. One resident brought staff a letter which had been delivered to the centre and spoke with staff about some of the things that they had bought while they were out. This resident left the centre again a short time later to attend a medical appointment in the company of a staff member. The other resident who returned spent the remainder of the inspection relaxing in the centre. During this time they were seen to prepare a meal, take the bins out and listen to music. This resident really appeared to enjoy listening to music which they sang along to. It was noted that the resident had a book which contained the lyrics for songs which the resident enjoyed and a staff member sang along with the resident on some songs.

The inspector was informed that the third resident living in this centre remained away from the centre to visit an attraction and see some wildlife in a nearby town. Neither this resident nor the resident who had left to attend a medical appointment returned to the centre before the close of inspection.

## Capacity and capability

The provider has taken appropriate action to respond to issues highlighted by the previous inspection which was reflected in an overall improved level of compliance across the regulations reviewed. Some improvement was required to ensure that

certain events in the centre were notified to HIQA in a timely manner.

This designated centre has last been inspected in December 2018 where it was found that the centre was not suited to meet the needs of all residents which was resulting in some negative interactions between residents of the centre. In response the provider reviewed the residents mix of the centre and shortly after the December 2018 inspection reduced the number of residents living the centre. This had a positive impact and addressed the specific issues identified by HIQA. As a result there was an overall improved level of compliance found during the current inspection. The provider had also ensured that since this change, they had continued to monitor the service provided to residents through regular audits, staff supervisions and regulatory requirements such provider unannounced visits. An annual for the centre had also been carried out but it was noted that it did not reflect the outcome of consultation with residents and their families.

The number of residents living in this centre had been unchanged since the actions taken by the provider. At the time of this inspection, the provider was in the process of transitioning another individual into the centre to live there full-time. There was evidence that this individual and their family had been afforded an opportunity to visit the designated centre in advance of their move while existing residents had also been informed of this. In addition, the provider had assessed if the needs of the current residents and the potential future resident could be safely met in the designated centre as part of the admission process. The services which residents were to receive in this centre where outlined in contracts for the provision of services which were in place. These are required by the regulations and it was seen that all residents had such contracts in contracts although not all were indicted as being agreed to by residents or their representatives.

On the current inspection it was a found that the provider had made efforts to ensure that a full staffing compliment was in place to support residents and any future residents. This was reflected in discussions with staff members on duty and the staff rosters that were maintained in the centre. It was noted though that some rosters did not consistently indicate the full names of staff working nor when the person in charge was present in the centre. Staff members were observed throughout this inspection to engage with residents in a warm, sociable and sometimes jovial manner with residents. Those staff members spoken with also demonstrated a good awareness of how to support residents. The provider also had appropriate measures in place to ensure that all of the required documentation to be obtained for staff members, such as evidence of Garda Síochána (police) vetting, was in place.

Processes were also in operation for any new staff members to be inducted into the centre and training was also provided. The staff team that was in place was overseen by the person in charge. They had been appointed to this role in September 2019 and had the necessary skills, knowledge and qualifications to perform the role. At the time of this inspection, they were responsible for a total of two designated centre located approximately 25 minutes' drive apart. There was evidence that the person in charge was a regular presence in the centre. For example, staff spoken with indicated that the person in charge was in the centre

regularly during the week while they had attended all staff meetings since their appointment. The person in charge was also knowledgeable relating to residents' needs. As a result the inspector as assured that the person in charge's remit was not negative impacting the running of the current designated centre.

It has been noted that though that while particular incidents were being notified to HIQA as required by the regulations, some notifications of safeguarding incidents had been submitted within three working days as required. Timely submission of such notifications is important to ensure that HIQA are aware of any potential events happening in a centre which could negatively impact residents. In addition, during the course of this inspection, copies of some notifications submitted to HIQA along with some documentation relating to safeguarding matters were requested by the inspector. While some of the requested information was provided to the inspector during the course of the inspection, others were not. Copies of such notifications and documentation are required to maintained and made available for inspection.

#### Regulation 14: Persons in charge

The person in charge worked full-time and was suitably skilled, experienced and qualified to perform the role. The person in charge was responsible for a total of two designated centres but this was not found to have a negative impact on the running of the current designated centre with evidence available that the person in charge maintained effective oversight of the current centre.

Judgment: Compliant

#### Regulation 15: Staffing

Appropriate staffing arrangements were in place to support residents. Planned and actual rosters were maintained in the designated centre but it was noted that the actual rosters rosters did not consistently indicate the full names of staff nor indicate when the person in charge worked in the centre.

