



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

## Issued by the Chief Inspector

Name of designated centre:	Listowel Accommodation Service
Name of provider:	RehabCare
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	18 February 2020
Centre ID:	OSV-0005892
Fieldwork ID:	MON-0027042

## About the designated centre

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

The centre provided supports to three residents over the age of eighteen years who present with an intellectual disability, autistic spectrum disorder and behaviours that challenge. The centre was a detached bungalow which has ample space and accessible layout both inside and out, with a large garden to the front and garden space at the rear also. There were four bedrooms, a communal sitting room and a kitchen and dining area. There was also a sleep-over room for staff with en-suite facilities. The centre was located in a rural setting and the residents had access to services in the community as transport was provided. The objective of Listowel Accommodation Service is to provide a homely person centred environment which provided support with all aspects of social, psychological and physical care. The provider aimed to provide a safe and homelike environment and to facilitate and encourage residents to be independent in everyday living in a person centred manner. Listowel Accommodation Service is based on a social care model of support, responding to individual needs of all residents that are referred to our services. The residents are supported by a team of care staff, a social care leader and a team manager.

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

Number of residents on the date of inspection:	3
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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
Tuesday 18 February 2020	08:30hrs to 17:30hrs	Cora McCarthy	Lead

## What residents told us and what inspectors observed

On arrival to the designated centre, two of the residents were being supported by staff members to get ready for the day ahead, the third resident was at home with family. The inspector had an opportunity to meet and observe the residents in their home. The residents appeared content in the presence of staff members and interactions between staff members and the residents were noted to be very respectful in nature. However communication of need appeared to be a difficulty for both the residents and staff. This escalated as the morning progressed and some behaviours that challenge were observed by the inspector. The staff members supported the resident through the incident with great care but without the necessary multi disciplinary support it appeared the staff did not have the knowledge and skills to manage the situation.

Both residents appeared happy with the care and support provided to them. While the residents were not fully verbal they indicated through some words, gestures, vocalisations and expressions their satisfaction with the service. The inspector observed one resident being supported during breakfast and it was a positive experience for the resident.

## Capacity and capability

The inspector reviewed the capacity and capability of the designated centre and found that clear management structures and lines of accountability were in place. The centre was managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of services.

The person in charge was newly appointed to the role and was in the process of doing a full review of the designated centre to ensure a quality services was being provided to the residents. The person in charge had identified areas for improvement and was actively addressing these areas, specifically around the assessment of need. It was noted that a comprehensive assessment of need had not been completed, this was particularly evident during the incident of behaviours that challenge which the inspector observed. It was apparent that there was a significant gap in knowledge and that the staff did not have the information the assessment of need would provide and also the necessary multi disciplinary support to manage the incident. The person in charge had scheduled a multi disciplinary meeting to address this as a priority.

A statement of purpose had been prepared and provided all the information set out in Schedule 1. An annual review of the quality and safety of care in the centre and two unannounced inspections in the previous twelve months had been carried

out. The inspector found that the annual review and the six monthly were comprehensive in nature and the annual review included consultation with residents, their relatives and staff. They had clearly outlined actions to be completed and there was evidence of progress being made.

The inspector viewed the staff training matrix and all staff mandatory training was up to date. The registered provider had ensured that the number and skill mix of staff was appropriate to the number and assessed needs of the residents.

The provider had ensured that records of the information and documents in relation to staff specified in schedule 2 and residents in schedule 3 were available for the inspector to view. All necessary information for staff was on file including references, Garda vetting and full curriculum vitae. A directory of residents was viewed by the inspector and included the date the resident was admitted to the centre and the referring body responsible for the admission.

A contract of care agreement outlined the terms on which the resident would reside in the centre and included the support, care and welfare the resident would receive in the centre. It also detailed the services to be provided and the fees charged.

During the course of the inspection the inspector viewed notifications and it was clear that the person in charge had notified the Chief Inspector of all incidents that occurred in the designated centre.

The registered provider had ensured that the policies and procedures referred to in Schedule 5 were reviewed and updated at intervals not exceeding three years.

The registered provider had ensured that an effective complaints procedure was in place for resident's which is in an accessible and in age appropriate format. There were no open complaints at the time of inspection.

#### Regulation 14: Persons in charge

The registered provider had engaged a person in charge who was full-time and had the qualifications, skills and experience to manage the designated centre.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider had ensured that staffing was appropriate to the number and assessed needs of the residents and in line with the designated centre's statement of purpose.

Judgment: Compliant

### Regulation 16: Training and staff development

The inspector viewed a training matrix and noted that the person in charge ensured that staff had access to appropriate training and were also appropriately supervised.

