



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

## Issued by the Chief Inspector

Name of designated centre:	Monaghan Accommodation Service
Name of provider:	RehabCare
Address of centre:	Monaghan
Type of inspection:	Announced
Date of inspection:	12 August 2021
Centre ID:	OSV-0005310
Fieldwork ID:	MON-0026139

## 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-story 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 a seating area for the residents. The centre is staffed by support workers from early afternoon, with 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:	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
Thursday 12 August 2021	10:00 am to 4:45 pm	Eoin O'Byrne	Support

## What residents told us and what inspectors observed

The inspection took place in a manner so as to comply with current public health guidelines and minimise potential risk to the residents and staff.

The inspector found that residents were being supported to have a good quality of life, with good access to their preferred activities, their families, and their local community as per their wishes.

The inspector had the opportunity to meet with three of the four residents. All spoke positively of the service they were receiving and of the staff team that supported them. The inspector found that there were systems in place to promote and maintain the independence of each resident. Residents spoke to the inspector about being independently active in their community and that this was important to them. Residents were attending day service programmes, and some residents, before the COVID-19 pandemic had been in part-time employment. Another resident spoke of how they were being supported to source part-time employment and that job opportunities had been reduced in the area due to the pandemic.

The residents appeared comfortable in their environment; they spoke to the inspector about their families, where they were from, and some of the activities they liked to partake in. Residents met with their key workers to review their plans and also to discuss areas that they may require support with or put a plan in place towards achieving an identified goal. Residents were following the lifting of restrictions re-engaging in the majority of their preferred activities; they had recently gone on an overnight stay with the support of staff and hoped to complete another. Residents were visiting their friends and had received family members in their home and were going on home visits where possible. On the day of inspection, one of the residents that lived in the centre was at home for a summer break, and another resident was meeting a family member for lunch in the nearby town.

There was adequate space for residents to take time away or relax; the inspector observed some residents spending time together watching TV and chatting. The inspector observed the building to be homely and appropriately decorated. The provider had recently arranged for an external body to complete an audit of the premises, and some repair and painting work had been identified and was due to be addressed.

Before the inspection, the residents completed surveys regarding the service they were receiving. They expressed that they were happy engaging in activities such as chair aerobics, arts and crafts, gym classes, having tea with friends, and also attending their day service programmes. Residents' family members were also offered the opportunity to give feedback as part of the services 2020 annual review. The surveys returned demonstrated that family members were happy with the service being provided and the communication between the staff team and families.

A review of a sample of residents' information demonstrated that they were receiving individualised supports tailored to their needs. Residents' plans addressed topics such as communication, health and well-being, and personal supports. These were under regular review and captured the resident's strengths, areas they required support, and the methods to help residents achieve positive outcomes.

Overall, residents received a service that met their needs and reflected the changes in needs and circumstances for residents.

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

## Capacity and capability

Residents were receiving a consistent and good standard of care. The centre was effectively resourced with a clearly defined management structure in place.

There were appropriate systems to ensure that the service being provided to residents was meeting their needs, consistent, and effectively monitored. Monthly audits were completed by the person in charge. These audits were focused and demonstrated a continuous commitment to improvement regarding the service being provided to each resident.

The provider had completed an annual review of the quality and safety of care and support. The provider had also ensured that the unannounced visits to the centre had taken place as per the regulations and that written reports on the safety and quality of care and support in the centre had been generated following these. There was evidence that identified actions were being addressed. The provider had acknowledged that there were adaptations required to the previous management arrangements in the centre's 2020 annual review. Changes had been made which had resulted in an increased management presence in the centre.

The provider had ensured that residents were receiving continuity of care and that staffing levels were appropriate to the number and assessed residents' needs. One staff was rostered each day to support residents if required. A review of the roster displayed that there was a small staff team with a consistent relief staff system in place. Residents spoke of knowing the staff members and that some of the staff from their day service completed shifts in the centre, leading to further continuity of care.

There were systems in place to monitor staff training and development. All mandatory and centre specific training was up to date, and refresher training was provided when required. The inspector reviewed a sample of staff members' supervision records and found that staff members had access to appropriate formal

supervision.

The inspector reviewed information that demonstrated that the provider had clear admission policies and practices. A sample of residents' service agreements were reviewed. They were found to be signed by the residents and to contain the relevant information as outlined in the regulations.

There was an effective complaints procedure that was accessible to residents. The inspector reviewed the centre's complaints log and observed effective systems to respond to complaints. Complainants were also informed of the outcomes.

Overall, the provider and person in charge had ensured that there were effective systems in place to provide good quality and safe service to residents.