Judgment: Substantially compliant

#### Regulation 16: Training and staff development

Arrangements were in place for staff to receive supervision on a regular basis. Staff had access to training in various areas such as medicines, epilepsy, food safety and

manual handling.

Judgment: Compliant

### Regulation 21: Records

While the majority of documentation requested by the inspector was available in the centre on the day of inspection, copies of some notifications along with some documentation relating to safeguarding matters were not provided.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The provider has taken appropriate actions in responses to failings highlighted by the previous inspection. There was regular auditing of this centre in areas such as files, medicines and health and safety. Two provider unannounced visits had been carried out since the previous inspection along with an annual review but this review did not reflect the outcome of consultation with residents and their families.

Judgment: Substantially compliant

### Regulation 24: Admissions and contract for the provision of services

All residents had contracts for the provisions of services in place which set out the services they were to receive and the fees charged but not all had been signed to indicate that they had been agreed to by residents or their representatives. There was evidence on this inspection that the provider, as part of the admission process, had assessed if the needs of the current residents and the potential future resident could be safely met in the designated centre. The intended future resident and their family had visited the centre in advance of their proposed move to this centre.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Some incidents of a safeguarding nature had not been notified to HIQA within



three working days as required.

Judgment: Not compliant

## Quality and safety

The reduction in resident numbers since the previous inspection had a positive impact on meeting residents' needs and ensuring their safety. Some action was required in relation to aspects of fire safety.

The December 2018 inspection has raised safeguarding particularly related to the mix of residents which lived in the centre. The provider had reduced the number of residents living in this centre and as a result there was reduction in the frequency and intensity of safeguarding concerns occurring in the designated centre. Steps had also been taken to ensure that residents received input from various allied health professionals to help provide for their needs and reduce the potential for negative interactions amongst existing residents. This was particularly important given the assessed needs of the current residents. It was noted that the provider had regularly assessed the needs of residents living in this centre and it was important that this continue given these residents' needs and the likelihood of another individual coming to live in the centre.

Staff members spoken with demonstrated a good awareness of how to respond to any safeguarding concerns were they to arise. Training was also provided to staff members in this area but some staff, who recently started in the centre, had yet to undergo this although they were booked to receive it during March 2020. It was seen that the provider had good systems in place to protect residents from various forms of abuse. For example, there were clearly processes in place to safeguard residents' finance. This included monies being stored securely and all transitions being logged while an audit trail was provided for. While the safeguarding of residents has improved since the previous inspection, it was noted that one resident required a clear safeguarding plan that fully reflected the resident's needs in order to ensure that there was clear guidance available on how to support the resident should any potential safeguarding concerns be raised.

Residents were seen to be treated in a respectful manner during this inspection and they were given information on the running of the centre through regular resident meetings. In a sample of records of such meetings reviewed, it was seen that residents had been informed about a new resident potentially moving in the centre, were told of some staffing changes and also offered the opportunity to exercise their right to vote. Residents had availed of this opportunity in a recent election with support given by staff where required. Efforts were also being made to ensure that the privacy of residents was respected. For example, each resident was given their own key to their bedroom with one resident seen to use their key to lock their bedroom door before they left the centre. Where rights restrictions were deemed

necessary in the centre it was seen that they were reviewed in line with the provider's policies in this area.

The designated centre itself was presented in a homely, well-maintained and well-furnished manner. Each resident had their own bedroom and communal areas in the centre included a sitting room, a dining area, a kitchen and a conservatory. Based on the findings of this inspection, the designed centre was laid out to meet the needs of the current residents while a vacant bedroom was in place for any future resident. The premises was also equipped with sufficient fire safety systems. These included a fire alarm and emergency lighting which had received quarterly maintenance checks throughout 2019 most recently in December 2019. Firefighting equipment that included fire extinguishers and a fire blanket were also in place which had also received an annual maintenance check do ensure that they were in proper working order.

The centre was provided with appropriate fire doors to contain the spread of fire and smoke but during this inspection it was seen that the use of some fire doors required review to ensure that they operated as intended. For example, it was noted that one such door did not close fully thereby potentially reducing its effectiveness. The majority of staff members working in the centre had undergone fire safety training but some members of staff who had recently started working in the centre had yet to undergo this. It was noted that training dates of these staff had been scheduled. Regular fire drills were being carried out in the centre but a drill had not been carried out to reflect a night-time situation when residents would all be asleep. It was seen though that in the fire drills carried out during 2019, all residents had evacuated the centre in a prompt time while they also had personal emergency evacuation plans (PEEPs) in place outlining any supports they needed to help evacuate the centre.

