Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Name of designated centre:	Sligo Semi Independent Accommodation
Name of provider:	RehabCare
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	10 April 2018
Centre ID:	OSV-0004442
Fieldwork ID:	MON-0021073

About the designated centre

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

Sligo semi-independent accommodation provides residential support to male and female adults with an intellectual disability. The centre provides support to residents based on the social care model and provides low support to residents to assist them to maintain and develop independence in all aspects of daily living. Sligo semi-independent accommodation is located in a residential area on the outskirts of a town, but close to local amenities such as shops and leisure facilities. The centre is also a short walk or accessible by public transport to further facilities and amenities in the town centre. The centre comprises of two houses in close proximity to each other. One house provides accommodation for three residents. Residents have access to a communal sitting room and kitchen/dining room as well as two bathrooms with shower facilities in each. The house also contains a staff office which caters for the needs of both houses within the centre. The second house provides accommodation for four residents. Residents have access to a communal sitting room and kitchen/dining room along with a bathroom with a shower facility and an additional downstairs toilet. Both houses have rear gardens which are accessible to residents at the centre. Residents are assisted by a staff team comprising of both team leaders and community support workers. Staffing arrangements are provided at key times during the day to support residents with their assessed needs and develop their independence skills. Support to residents on weekdays is provided by one staff member for set times in the morning and evening in-line with individuals' assessed needs. Due to residents' level of independence, staff support is reduced at the weekend, with evening staffing arrangements in place on Saturdays, and no support provided on Sundays and public holidays. In addition, no staff support is required by residents at night-time. However, if residents require assistance at any times when staff are not available, the provider has arrangements in place for them to access support through a neighbouring designated centre or their on call emergency manager.

The following information outlines some additional data on this centre.

Current registration end date:	10/11/2019
Number of residents on the date of inspection:	6

How we inspect

To prepare for this inspection the inspector or 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
10 April 2018	08:40hrs to 17:50hrs	Stevan Orme	Lead

Views of people who use the service

The inspector had the opportunity to meet with three residents during the inspection. Residents told the inspector about the care and support they received at the centre. Residents said they were happy and liked living at the centre. Residents said that they were independent in all areas of their daily life, but staff were available during the mornings and evenings to offer them help if needed.

Some residents told the inspector that they had part-time jobs in the local area which they enjoyed as well as going to day services during the week. Residents told the inspector that they were able to access their jobs and amenities in the local area without staff support and enjoyed doing activities both on their own and also as a group such as going for meals. Residents also told the inspector that staff had supported them to go on a recent holiday aboard which they enjoyed and hoped to do again in the year.

Residents were aware of their rights and were able to tell the inspector how they would make a complaint to either staff on duty or the person in charge if they were unhappy with any aspect of the service they received. Residents were also knowledgeable about health and safety arrangements in place at the centre and were regularly involved in fire drills and ensuring that the centre's communal areas such as bathrooms were kept clean and tidy.

Capacity and capability

The provider's governance and management arrangements ensured that residents were supported to develop greater independence and receive a good quality service which complemented their assessed needs. However, the provider's arrangements had not ensured that all actions identified in the centre's previous inspection were addressed such as staff access to refresher training and the regular review of organisational policies required under regulation. In addition, the provider's governance arrangements required further improvement as they had not ensured compliance with all aspects of the regulations examined on the day of inspection.

The provider had ensured that staffing arrangements at the centre were sufficient and available at key times during the day to meet residents' assessed needs. Staffing arrangements reflected both residents' current level of independence and interventions to reduce their dependency of staff support further as well as facilitate the achievement of individuals' annual personal goals. Staffing provisions were also

in place to support residents in case of unforeseen events such as emergencies.

The provider and person in charge completed management audits on practices at the centre to ensure its effective operation, with audit outcomes discussed at regular staff team meetings. However, the inspector found
that auditing arrangements had in some cases not ensured that all documentation maintained was reviewed in-line with set time frames such as residents' healthcare and behavioural support plans and organisational policies.

The provider completed regular unannounced visits at the centre and was in the process of completing its annual review into the care and support provided at the centre for 2017. However, an annual review had not occurred in 2016 to assess the effectiveness of the service provided and to ensure compliance with regulatory requirements.

Staff who spoke with the inspector were knowledgeable about residents' assessed needs, especially in relation to positive risk taking. The person in charge ensured that staff were updated on changes to the centre's operations and the provider's policies through regular team meetings and formal supervision arrangements. In addition, staff practices were updated through their access to both mandatory and resident specific training. However, as found in the previous inspection, the provider had not put effective arrangements in place to ensure that all staff accessed up-to-date refresher training in a timely manner to ensure their practices were in-line with current developments.

The provider's risk management practices were robust in nature, and procedures were in place to effectively respond to adverse incidents which might occur. Staff were knowledgeable on risks identified at the centre and their associated interventions as well as actions to be taken in the event of an emergency such as fire. Furthermore, the provider had arrangements in place for both the recording and analysis of accident and incidents, with the findings being discussed with staff and incorporated into practices to support residents such as the self administering of medication.