### Regulation 15: Staffing

The provider had ensured that the number, and skill-mix of staff was appropriate to the number and assessed needs of residents.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider had ensured that staff development was prioritised and that the staff team had access to appropriate training.

Judgment: Compliant

### Regulation 23: Governance and management

There was an internal management structure that was appropriate to the size and purpose and function of the residential service. Leadership was demonstrated by the management and staff team, and there was a commitment to improvement in the centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was an effective complaints procedure that was accessible to residents.

Judgment: Compliant

## Quality and safety

The service was being operated in a manner that promoted and respected the rights of residents. Residents were, when possible, engaging in activities of their choosing and were being supported to develop and maintain links with the wider community. As discussed earlier, the promotion of residents' independence was a consistent theme regarding the service being provided to residents.

The inspector found that residents were receiving appropriate care and support and were the lead decision-makers in the type of service they were receiving. Residents were being communicated to in an age-appropriate manner and were consulted and participated in the organisation of the service. This was achieved through regular resident meetings and also through natural conversations between them and those supporting them.

Residents were being supported to identify skills or goals they would like to work towards through goal-setting practices. These were captured in residents person-centered plans and also in their other support plans. The inspector notes that there was a system in place to track and document the progress of these goals. Goals were also reviewed as part of residents' keyworker meetings.

The provider had ensured that comprehensive assessments of residents' health and social care needs had been completed. These assessments were under regular review and captured the needs and assistance required to best support the residents. The sample of information reviewed also demonstrated that residents were receiving and had access to appropriate health care. The service being provided was person-centered and reflected the changes in circumstances and new developments for residents.

There were arrangements in place that ensured that residents had access to positive behavioural; support if required. The inspector reviewed a sample of residents' behaviour support plans and found them to be resident-specific. A restrictive practices had been implemented as a last resort to safeguard a resident, this practice was under regular review and was developed in conjunction with the resident and the provider's multidisciplinary team. There were also appropriate systems in place to manage and mitigate risks and keep residents and staff members safe. The provider had arrangements in place to identify, record, investigate, and learn from adverse incidents.

For the most part, infection control arrangements at the centre were robust and reflected current public health guidance associated with managing a possible



outbreak of COVID-19. The inspector did observe that there were improvements required regarding the storing of mop buckets and mop heads. These were being stored outside and were being used as part of the service's enhanced cleaning practices in response to COVID-19.

The person in charge had developed a COVID-19 response plan for the centre, which informed staff of actions to be taken in all eventualities, including an outbreak amongst residents, staff members, or staff shortages. The COVID-19 risk assessments developed for residents, the staff team, and visitors were detailed and developed according to the Health Protection Surveillance Centre (HPSC) guidelines.

The provider had ensured that there were appropriate fire safety management systems in place. The inspector did seek assurances that the existing Fire Detection and Alarm System (FDAS) was appropriate; the provider submitted information confirming this in the days following the inspection. The provider had, therefore, taken adequate precautions against the risk of fire in the centre and had provided suitable firefighting equipment. Regular fire drills had been completed; these drills had been effective and demonstrated that residents could be safely evacuated in the event of a fire.

Overall, residents were receiving a service that was tailored to their needs.

### Regulation 10: Communication

Residents were being assisted and supported to communicate in accordance with their needs and wishes.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were being provided with opportunities to participate in activities in accordance with their interests, capacities, and needs.

Judgment: Compliant

### Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place. There were also policies and procedures for the management, review and evaluation of adverse

events and incidents.
Judgment: Compliant
<b>Regulation 27: Protection against infection</b>
The existing arrangements for the storage of mop buckets and mop heads were not appropriate.
Judgment: Substantially compliant
<b>Regulation 28: Fire precautions</b>
The provider had ensured that there were effective fire safety management systems in place.
Judgment: Compliant
<b>Regulation 5: Individual assessment and personal plan</b>
The provider's multidisciplinary team and person in charge had developed individualised supports for residents and these were promoting positive outcomes for residents.
Judgment: Compliant
<b>Regulation 6: Health care</b>
The health needs of residents were under review. They had access to appropriate healthcare services on the same basis as others in order to maintain and improve their health status.
Judgment: Compliant
<b>Regulation 7: Positive behavioural support</b>

There were arrangements in place that ensured that residents had access to positive behavioural; support if required.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were facilitated and empowered to exercise choice and control across a range of daily activities and had their choices and decisions respected.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Monaghan Accommodation Service OSV-0005310

Inspection ID: MON-0026139

Date of inspection: 12/08/2021

## 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 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: Mop buckets and mop heads will be stored in a designated space in the utility room by 13/8/2021	

## 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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	13/08/2021