



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

Issued by the Chief Inspector

Name of designated centre:	Greenacres Lodge
Name of provider:	RehabCare
Address of centre:	Clare
Type of inspection:	Short Notice Announced
Date of inspection:	17 February 2021
Centre ID:	OSV-0005741
Fieldwork ID:	MON-0031324

About the designated centre

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

Greenacres Lodge is a residential service run by RehabCare. This centre can support up to four female and male residents aged over 18 years with a diagnosis of an intellectual disability, and who require moderate to high levels of support. This service comprises of one house in a rural location on the outskirts of a village in Co.Clare. Transport is provided to access local amenities, such as, shops, churches, restaurants and pharmacists. All residents have their own bedrooms and access to shared communal areas and large garden space. Staff are on duty both and night to support the residents who live at this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 17 February 2021	09:15hrs to 12:30hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was a centre that very much ensured residents were provided with appropriate care and support in accordance with their interests, wishes, capacities and assessed needs. Overall, the inspector found that this was a very pleasant and welcoming centre to live in.

The purpose of this inspection was to monitor compliance with the regulations and inform an application that the provider had made to renew the registration of this centre. Four residents lived at this centre and the inspector had the opportunity to meet with two of these residents but due to their communication needs, neither resident spoke directly with the inspector about the care and support they receive. While in the company of the inspector, one of these residents was observed to move from the kitchen to the living areas of the centre and appeared very comfortable in doing so. The other resident was in the sitting room using her phone to watch videos. Due to the behavioural needs of both of these residents, staff were observed to maintain close supervision of both residents while they engaged in these activities, while also respecting both residents' free movement from room to room, as they wished. The remaining two residents had already left for day services by the time the inspector had arrived to the centre.

The centre comprised of one bungalow dwelling located near a village in Co. Clare. Residents had their own bedroom, one of which was en-suite, shared bathrooms, sitting and sensory room, lounge, conservatory and kitchen and dining area. The centre was tastefully decorated and various information and pictorial references were displayed throughout the centre to support residents with assessed communication needs. In response to the visual impairment needs of some residents, the provider had sought the advice of external services in the centre's design and layout to support these residents to safely manoeuvre around their home. For example, internal doors were painted in a dark colour and minor sensory adaptations were also made to kitchen appliances to enable these residents to be as independent as possible when accessing this area. Comfortable furnishings and seating were available to residents in all living areas of the centre, which gave residents plenty of choice as to where they wished to sit and relax. Furnishings were in a good state of repair and the general decoration and personal touches of the centre gave it a warm and homely feel.

Some of the residents living at this centre had assessed communication needs, with many unable to verbally communicate their wishes. For those who had limited verbal skills, the provider had developed a concise document which clearly outlined the various words and vocalisations regularly used by residents, guiding staff on what residents were trying to communicate. Due to the continuity of this centre's staffing arrangement, this meant that staff who supported these residents knew their individual communication styles very well. For example, one staff member who spoke briefly with the inspector, told the inspector that one resident would often show staff objects of reference to let staff know what they wanted. Staff were also

very familiar with residents' physical presentation when trying to communicate what they wanted express. As earlier stated, multiple pictorial references were displayed throughout the centre to keep residents informed about what staff were on duty that day and night, planned daily activities, meal choices etc.

Many residents required behavioural support and previously, peer to peer incidents did occur between residents. In response to this, specific staff work plans were put in place, which guided staff on which resident they were supporting for the duration of their shift and their role and responsibility in supervising and safeguarding residents from similar incidents re-occurring. These plans had proven very effective, as this centre had not incurred a peer to peer incident for a number of months, which had a very positive impact on the quality of life experienced by these residents on a daily basis. While in the company of staff and residents, the inspector observed these plans in practice, with staff maintaining supervision of individual residents through providing one-to-one support to them to engage in meaningful activities.

In line with public health safety guidelines, residents' continued to attend day services in a nearby down, but generally now only attended for half days. While at the centre, as residents predominately had one-to-one staff support during day time hours, this meant that staff were available to support residents to take part in activities of their choice in the comfort of their own home.

In summary, the inspector found that residents' rights were very much promoted and respected. Residents' safety and welfare were paramount to all systems and arrangements that the provider had put in place in this centre. Regardless of residents' capacity, the provider ensured residents were supported and encouraged to choose how they wished to spend their time and that they were as involved as much as possible in the running of this centre.