Regulation 15: Staffing

The provider had ensured that an appropriate number of staff were employed to enable residents to maintain their independence and also receive support in a timely manner, when required, and to achieve their annual personal goals.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had not ensured that staff had access to training refresher courses to ensure that the care and support provided to residents reflected current developments in best practice.

Judgment: Substantially compliant

Regulation 21: Records

The provider had ensured following the centre's last inspection that arrangements were in place to ensure that staff personnel records contained all information required under the regulations such as national vetting disclosures and references.

Judgment: Compliant

Regulation 23: Governance and management

The provider had clear governance and management structures in place, which ensured that residents were kept safe from harm and supported in-line with their assessed needs. However, the provider had not addressed actions from the previous inspection which related to staff training and organisational policies. Furthermore, the provider's governance and management arrangements had not ensured that an annual review into the care and support at the centre was completed and documentation was reviewed according to set time frames.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was subject to regular review, reflected the services and facilities provided at the centre and contained all information required under the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider's policies and procedures were available to staff at the centre. However, the provider had not ensured that all policies as required

under the regulations were reviewed every three years to ensure they reflected current best practice developments.

Judgment: Substantially compliant

Quality and safety

During the course of the inspection, the inspector found that residents were happy and supported to both maintain and develop their level of independence in-line with their assessed needs. Practices at the centre ensured that residents were safe from harm, but also supported them to take positive risks. However, improvements were required in personal planning arrangements for residents and staff access to refresher training.

Since the last inspection, the provider had put measures in place to further improve risk management arrangements at the centre which was reflected in areas such as fire safety and infection control. The person in charge ensured that all identified risks were assessed and suitable control measures were put in place which protect residents from harm and reflected their current independence skills. Furthermore, risk management practices supported residents to take positive risks to further reduce their dependency on staff support; such as, being unsupported at the centre during the day, accessing the local community independently and managing their own medication needs. However, although staff were knowledgeable on risk management practices at the centre, the person in charge did not have suitable arrangements in place to ensure that all staff had received up-to-date refresher training in the safeguarding of vulnerable adults and positive behaviour management.

Residents' personal planning arrangements were comprehensive in nature and reflected both staff knowledge and practices on how to support each resident with their assessed needs. Both the person in charge and staff told the inspector that residents were actively involved in the annual review of their personal plan's effectiveness. However, residents' participation in review meetings, in some cases was not reflected in associated documents.

The person in charge told the inspector that they were investigating how personal plans could be made more accessible to residents, so that residents could be better informed about the care and support they could expect to receive at the centre. However, accessible personal plans were not in place or had been commenced at the time of the inspection.

The provider ensured that arrangements were in place to support residents to play an active part in their local community and develop personal relationships outside of the centre. Residents' independence skills and staff support ensured that they accessed a range of activities in the local area and were involved in the centre's day-to-day operations. Residents had part-time jobs and attended educational classes,

as well as being able to independently access social activities such as country music shows, the cinema and restaurants without staff support.

Residents were knowledgeable about their personal rights as well as the provider's policies such as how to make a complaint if they were unsatisfied with the care and support they received. Regular resident house meetings ensured that they were updated on changes at the centre as well as making decisions on the weekly menus, allocating household chores and planning social activities.

Regulation 10: Communication

The provider had ensured that residents had access to the Internet at the centre following the previous inspection.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to participate in a range of activities which they enjoyed and reflected their assessed needs, capabilities and interests. The provider ensured that support was provided in-line with residents' personal plans and promoted their independence both at the centre and in the local community.

Judgment: Compliant

Regulation 17: Premises

The centre's premises were well-maintained and decoration reflected residents' personal interests and tastes. The premises' design and layout ensured that all areas were accessible to residents and met their assessed needs.

Judgment: Compliant

Regulation 20: Information for residents

The provider had ensured that residents had access to a 'resident's guide' which informed them about the services and facilities they would receive at the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider's risk management arrangements ensured that risks were identified and effectively managed at the centre and kept residents safe from harm. In addition, residents were supported to increase their independence through positive risk taking such as accessing the community independently and self administering of medication.

Judgment: Compliant

Regulation 27: Protection against infection

Residents were protected from the risk of infection through improved practices at the centre following the previous inspection.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire safety equipment and arrangements were in place at the centre. Residents and staff were knowledgeable about actions to be taken in the event of a fire and regular simulated evacuation drills were carried out.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents were supported to independently manage their own medication needs with staff assistance being provided to ensure that medication was taken as prescribed and any out-of-date or discontinued medication was stored and disposed of appropriately.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' personal plans were comprehensive, up-to-date and reflected their assessed needs and staff knowledge. However, an accessible personal plan was not available to residents to inform them about the support they could expect to receive to meet their assessed needs. Furthermore, although residents participated in their annual personal plan review meetings, related documents did not in some cases record their involvement.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to access healthcare professionals as and when required, which ensured that they maintained a good quality of health in-line with their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents exhibited behaviours that challenges, the provider had ensured that suitable interventions were in place to support them in a positive manner. Staff were knowledgeable on residents' behavioural support plans. However, the provider had not ensured that all staff had up-to-date knowledge of best practice developments through their attendance at positive behaviour management refresher training.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents from abuse which included clear reporting protocols and were reflected in staff knowledge. However, the provider had not ensured that all staff had received safeguarding of vulnerable adults refresher training to ensure their knowledge was in-line with current practice developments.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were actively involved in decision making at the centre and were aware of their personal rights such as making a complaint and how to access advocacy services.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sligo Semi Independent Accommodation OSV-0004442