Judgment: Compliant

### Regulation 19: Directory of residents

The registered provider maintained a directory of residents, which contained all information prescribed by the regulations.

Judgment: Compliant

### Regulation 21: Records

The provider had ensured that records of the information and documents in relation to staff specified in schedule 2 and residents in schedule 3 were available for the inspector to view.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had appropriate and up-to-date insurance arrangements in place for the designated centre.

Judgment: Compliant

### Regulation 23: Governance and management

There was an annual review of the quality and safety of care and support in the

designated centre. The provider has also carried out unannounced visits to the designated centre.

Judgment: Compliant

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

A contract of care agreement outlined the terms on which the resident would reside in the centre and included the support, care and welfare the resident would receive in the centre. It also detailed the services to be provided and the fees charged.

Judgment: Compliant

### Regulation 3: Statement of purpose

The 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 informed the chief inspector of adverse incidents in line with regulation 31.

Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider had an effective complaints procedure for residents in place.

Judgment: Compliant

### Regulation 4: Written policies and procedures



The registered provider had prepared in writing and adopted policies and procedures as set out in schedule 5 of the regulations.

Judgment: Compliant

## Quality and safety

The inspector observed that the quality and safety of the service provided to residents was good. The registered provider had ensured that the premises was designed and laid out to meet the needs and objectives of the service and the number and needs of residents. It was evident that the centre had been decorated in line with residents' needs and personal plan.

The person in charge had not ensured that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of one resident was carried out prior to admission to the designated centre or as required. There was no evidence of health care, mental health, communication or behaviour managements needs having been assessed. This had been identified by the provider and the person in charge and was being addressed. Goals which had been identified for residents were more functional in nature and required greater clarity and progress tracking.

The registered provider had ensured that each resident had access to a general practitioner and pharmacist. However a more comprehensive medical needs assessment was required in terms of review of optical, auditory and psychiatric needs. This had been identified by the person in charge and the necessary support was being arranged.

The person in charge had ensured that the designated centre had appropriate and suitable practices relating to the ordering, receipt, prescribing and administration of medicines. This included nightly and weekly medication checks. The person in charge informed the inspector that the centre was moving to a new medication recording system in the coming months to better support staff and to reduce risk of medication error. Overall there was very good oversight and monitoring of medication management.

Some residents had difficulties with communication and their needs in this regard had not been assessed by the appropriate professional as outlined in the regulations. The person in charge and the team leader had already identified this as a requirement and had scheduled an assessment with the relevant clinician. All residents had access to Internet and television.

The residents had access to and retained control over their personal property and possessions and where necessary, were provided with support to manage their financial affairs. Inspectors viewed an inventory of residents' belongings and financial

records. Weekly financial checks were being carried out by staff members.

The provider ensured that each resident received appropriate care and support having regard to the nature and extent of the resident's disability, needs and their wishes. All residents' had opportunities to participate in activities in accordance with their capacities and developmental needs.

The provider had a number of fire safety precautions in place, including, regular fire drills, regular fire checks and internal and external emergency lighting. There were fire doors throughout and fire containment measures in place. A well-maintained fire panel ensured that staff would be alerted to the occurrence and location of fire within the centre. Staff who met with the inspector spoke with confidence about how they would respond to a fire in the centre and support residents to evacuate. All staff had completed fire safety training.

The registered provider had ensured that there were systems in place in the designated centre for the assessment, management and ongoing review of risk. An emergency plan was in place which provided guidance for staff in the event of an emergency. An 'emergency pack' was held in an easily accessible location which contained items which may be required in the event the emergency plan needed to be enacted.

The person in charge had not ensured that, where a resident's behaviour necessitates intervention every effort is made to identify and alleviate the cause of the resident's challenging behaviour. The resident who exhibited behaviours that challenge had no functional analysis completed nor any behaviour supports in place such as proactive or reactive strategies. There was no evidence of a behaviour support plan for this resident. The person in charge had identified that intervention was required for some residents and had scheduled a review with the behavior management specialist.

## Regulation 10: Communication

Some residents had difficulties with communication and their needs in this regard had not been assessed by the appropriate professional as outlined in the regulations. The person in charge and the team leader identified this as a requirement and had scheduled an assessment with the relevant clinician.

Judgment: Substantially compliant

## Regulation 12: Personal possessions

The person in charge ensured that each resident had access to and retained control

of personal property and possessions.

Judgment: Compliant

### Regulation 13: General welfare and development

The registered provider, provided each resident with appropriate care and support. The residents had access to facilities for occupation and recreation, opportunities to participate in the community and maintain personal relationships.