PEEPs contain key information relating to residents and it was seen that other important information was contained within residents' individual personal plans. Under the regulations, such plans must meet particular requirements which were being adhered to in this centre. For example, residents and their families were involved in the development of personal plans. It was seen that the personal plans maintained in the centre were of a good standard and contained clear guidance for staff in supporting residents. As part of the personal planning process used within the centre, residents had specific goals identified and there was evidence that such goals were being achieved such as going to GAA matches, having overnight stays away and attending concerts. Such goals help provide for residents' personal needs and it was seen that residents health needs were also adequately provided for.

## Regulation 17: Premises

The premises provided for residents was presented in a clean, well-maintained, well-furnished and homely manner. Based on the assessed needs of the residents living there at the time of inspection, the premises was designed and laid out to meet

these needs.

Judgment: Compliant

### Regulation 28: Fire precautions

A fire alarm, fire extinguishers, a fire blanket, emergency lighting and fire doors were in place but it was noted that some fire doors required review to ensure that they operated as intended. Fire drills were being carried out at regular intervals with low evacuation times recorded although a fire drill to reflect night-time arrangements had not been carried out. The fire evacuation procedures were on display and all residents had PEEPs in place. The majority of staff had undergone fire safety training but some recently started staff had yet to receive this.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

All residents had personal plans in place which were of a good standard, had been developed with the input of residents and their families and were subject to regular review. At the time of this inspection arrangements were in place to meet the assessed needs of the current residents.

Judgment: Compliant

### Regulation 6: Health care

Guidance for staff on how to support residents with their health needs was provided for in their personal plans. Residents were supported to avail of various allied health professionals such as general practitioners, occupational therapists, psychologists, psychiatrists, neurologists, chiropodists and opticians.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Detailed behaviour support plans were in place for residents. Residents had received additional input from allied health professional to help promote positive behaviour.

As a result new approaches had been introduced and staff members spoken with demonstrated an awareness of these. Any restrictive practices were being reviewed on a regular basis in line with the provider's policies in this area.

Judgment: Compliant

### Regulation 8: Protection

Safeguarding training was provided to most staff members but some recently commenced staff had yet to receive this. Staff members spoken with were aware of how to respond to any safeguarding concerns if they arose. Safeguarding overall had improved since the previous inspection but a clear safeguarding plan was required for one resident that fully reflected the resident's need in order to ensure that there was clear guidance available on how to support the resident should any potential safeguarding concerns be raised. Processes were in operation to safeguard residents' finances.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Residents' rights, such as their right to privacy and their right to vote, were being respected and facilitated where necessary. Regular resident meetings were held in the centre where residents were consulted and given information in areas such as staffing changes, potential new residents and safeguarding.

Judgment: 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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Boulia Accommodation Service OSV-0005748

Inspection ID: MON-0028529

Date of inspection: 14/02/2020

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"><li>• The roster now records when the PIC is actually on site and the full names of all staff members. This was completed 15/02/2020.</li></ul>	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none"><li>• Going forward all notifications and associated documents will be maintained and available on site. This was completed 15/02/2020.</li></ul>	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"><li>• The provider is currently reviewing the process in use for completing the annual reviews, the revised process will include enhanced measures for consultation with Residents and their Representatives. The new process will be rolled out by 30/04/2020.</li></ul>	

Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <ul style="list-style-type: none"> <li>• The PIC will ensure all Contracts of Care are signed by Residents and / or Representatives. This will be completed by 15/04/2020.</li> </ul>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> <li>• Going forward the PIC will ensure that all notifications are submitted within the required timeframes. Arrangements have been put in place to ensure this continues during times when the PIC is on leave. This was completed on 15/02/2020.</li> </ul>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• The operation of fire doors has been reviewed and all are now working properly. This was completed on 25/02/2020.</li> <li>• Fire Training has now been completed by all staff. This was completed by 09/03/2020.</li> <li>• A night time fire drill will be completed by 15/04/2020.</li> </ul>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> <li>• Safeguarding Training has now been completed by all staff. This was completed by</li> </ul>	



09/03/2020.

- The Resident's Support Plan will be updated to provide staff guidance on how to deal with safeguarding concerns as they arise. This will be completed by 15/04/2020.

## 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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	15/02/2020
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	15/02/2020
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	15/02/2020
Regulation	The registered	Substantially	Yellow	30/04/2020

23(1)(e)	provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Compliant		
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	15/04/2020
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	25/02/2020
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	09/03/2020

Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	15/04/2020
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	15/02/2020
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	15/04/2020