Inspection ID: MON-0021073

Date of inspection: 10/04/2018

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 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:

Background

- RehabCare's Training Team co-ordinate and deliver a suite of training courses which meet regulatory requirements and assessed Residents' needs. The PIC liaises regularly with RehabCare's Training Team to schedule staff on relevant training courses. The Training Team update individual staff training records once training has been scheduled and completed. The PIC has access to these records via an internal platform.

Action

- The PIC will monitor the training records locally and will review training needs of staff on a quarterly basis through 1:1 meetings with staff.

- All outstanding training, including refresher courses required by staff at the time of inspection will be completed by the **10th August 2018.**

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

Background

- There is an operational management structure in place to ensure there is oversight of all elements of service provision. The PIC supported by the Team Leader has responsibility for running the service on day to day basis. The PIC reports to a regional Integrated Services Manager.
- The provider has systems in place to ensure an annual review and unannounced

six monthly visits take place in the service.

Action

- The Annual Review for 2017 was conducted on the 8th March 2018. Due to unforeseen circumstances write up of the report has been delayed, it will be available by the **25th May 2018** and actions will be checked in the subsequent internal audit.
- All outstanding training, including refresher courses required by staff at the time of inspection will be completed by the **10th August 2018.**
- A local auditing checklist has now been developed and is being implemented by the PIC/Team Leaders from week commencing **16th April 2018.**

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

Background

The organisation's Policy on Policies requires that all organizational policies are reviewed at minimum every 3 years. A plan is in place to ensure all Schedule 5 policies are reviewed in line with organizational guidance and on three yearly basis or more frequently as required thereafter.

Action

- All policies which were overdue for review during the inspection will be reviewed and available to staff through the on line platform by the **30th June 2018.**

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

Background

- All Residents have an annual screening of needs and a support plan which identifies their support needs and guides staff practice. Residents are also supported to have ongoing action plans which enable them to pursue their goals. Based on the ethos of person centred planning Support Plans and Action Plans are developed in consultation with the resident. Plans are reviewed on an ongoing basis to review their effectiveness and there is formal review at minimum on an annual basis. The review looks at the effectiveness of the plan over the previous 12 months and encourages the resident to identify goals for the coming year.

Action

- Keyworkers are currently working with residents and other relevant staff to ensure that all plans are recorded on the organisation's IplanIt system. IplanIt is a web based system that facilitates accessible formats such as photos and video linkages and enables the resident to share different aspects of their plan with people from their circle of support, if they so wish.

- Accessible personal plans via IplanIt will be in place for all residents by **the 31st August 2018.**

- Where residents' involvement in their review meeting has not been accurately recorded this will be amended by the **31st May 2018.**

Regulation 7: Positive behavioural support	Substantially Compliant

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

Background

- The organisation's Positive Behaviour Support Policy guides staff practice when supporting Residents in this regard. Organisational policy requires that all staff must complete a 2-day MAPA Foundation course and an annual refresher thereafter throughout their employment with RehabCare. This training equips staff with the skills required to support Residents who experience behaviours that challenge.

- Behaviour management plans are in place where necessary and staff are knowledgeable and competent in the implementation of these plans. These plans are periodically reviewed and monitored to ensure they are meeting the needs of the Resident.

Action

- Staff have completed MAPA training. All foundation and refresher training overdue at the time of this inspection will be completed by **August 10th 2018.**

- The PIC will monitor the completion of MAPA training by all staff going forward to ensure the training is received in a timely manner.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

Background

- The organisation's policy on Safeguarding Vulnerable Adults which is in line with national HSE policy governs staff practice in this area. The organization has a zero tolerance policy to all forms of abuse and when issues arise the organization is committed to taking corrective actions to ensure all residents and staff are protected from all forms of abuse. The governance of the policy is overseen by Senior Social Worker / Safeguarding Lead supported a number of regional designated officers.
- All staff attend Safeguarding Training at time of recruitment and three yearly thereafter. This ensures that staff skills are in line with current best practice.

Action

- Staff have received Safeguarding and Children First training. All refresher training overdue at the time of this inspection will be completed by the **31st July 2018.**

- The PIC will monitor the completion of Safeguarding training by all staff going forward to ensure the training is received in a timely manner.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	10th August 2018
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30th June 2018
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and	Substantially Compliant	Yellow	25th May 2018

	safety of care and support in the designated centre and that such care and support is in accordance with standards.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30th June 2018
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	10th August 2018
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of	Substantially Compliant	Yellow	31st July 2018

	each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Substantially Compliant	Yellow	10th August 2018
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.	Substantially Compliant	Yellow	10th August 2018