



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

## Issued by the Chief Inspector

Name of designated centre:	Doon Accommodation Service
Name of provider:	RehabCare
Address of centre:	Kerry
Type of inspection:	Short Notice Announced
Date of inspection:	15 October 2020
Centre ID:	OSV-0005747
Fieldwork ID:	MON-0030418

## About the designated centre

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

This designated centre was registered in July 2018; the centre was established to provide a community based home for residents transitioning from a larger congregated setting. The provider aims to provide each resident with a safe, homely environment, encourage independence but also to provide each resident with any support that is required.

The house is a dormer bungalow with an annex attached. Four residents reside in the main part of the house and one resident lives in the adjoining Annex. In the main house there are four single bedrooms, two bedrooms upstairs and two bedrooms downstairs. Shared areas in main house are bathroom, kitchen/living area, sitting room and extra living room area. All residents have access to the back and front garden. In the annex there is one bedroom, kitchen, living area and bathroom. Resident has access to private back garden.

A maximum of five residents can be accommodated. The provider aims to match the service delivered as closely as possible to resident's individual requirements through a process of assessment and personal planning. The centre is staffed by a team of social care staff, care assistants and a team leader; the centre is managed and supervised by the person in charge. The service operates and is staffed on a full-time basis; the model of support is based on the social model of care.

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

Number of residents on the date of inspection:	5
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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 15 October 2020	10:00hrs to 17:30hrs	Cora McCarthy	Lead

## What residents told us and what inspectors observed

On the day of the inspection, the inspector had the opportunity to meet with five of the residents who lived in the designated centre. In an effort to minimise movement as a result of the COVID-19 pandemic, the inspector was located in the staff office during the inspection. However, the inspector did meet the residents in the communal areas of the designated centre and two residents came up to the office to introduce themselves and speak with the inspector. The residents spoke positively about the centre and the staff who supported them. One resident was getting ready to bake sausage rolls with staff and was supported to go to the shops to buy the ingredients. The interaction between the resident and staff was very respectful and pleasant, the resident appeared to enjoy the activity.

The inspector met with two residents in the kitchen as they were cooking meatballs and pasta for dinner. They explained to the inspector what they were cooking and were very proud of their cooking. One resident said they loved their home but that they had not liked their previous home. When asked by the inspector if they felt safe in the centre they said yes they did and they wanted to remain in their home. Throughout the day the residents were smiling, chatting and joking with staff, which indicated that they were comfortable with the staff.

One resident had previously met another inspector and wanted to chat about them. They had a very positive interaction with the other HIQA inspector and wanted the inspector to say hello for them and pass on their good wishes. The inspector assured them that they would pass on their wishes. They said they liked 'HIQA' and liked them visiting.

The centre was very homely and was personalised with portraits of the residents. The residents' bedrooms were individual to each of them, one resident loved music and had their guitar in their bedroom. They also had shopping bags with new jeans and tops they had bought on a shopping trip with staff. The residents were all very smartly dressed with lovely jeans and runners and clearly took pride in their appearance.

The inspector observed a number of interactions between residents and staff members which were positive and respectful in nature. Staff spoken to were familiar with individual preferences and the routines of residents.

## Capacity and capability

Governance and management systems in place at this centre ensured that care and support provided to residents was to a good standard, was safe, appropriate to

their assessed needs and consistently and effectively monitored. There was a clearly defined management structure, which identified the lines of authority and accountability for all areas of service provision. The person in charge held the necessary skills and qualifications to carry out the role and was both knowledgeable about residents' assessed needs and the day-to-day management of the centre. The person in charge had ensured all the requested documentation was available for the inspector to review during the inspection.

The provider had ensured that staff numbers and skill mix at the centre were in line with the assessed needs of the residents and with the statement of purpose. The inspector reviewed the actual and planned rota which indicated continuity of care from a core staff team. The person in charge demonstrated the relevant experience in management and was effective in the role. The staff members with whom the inspector spoke with were very knowledgeable around the residents' assessed needs and their methods of communication. For example one resident used echolalia as a means of communication and the staff were able to explain this to the inspector while supporting the resident with their communication.

The person in charge had a training matrix for review and the inspector noted that all staff had received mandatory training. It was noted that some mandatory training had been cancelled due to COVID-19, however, the person in charge had ensured that staff members had access to appropriate online trainings until face to face training could recommence. Discussions with staff demonstrated that staff were supported to access mandatory training in line with the provider's policies and procedures in areas such as safeguarding, medication management, positive behaviour management, fire safety and infection control.

Clear management structures and lines of accountability were in place. The provider had also undertaken unannounced inspections of the service and a review of the quality and safety of service was carried out in July 2020. This audit included residents' views and also reviewed staffing, restrictive practices, quality and safety, safeguarding and an analysis of incidents. These audits resulted in action plans being developed for quality improvement and actions identified had either been completed or were in the process of being completed. For example one action was to resolve a complaint from a neighbour to repair a water pipe in the garden which impacted them, this was addressed at the time of inspection.