Capacity and capability

This was a well-run and well-managed service, which ensured residents received and safe and good quality of service.

The person in charge held the overall responsibility for this service and she was regularly present to meet with staff and residents. She knew the residents and their needs very well and was also familiar with the operational needs of this service. She was supported by a team leader, her line manager and staff team in the running and management of this centre. This was the only designated centre operated by the provider in which she was responsible for and current arrangements gave her the capacity to effectively oversee and manage this service.

The provider had ensured that an adequate number and skill-mix of staff were at all times rostered to meet the assessed needs of residents. This arrangement was under continuous review by the person in charge which ensured continuity of care

for residents. Staff who worked at this centre had supported residents for a number of years and were very familiar with each resident's assessed needs, particularly in the area of behavioural management, communication and health care. In response to the specific needs that residents had, the provider had ensured that all newly recruited staff were subject to a robust induction process, which gave them an opportunity to get to know these residents and their needs very well prior to working with them.

The provider had ensured that this centre was adequately resourced in terms of staffing, equipment and transport. The person in charge met with staff on a regular basis to discuss any concerns regarding the care and welfare of residents. Communication systems were also in place to ensure that staff were maintained aware of any changes occurring within the organisation. The quality and safety of care was regularly monitored through internal audits and six monthly provider-led visits. Where improvements were identified, time bound action plans were put in place to address these.

Registration Regulation 5: Application for registration or renewal of registration

The provider had satisfactorily applied to renew the registration of this centre, ensuring all documentation was submitted to support this application.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had good knowledge of residents' needs and of the operational needs of the service delivered to them. She regularly visited the centre to meet with staff and residents. This was the only designated centre that she was responsible for and current arrangements gave her the capacity to effectively manage this service.

Judgment: Compliant

Regulation 15: Staffing

This centre's staffing arrangement was subject to regular review. The provider ensured continuity of care to residents in the rostering of staff. Additional arrangements were also in place, should residents require additional staff support with their assessed needs.

Judgment: Compliant

Regulation 23: Governance and management

The provider ensured this centre was adequately resourced in terms of equipment, staff and transport. Arrangements were in place to ensure any changes occurring within the organisation were regularly discussed with staff. The person in charge also met with staff on a regular basis to discuss any concerns regarding the safety and welfare of residents. Monitoring systems were also in place to ensure that where any improvements were required within this centre, these were addressed in a timely manner.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available at the centre. At the time of inspection, the person in charge was in the process of updating this document to support the application to renew the registration of this centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all incidents were reported to the Chief Inspector of Social Services, as required by the regulations.

Judgment: Compliant

Quality and safety

Since the last inspection of this centre in January 2019, the provider had made improvements to the centre's risk management and fire safety arrangements. However, this inspection did identify some minor improvements were required to aspects of medication management and infection prevention and control.

Residents' needs were subject to regular re-assessment which meant that any

changes to residents' needs were quickly identified and responded to. Personal plans were then developed to guide staff on how they were required to support residents with their assessed needs. A sample of these plans were reviewed by the inspector and were found to provide clear and concise guidance to staff, particularly in the areas of skin integrity and falls prevention. Similar arrangements were in place for residents presenting with assessed health care needs. For example, for residents with assessed neurological needs, the person in charge had ensured that accurate risk assessments and protocols were in place to guide staff on how they were required to support these residents. Suitable arrangements were also in place to ensure all residents had access to a wide variety of allied health care professionals, as and when required.

In response to peer to peer incidents which previously occurred at this centre, the person in charge implemented a specific work-plan which was to be adhered to by staff on a daily basis. This work-plan focused on ensuring each resident had adequate supervision and support from staff to safely move around the centre as they wished, safeguarding them from similar peer to peer incidents re-occurring. A peer to peer related incident had not occurred in a number of months and the person in charge told the inspector that this was largely attributed to the effectiveness of these work-plans. Effective behavioural support systems were also in place at this centre, with suitable arrangements in place to ensure residents with behavioural support needs received the care and support they required. For example, following a recent trending of incidents, staff identified an increase in the number of behavioural related incidents occurring for one resident. In response to this, the person in charge had arranged for a re-assessment of this resident's behavioural support interventions with the multi-disciplinary team and this review was scheduled to occur in the days subsequent to this inspection.

Effective systems were in place for the identification, assessment, response and monitoring of risk at the centre. Since the last inspection, the provider had made improvements to the centre's risk assessments, ensuring they now provided more clarity on specific measures put in place in response to identified risk. A risk register was in place to support the person in charge in the monitoring of various organisational risks and she was in the process of reviewing this register at the time of this inspection to ensure it accurately reflected the current monitoring systems in place for risks relating to staffing, fire safety and medication management.

The provider had systems in place for the prescribing, administration and storage of medicines. This medication management system was subject to regular auditing by the person in charge and where improvements were identified, these were addressed in a timely manner. However, upon review of some residents' prescription records, the inspector identified that minor improvement was required to the prescribing of as-required medicines, to ensure this was completed in accordance with the centre's medication management policy.

Fire safety precautions were subject to regular review by the provider, including, fire detection and containment arrangements, fire safety and emergency lighting arrangements. Since the last inspection, the provider had made improvements to the centre's fire procedure and to residents' evacuation plans, ensuring these now

provided more clarity on how staff were to respond in the event of fire and evacuation. Regular fire drills were occurring and records demonstrated that staff could safely evacuate residents from the centre in a timely manner. Waking night-time staffing arrangements also ensured that staff were available to quickly respond, should a fire occur at night in this centre.

Since the introduction of public health safety guidelines, the provider put a number of measures in place to maintain the safety and welfare of staff and residents. Regular temperature checks were occurring, social distancing was practiced and staff wore appropriate PPE. Due to the layout of the centre, the provider had also revised staff and resident work-flow, with guidance displayed throughout the centre informing on the maximum number of people to be in any room of the centre at any given time. However, although the provider had contingency plans in place in response to an outbreak of infection at this centre, further review of these were required to ensure they provided clarity on the specific isolation arrangements that would be required to be implemented for each resident living at this centre.

Regulation 26: Risk management procedures

Effective systems were in place for the identification, assessment, response and monitoring of risk at the centre. Since the last inspection, the provider had made improvements to the centre's risk assessments, ensuring they now provided more clarity on specific measures put in place in response to identified risk.

Judgment: Compliant

Regulation 27: Protection against infection

Since the introduction of public health safety guidelines, the provider put a number of measures in place to maintain the safety and welfare of staff and residents. However, although the provider had contingency plans in place in response to an outbreak of infection at this centre, further review of these were required to ensure they provided clarity on the specific isolation arrangements that would be required for each resident living at this centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Since the last inspection, the provider had made improvements to the centre's fire procedure and to residents' evacuation plans. Suitable fire detection and

containment arrangements were also in place and regular fire drills demonstrated that staff could safely evacuate residents from the centre in a timely manner. Waking night-time staffing arrangements also ensured that staff were available to quickly respond, should a fire occur at night.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had systems in place for the prescribing, administration and storage of medicines. However, some improvement was required to the prescribing of as-required medicines, to ensure this was completed in accordance with the centre's medication management policy.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Systems were in place for the regular assessment and re-assessment of residents' needs. Personal plans were then developed to guide staff on the specific supports that each residents required and these plans were also subject to regular review.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, effective arrangements were in place to ensure these residents received the care and support they required. Residents also had access to a wide variety of allied health care professionals, as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required behavioural support, the provider ensured that these residents received the care and support they required. Where restrictive practices were in use, these were subject to regular assessment to ensure the least restrictive

practice was at all times used.

Judgment: Compliant

Regulation 8: Protection

Effective arrangements were in place to ensure the safety and welfare of residents was at all times maintained. There were no safeguarding concerns in this centre at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The provider ensured each residents' rights were promoted and respected. Regardless of residents' capacity, all residents were encouraged to choose to take part in activities of interest to them and to be involved in the running of this centre as much as possible.

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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Greenacres Lodge OSV-0005741

Inspection ID: MON-0031324

Date of inspection: 17/02/2021

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: The PIC will ensure contingency plans are reviewed and additional information is added to ensure the specific isolation arrangements for each resident are documented within the service. This will be completed by 03/03/2021.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: PIC will communicate with prescribing doctor and pharmacist to ensure prescriptions and labels are compliant with service medication management policy. This was completed by 25/02/2021.	

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	03/03/2021
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration	Substantially Compliant	Yellow	25/02/2021

	of medicines to ensure that any medicine that is kept in the designated centre is stored securely.			
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