Judgment: Compliant

### Regulation 17: Premises

The registered provider had ensured that the premises was laid out to meet the aims and objectives of the service and the number and needs of the residents. The residents home was maintained to a high standard and was personalised with photographs and other items.

Judgment: Compliant

### Regulation 18: Food and nutrition

The residents were provided with a wholesome and varied diet which met their individual dietary requirement needs and personal choice.

Judgment: Compliant

### Regulation 26: Risk management procedures

The registered provider had ensured that there were systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies

Judgment: Compliant

## Regulation 28: Fire precautions

The person in charge had ensured that a robust fire management system was in place including servicing of equipment and regular fire drills.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that the designated centre had appropriate and suitable practices relating to the ordering, receipt, prescribing and administration of medicines.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The person in charge had not ensured that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of one resident was carried out prior to admission to the designated centre. Goals which had been identified for residents were more functional in nature and required greater clarity and progress tracking.

Judgment: Not compliant

## Regulation 6: Health care

The registered provider had ensured that each resident had access to a general practitioner and pharmacist. However a more comprehensive medical needs assessment was required in terms of review of optical, auditory and psychiatric needs. This had been identified by the person in charge and the necessary support was being arranged.

Judgment: Substantially compliant

## Regulation 7: Positive behavioural support

The person in charge had not ensured that, where a resident's behaviour necessitates intervention every effort is made to identify and alleviate the cause of the resident's challenging behaviour. The person in charge had identified that intervention was required for some residents and had scheduled a review with the behavior management specialist.

Judgment: Substantially compliant

### Regulation 8: Protection

The registered provider had ensured that systems were in place to protect residents from all forms of abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

The registered provider had ensured that the designated centre was operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Listowel Accommodation Service OSV-0005892

Inspection ID: MON-0027042

Date of inspection: 18/02/2020

## 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 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: <ol style="list-style-type: none"> <li>1. Speech and Language Therapist scheduled to finalise assessment of 2 residents to outline communication support requirements.</li> <li>2. 3rd resident has been assessed by SALT but further support will be requested to review effectiveness of recommendations.</li> <li>3. Training to develop the skills of support staff to be completed. This training will include eLearning training resources and outsourced communication training that will focus on how the service consistently meets the communication needs of the residents.</li> </ol>	
Regulation 5: Individual assessment and personal plan	Not Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: <ol style="list-style-type: none"> <li>1. An appropriate needs assessment to be completed for residents to ensure their health and social care needs are being met. The recommendations from assessments will form the basis of each resident's support plan.</li> <li>2. Person Centred Planning meetings to be held for residents with input from key stakeholders. Multi-disciplinary input will also be sought from supporting professionals as part of case reviews for residents.</li> <li>3. From PCP meetings and regular engagement with residents, goals will be agreed. Residents will be supported to achieve goals that are functional and aspirational in line with their personal preferences.</li> <li>4. Progress of goals will be tracked and assessed by key working team supporting each resident. The process will be overseen and assessed by the service Team Leader and PIC.</li> </ol>	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care:	

1. Each resident continues to have their health care needs monitored and managed closely by the service. Additional referrals have been requested for audiology for 3 residents. Ophthalmology referrals and appointments attended for 2 residents in February 2020 with the 3rd Resident awaiting an appointment.

2. Psychiatry assessments are pending for one resident. It was hoped originally that the scheduled assessment date of May 2020 would be brought forward, but under the current Covid 19 restrictions and the work load of the Community Mental Health team the May appointment date will be the earliest that an appropriate assessment can commence. The remaining, two residents already under the care of Psychiatric services.

3. Health Care needs will be tracked and managed in the service using the organisation's screening tool.

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

1. Behaviour support plans have been completed and implemented between 19th Feb and the 10th March for those residents requiring behavioural support. Both residents are supported by the organisation's behavioural therapist through quarterly reviews.

2. Methods of recording behaviours of concern and changes in a resident's presentation will be reviewed to ensure accuracy. Recordings will form the basis of BT quarterly review to ensure that supports are modified and adjusted where required.

3. The PIC has commenced a review of training available to all staff to best support the resident's behavioural needs. Training has been and will be made available to the staff team on Positive Behaviour Support, Personal Centred Active Support, Autism, and Mental Health.

## 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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	01/06/2020
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Not Compliant	Yellow	01/06/2020
Regulation 06(1)	The registered provider shall provide	Substantially Compliant	Yellow	01/06/2020

	appropriate health care for each resident, having regard to that resident's personal plan.			
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Substantially Compliant	Yellow	01/06/2020