



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

## Issued by the Chief Inspector

Name of designated centre:	Realta Services
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	04 November 2020
Centre ID:	OSV-0002616
Fieldwork ID:	MON-0030858

## About the designated centre

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

Realta Services is a centre run by the Health Service Executive. The centre is located in a town in Co. Sligo and can provide residential care for up to six male and female residents over the age of 18 years, who have an intellectual disability. The centre comprises of one two-storey dwelling which provides residents with their own bedroom, some en-suite facilities, sitting rooms, kitchen and dining area, utility, enclosed garden and roof-top garden space. Staff are on duty both day and night to support residents who avail of this service.

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

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 4 November 2020	09:30hrs to 13:30hrs	Anne Marie Byrne	Lead

## What residents told us and what inspectors observed

The inspector met briefly with three residents who live at this centre. However, due to their communication needs, these residents were unable to speak with the inspector about the care and support they receive.

Four residents lived at this centre full-time and two residents stayed at the centre on alternate weekends as part of a shared-care arrangement. A number of weeks prior to this inspection, a new resident was admitted to the service and various measures had been implemented by staff to ensure this resident became familiar and comfortable with their new living environment. Due to the adequacy of current staffing levels, most residents received one-to-one staff support which had a positive impact on their social care. Upon the inspector's arrival to the centre, one resident was being supported by a staff member to go out for the morning, while others were being supported by staff to have their breakfast. Since the introduction of public health safety guidelines, the day services in which these residents attended had temporarily ceased. However, all efforts were made by staff to ensure these residents still got out into their local community as much as possible, within public health safety guidelines.

The inspector observed the centre to be very homely and had a pleasant and welcoming feel. Each resident had their own bedroom and access to all areas of the centre. The centre was suitable for those with mobility needs, with level access areas available to an outside patio and a lift to the first floor was also available to residents to use, as they wished. The person in charge told the inspector that plans were also in place to create a sensory room within the centre for residents to enjoy.

## Capacity and capability

Overall, the provider had ensured that this centre was well-run and that robust systems were in place to ensure a good quality and safe service was delivered to residents.

The centre's staffing arrangement was subject to regular review to ensure continuity in the number and skill-mix of staff available to support the residents who lived there. Day-time staffing arrangements, for the most part, allowed for one-to-one support for residents, which had a positive impact on meeting the social, health and behavioural support needs of residents. Nursing staff were also available to residents during day-time hours. The centre's planned and actual roster clearly identified staff names and their start and finish times.

The person in charge was responsible for the service and she was based full-time at this centre which allowed her to meet with staff and residents very regularly. She was supported by her line manager and staff team in the running and management of this service. She was very familiar with the operational needs of the service and she also know the residents and their needs very well. She was responsible for another service operated by the provider and the provider had adequate support arrangements in place to ensure she could also effectively manage this service.

The provider had ensured that this centre was adequately resourced in terms of staffing, transport and equipment. Clear communication systems were in place between staff and the management team, which ensured that any areas of concern were discussed and addressed in a timely manner. These communication systems also ensured that staff were maintained informed of any changes occurring within the organisation. Six monthly provider-led audits and various internal audits were occurring in line with the requirements of the regulations and 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 submitted an application to renew the registration of this service.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge held responsibility for this service and she was based full-time at the centre. She was supported by a staff team and her line manager in the running and management of this centre. She knew the residents and their needs very well. She held responsibility for another service operated by the provider and current arrangements ensured that she was supported to have the capacity to oversee and effectively manage both services.

Judgment: Compliant

#### Regulation 15: Staffing

The centre's staffing arrangement was subject to regular review to ensure suitable skill-mix and number of staff were at all times available to meet the assessed needs of residents. A well-maintained roster clearly identified the names of staff and their

start and finish times worked at the centre.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured that the centre was adequately resourced in terms of equipment, staffing and transport. Suitable persons were appointed to oversee and manage the service delivered to residents. Monitoring systems were also in place and where improvements were identified, these were addressed in a timely manner.

Judgment: Compliant

### Regulation 3: Statement of purpose

At the time of inspection, the person in charge was in the process of updating the centre's Statement of Purpose to ensure it accurately reflected the service delivered to residents.

Judgment: Compliant

### Regulation 31: Notification of incidents

A system was in place for the recording, response and review of incidents occurring at the centre. The person in charge also ensured that all incidents were notified to the Chief Inspector of Social Services, as and when required.

Judgment: Compliant

## Quality and safety

Residents' rights and individual preferences were very much respected in this centre. Staff were considerate and aware of each resident's capability and changing needs and ensured that each resident was supported to be involved in the running of the centre.