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

During the inspection incidents were reviewed and it was noted that the person in charge had notified the Chief Inspector of incidents that occurred in the designated centre.

## Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and

was effective in the role.

Judgment: Compliant

### Regulation 15: Staffing

The person in charge had an actual and planned rota which was in line with the statement of purpose.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had a training matrix for review and the inspector noted that all staff had received mandatory training.

Judgment: Compliant

### Regulation 23: Governance and management

Clear management structures and lines of accountability were in place. A range of audits were carried out. The provider had also undertaken unannounced inspections of the service on a six monthly basis and a Annual Review of the quality and safety of service was carried out in July 2020.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge notified the Chief Inspector of incidents that occurred in the designated centre.

Judgment: Compliant

## Quality and safety

The inspector reviewed the quality and safety of residents in the centre and found it to be of a very good standard. The inspector noted that the provider had implemented the necessary protocols and guidelines in relation to good infection prevention and control to ensure the safety of all residents during the COVID-19 pandemic. These guidelines were in line with the national public health guidelines and were reviewed regularly with information and protocols updated as necessary. For example when residents were coming in from home there was sign in and vehicle sanitising processes in place.

The provider had ensured that there was a comprehensive needs assessment in place for residents. The assessment of needs included review of the residents' behaviour support needs and a medications review. There was a functional analysis completed by staff and a behaviour support specialist which gave a very clear overview of the function of residents' behavior. This meant that there was clear guidance for staff on how to support the residents and as a result behaviours that challenge were minimal. The staff were able to tell the inspector of the supports and strategies put in place for residents and how they were implementing such supports.

As part of the assessment of need the person in charge had requested that all residents had a full medication review by their general practitioner (GP) or psychiatrist which resulted in some residents medication been reduced. This resulted in improved health and well-being for some residents. Staff were also observed administering medication and this was completed in a very conscientious manner adhering to the policies in place in the centre.

Overall the health and well-being of the resident was promoted in the centre. Staff demonstrated a good knowledge of the residents' health care needs and how to support them. For example staff members with whom the inspector spoke were clearly able to outline the residents' feeding, eating and swallowing support plan which included the texture diet they were on and what supports they required at mealtimes. The resident had access to a GP and other health care professionals.

Residents were supported to achieve their personal goals although these had been subject to changes due to the effects of COVID-19 public health restrictions. However, following the easing of public health restrictions, residents were beginning to progress their goals again.

Residents' rights were supported in the centre and one resident who did not have a



birth certificate when they moved into the centre was supported to access genealogy tracing services and subsequently located a birth certificate in the UK. This meant the resident could apply for a passport, bank account and vote in elections which had a huge impact for the resident.

Appropriate user friendly information with visuals was provided to the residents to support their understanding of COVID-19 and the restrictions in place. Other visuals in place included a visual rota and menu and visual information on how to make a complaint or report alleged abuse.

The provider had ensured that the premises were designed and laid out to meet the needs of the residents. The centre was clean and warm and personalised throughout with the residents' belongings. There were beautiful portraits of each resident on the staircase in the centre and all residents' bedrooms was decorated to their specific tastes.

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies. The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control. The person in charge had ensured that the risk control measures were proportional to the risk. In this sense residents were still able to engage in activities such as walks and drives. Staff were observed to wear masks and practice appropriate hand hygiene during the inspection. There was adequate supply of personal protective equipment in the centre and hand sanitiser while all staff were trained in infection prevention and control.

The person in charge had ensured that all fire equipment was maintained and that there was emergency lighting and an L1 fire alarm system in place. The inspector reviewed evacuation drills and found that they indicated that all residents could be safely evacuated in one minute.

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons. The inspector spoke with one staff member regarding safeguarding of residents. The staff member was able to clearly outline the process of recording and reporting safeguarding concerns.

## Regulation 10: Communication

Appropriate user friendly information with visuals was provided to the residents to support their understanding of COVID-19 and the restrictions in place. All residents had access to television, newspapers and radio.

Judgment: Compliant

### Regulation 13: General welfare and development

The provider ensured that each resident received appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability, assessed needs and their wishes.

Judgment: Compliant

### Regulation 17: Premises

The provider had ensured that the premises were designed and laid out to meet the needs of the residents.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider ensured that effective fire management systems were in place in the designated centre.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The provider had ensured that there were appropriate practices in place in relation to ordering, receipt, prescribing, storage, disposal and administration of medicines.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge ensured that an assessment, of the health, personal and social care needs of each resident was carried out.

Judgment: Compliant

### Regulation 6: Health care

Overall the health and well-being of the resident was promoted in the centre. Staff demonstrated a good knowledge of the residents' health care needs and how to support them.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The person in charge had ensured every effort was made to identify the function of behaviours that challenge and supports were provided where necessary.

Judgment: Compliant

## Regulation 8: Protection

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons.

Judgment: Compliant

## Regulation 9: Residents' rights

The residents were consulted and participated in the running of the centre.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	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	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant