



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

## Issued by the Chief Inspector

Name of designated centre:	Kilcummin Accommodation Service
Name of provider:	RehabCare
Address of centre:	Kerry
Type of inspection:	Short Notice Announced
Date of inspection:	21 May 2021
Centre ID:	OSV-0005231
Fieldwork ID:	MON-0031977

## About the designated centre

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

Kilcummin Accommodation Service is a detached bungalow located in a rural area but within short driving distance to a nearby town. It provides a full-time residential service for up to four female residents, over the age of 18 with intellectual disabilities and autism. Each resident in the centre has their own bedroom and other rooms provided include a sitting room, a kitchen, a living area and bathrooms. Residents are supported by the person in charge, a team leader and care workers.

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

Number of residents on the date of inspection:	4
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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
Friday 21 May 2021	10:30hrs to 16:05hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

Residents were being supported in a person-centred way which helped ensure that they received a good quality of service in a manner that supported their rights.

This inspection occurred during the COVID-19 pandemic with the inspector adhering to all national and local guidelines. Social distancing was maintained when communicating with residents and staff while personal protective equipment (PPE) was used. To minimise movement while present in the designated centre, the inspector was based in a staff for most of the inspection.

Four residents lived in this centre and upon the inspector's arrival one resident had already left to attend a medical appointment while the remaining three residents were getting ready to go out on a day trip with staff. One resident indicated that they wanted to shake hands but at the inspector's suggestion they touched elbows instead. Another resident briefly spoke with the inspector but indicated that they did not want to speak any further which was respected by the inspector. The third resident was seen to be listening to the radio while also watching television.

During this time, there was a pleasant atmosphere in the house with staff engaging with residents in a positive, respectful and warm manner. For example, one staff member was overheard complimenting a resident on their appearance. The residents appeared keen to leave the centre to go on their day trip with one resident commenting that they wanted to go to a coffee shop. The three residents left the centre shortly after and the inspector commenced reviewing documentation which included residents' individual personal plans.

While reviewing these it was noted that residents had short-term and long-term goals identified for them through a person-centred planning process. Such goals included things like getting a job, exploring new activities, making day trips, attending a concert and going on a foreign holiday. It was noted that residents and their families were involved in this process and residents were provided with an easy-to-read version of their person-centred planning documents. Various other easy-to-read documents or social stories were available for residents in other areas such as COVID-19, safeguarding and risk.

As part of the person-centred planning process each resident was also assigned a particular staff member who served as their key worker to help them with their goals. While reviewing personal plans, the inspector noted records of various one-to-one discussions between residents and their key workers where topics such as budgets and the designated centre's residents' guide were covered. This residents' guide was seen to be on display in the centre and outlined, amongst other information, how to access HIQA inspection reports and the terms and conditions relating to residency in this centre.

This guide indicated that all residents had their own tenancy agreement which gave them the right to live in the house provided for the centre. This was a change since the previous HIQA inspection in November 2019 and was noted to be a positive development in the protection of residents' rights. It was observed that the house provided for residents was generally presented in a homely manner with some residents' bedrooms brightly decorated and furnished although it was seen that there were some areas of the premises where maintenance was required.

The premises provided did provide sufficient space for residents to receive visitors in private if they wished to do so. It was noted that visits by family members to the centre had been facilitated in line with national guidance while residents were also supported to maintain contact with their families during the COVID-19 pandemic through regular telephone calls while apps such as Whatsapp were also used. The inspector was informed that some residents had used Whatsapp to maintain contact with a former resident of the centre.

Towards the end of the inspection, three residents returned to the centre. This included the resident who had not been present at the start of the inspection. The inspector spoken briefly with the resident who indicated that they liked living in the centre. This resident had also completed a resident experience questionnaire which contained positive responses. The inspector was informed that while residents were away from the centre they had gone to a beach and to a sensory garden while one resident, who had yet to return to the centre, was meeting a family member. As the inspector was preparing to leave the centre, the residents present were seen to be either happy or relaxed with some having a meal with staff members.

In summary, the inspector found that each resident's wellbeing and welfare was maintained to a good standard and that there was a person-centred culture within the designated centre. This helped ensure that residents received good quality care and support in a respectful manner.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

The provider had ensured that clear systems and processes were in place for this designated centre. This helped ensure that residents were well supported and that an overall good level of compliance was maintained in this centre.

This designated centre had last been inspected by HIQA in November 2019 where an overall good level of compliance was found across the regulations reviewed. The centre was registered until August 2021 and a registration application had been recently submitted to reflect a change in provider entity but with the same

management team remaining in place. The purpose of the current inspection was to inform a registration recommendation and to monitor compliance with the regulations since the previous inspection.

As required by the regulations, the provider had appointed a person in charge who had the necessary skills, experience and qualification to perform the role. At the time of this inspection the person in charge was responsible for a total of two designated centres located a short driving distance apart. For the current designated centre, the person in charge was supported in the running of the centre by a team leader and there was evidence that the person in charge was actively involved in the running of the centre. As such the person's in charge's remit was not having a negative impact on this designated centre's governance, operational management and administration.

The person in charge oversaw the staff team that was put in place by the provider to support the residents. From reviewing rosters maintained in the centre it was noted that satisfactory staffing arrangements were provided overall to support residents. This included a strong consistency of staff support which is important to ensure an increased familiarity of residents' needs and also to ensure that residents feel more comfortable with the staff supporting them. Staff members spoken with during this inspection demonstrated a good knowledge of residents' needs and how to support these.

The staffing arrangements for the designated centre were outlined in the centre's statement of purpose. This is a key requirement of the regulations as it describes the services to be provided to residents and forms the basis for a condition of registration for all designated centres. Under the regulations, the statement of purpose must include specific information and should be reviewed at regularly intervals. It was seen that the statement of purpose contained all of the required information, had been reviewed in March 2021 and was on display in the centre. Based on the overall compliance levels of this inspection, the inspector was satisfied that the statement of purpose accurately reflected the services provided to residents.

To ensure that the services provided to residents were in keeping with the statement of the purpose, the provider has monitoring systems in place to assess the quality and safety of care and support being provided to residents. These included weekly and monthly audits completed by either the team leader of the person in charge. These covered areas such as administration matters, safeguarding, complaints and staffing. In addition to these the provider had also ensured that key governance requirements of the regulations were also being carried out. For example, the provider had ensured that an annual review had been completed as well as provider unannounced visits to the centre which had been modified on account of COVID-19.

## Regulation 14: Persons in charge

A suitable person in charge was in place for the designated centre. They were responsible for a total of two designated centres but this remit was not having any negative impact on the running of this centre.

Judgment: Compliant

### Regulation 15: Staffing

Appropriate staffing was being provided in accordance with the statement of purpose with a continuity of staff support also in place. Staff rosters were being maintained.

Judgment: Compliant

### Regulation 23: Governance and management

A good level of compliance was found during this inspection with residents being well supported. Monitoring systems were in place that included annual reviews, provider unannounced visits and regular audits.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose provided for this designated centre had been recently reviewed, contained all of the required information, was available in the centre and reflected the running of this centre.

Judgment: Compliant

## Quality and safety

Based on the overall findings of this inspection, arrangements were in place to meet residents' needs while measures were in operation to ensure that residents were protected.



All residents had individual personal plans which are required by the regulations and are intended to identify residents' personal, health and social needs while also providing guidance on how these are to be met. From reviewing a sample of personal plans, it was noted that they contained a good level of detail on residents' needs and were also regularly reviewed. The inspector was satisfied that arrangements were in place to meet residents' assessed needs, for example, residents were being supported to access various health and social care professionals such as a general practitioner, a occupational therapist and speech and language therapist. This helped ensure that residents' health needs were supported.

Residents' personal plans also contained guidance on supporting residents with their intimate personal care which is important to ensure residents' dignity and bodily integrity are maintained while also helping to safeguard residents. In the event that any safeguarding concerns arose, it was seen that appropriate measures were taken in response to these with safeguarding plans put in place where required. There was evidence that safeguarding plans were followed in practice and staff members spoken with during this inspection demonstrated a good awareness of such plans.

Staff members underwent relevant training in safeguarding and also in relation to infection prevention control where areas such as PPE, hand hygiene and COVID-19 were covered. It was seen during the inspection that appropriate precautions were being followed to prevent against the potential for possible spread of COVID-19. For example, it was seen that the premises provided had specific entry and exits points, logs were maintained for contact tracing, there was regular temperature checking of residents and staff while cleaning was taking place multiple times daily. Staff members spoken with reported that there were no issues in obtaining PPE which was seen to be used throughout the inspection.

The designated centre also had a 'go to folder' for COVID-19 which contained relevant information including a guidance on putting on PPE, a local response plan and an isolation plan. As part of this isolation plan, the provider had a specific designated centre available that could be used by residents of the current centre to isolate if required. As part of the risk management process followed in this designated centre, the potential movement of a resident to the isolation centre had been risk assessed. It was also seen that various risks related to COVID-19 had also been assessed such as supporting residents with intimate care if they were a suspected case or running the current designated centre with minimal staffing. Such risk assessments had been recently reviewed.

## Regulation 11: Visits

Visits to the centre had been facilitated during COVID-19 in line with National guidance while visits could take place in private if needed.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents had been supported to maintain contact with their families during the COVID-19 pandemic.

Judgment: Compliant

### Regulation 17: Premises

While the premises was generally well laid out and presented in a homely manner, some areas were observed where maintenance was required.

Judgment: Substantially compliant

### Regulation 20: Information for residents

A residents' guide was in place that contained all of the required information such as the arrangements for visiting and how to access HIQA inspection reports for this centre.

Judgment: Compliant

### Regulation 26: Risk management procedures

A risk register and risk assessments were in place for this centre and individual residents. These contained details of any risks present and how these were to be managed to lessen any potential negative impact for residents. The risk register and risk assessments were noted to have been recently reviewed.

Judgment: Compliant

### Regulation 27: Protection against infection

To protect residents during COVID-19, regular cleaning of the centre was carried out, relevant training was provided to staff, PPE was used and there was regular temperature checking for residents and staff.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

All residents had personal plans which were noted to have been recently reviewed and outlined the supports to be provided to residents to meet their assessed needs. A person-centred planning process was followed in the centre which allowed residents to be involved in their personal plans while relevant easy-to-read documents were also provided for residents.

Judgment: Compliant

### Regulation 6: Health care

Residents had hospital passports in place along with guidance on how to support residents with their assessed health needs. Access to health and social care professionals was facilitated where required.

Judgment: Compliant

### Regulation 8: Protection

All staff had been provided with safeguarding training and where necessary safeguarding plans were in place. Any concerns which arose were reported and followed up in line with relevant policies and procedures. Intimate care plans for residents were also in place.

Judgment: Compliant

### Regulation 9: Residents' rights

Since the previous inspection residents had received improved protection of their rights for the houses where they lived. Residents were seen to be treated in a

respectful manner and given information through resident meetings and one-to-one meetings with their assigned key workers.

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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Kilcummin Accommodation Service OSV-0005231

Inspection ID: MON-0031977

Date of inspection: 21/05/2021

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Cleaning Company has been contacted for areas of mould to be removed from ceiling in front sitting room. Scheduled for week beginning 21/6/2021</p> <p>Landscapers are scheduled to undertake works on the ground of the premises week beginning 21/6/2021. Removal of overgrown hedges and trees. Regular lawn cutting scheduled also for remainder of year. Further external works are included in refurbishment plan below.</p> <p>Property was assessed in 2019 by architect for refurbishment and upgrade works to be carried out. The property was leased at the time. Now that the property is owned, the schedule of works has gone to tender so that a contract can be established with a suitable building contractor for works to take place.</p> <p>This will include:</p> <ol style="list-style-type: none"><li>1) Tar mac finish to replace existing gravel on driveway and rear yard.</li><li>2) Waste Water treatment facility upgrade</li><li>3) Cutting back of boundary trees and hedges</li><li>4) Upgrades to existing ensuites in office and residents bedroom</li><li>5) Anti-Slip Vinyl flooring to kitchen and dining area</li><li>6) Kitchen fitted units- doors and counter tops to be replaced. Tiled splash back and painting of kitchen.</li><li>7) Removal of existing stove in in kitchen/dining area</li></ol> <p>Timeframe for completion: As the work is gone to tender and a suitable contractor to be established. By end of December 2021, the works should be well underway and will be reviewed then as to what is left to complete.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	01/12/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	28/06/2021