Since the introduction of public health safety guidelines, the provider implemented a

number of measures to ensure the safety and welfare of all staff and residents. The provider had also ensured that social distancing, daily temperature checks, good hand hygiene and use of personal protective equipment was in place. During the course of the inspection, the inspector observed staff to wear appropriate personal protective equipment when attending to residents, particularly where two metre distancing was not possible. Hand sanitizer was also readily available at entry and exit points. Contingency plans in response to an outbreak of infection at the centre were developed by the provider and these were regularly reviewed by senior management.

The centre comprised of one house located on the outskirts of a town in Co. Sligo. Residents had their own bedroom, some of which were en-suite, and had access to shared bathrooms, dining room, kitchen, visitor's room, utility and staff offices. A level access patio area was accessible via the sitting and dining room. At the time of inspection, the person in charge spoke of upcoming plans to also create a sensory room. Equipment such as tracking hoists and air mattresses were available to the residents who needed this equipment. Overall, the centre was very spacious, nicely decorated and had a very homely and inviting feel to it.

There were some residents who required behavioural support and the provider ensured that the centre was adequately resourced to support these residents. Clear behavioural support plans were in place, which informed staff on the various triggers and de-escalation techniques to be implemented to support these residents, as and when required. A number of restrictive practices were in use at this centre and robust systems were in place to ensure each restriction was subject to regular multi-disciplinary review and that clear protocols for their use were in place. Records were also maintained by staff each time a restriction was used. However, during the review of one resident's fire evacuation plan, the inspector noted that the use of a lapbelt was recommended as part of this resident's evacuation. However, the use of a lapbelt in this circumstance, had not yet been reviewed in line with the centre's restrictive practice policy.

The timely identification of risk at this centre was largely attributed to the provider's monthly trending of incidents and also to the regular presence of the person in charge at the centre. Where risk was identified, it was responded to quickly to ensure the safety of residents was at all times maintained. Although for the most part, risk assessments did identify what the provider had done to mitigate against specific risks, some improvement was required to some risk assessments to ensure clarity on certain control measures. For example, although the provider had a risk assessment in place to monitor the centre's staffing arrangement in the event of an outbreak of infection at the centre, key control measures that the provider had in place, specific to this centre, were not identified on this risk assessment. Furthermore, although the person in charge had regular oversight of the risks relating to the number of restrictions in use at this centre, there was no risk assessment in place to support this process.

Residents' healthcare needs were well-known to staff and systems were in place to ensure that these residents received the care and support they required. Nursing staff were available during day-time hours which had a positive impact on the care



received by residents with specific health care needs. For example, in response to one resident's skin integrity needs, the provider had ensured that appropriate pressure relieving equipment was available to them and very clear plans were in place to ensure staff were aware of the importance of daily skin assessment during personal care. These interventions had a very positive outcome for this resident, who as a result of these effective care interventions, no longer required wound care management.

The provider had fire safety precautions in place, including, fire detection and containment arrangements, regular fire safety checks and emergency lighting. Each resident had a documented fire evacuation plan, which clearly guided on the level of support each resident would required to safely evacuate from the centre. Fire drills were occurring on a regular basis which demonstrated that staff could effectively evacuate residents. However, not all drills included the evacuation of residents who stayed at the centre on a shared care basis. There was a fire procedure in place and, for the most part, it did guide staff on what to do in the event of a fire at the centre. However, further review was required to ensure it adequately guided on the evacuation of residents residing in upstairs accommodation, should the downstairs fire exits be inaccessible in the event of an evacuation.

#### Regulation 26: Risk management procedures

The centre had a system in place for the identification, assessment and monitoring of all risk at the centre. However, some improvements were required to the assessment of risk to ensure risk assessments were in place to support the provider's monitoring of all organisational risk relating to this centre, for example, restrictive practices. Furthermore, the control measures that the provider had put in place to mitigate against specific risks were not always clearly identified on risk assessments, for example, risk assessments relating to the management of the centre's staffing levels.

Judgment: Substantially compliant

#### Regulation 27: Protection against infection

Since the introduction of public health safety guidelines, the provider had implemented a number of measures to ensure the safety and welfare of all residents and staff. Temperatures were checked daily, good hand hygiene practices, social distancing was encouraged and PPE was worn by staff at all times when supporting residents. Contingency plans were also developed in response to an outbreak of infection at the centre and these plans were subject to regular review by senior management.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had fire safety precautions in place, including, fire detection and containment arrangement, regular fire safety checks and emergency lighting. Although there was a fire procedure in place, it required further review to adequately guide on the evacuation of residents residing in upstairs accommodation, should the downstairs fire exits be inaccessible in the event of an evacuation. Furthermore, although fire drills were regularly occurring at the centre, not all drills included the evacuation of residents who were on a shared care arrangement.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Arrangements were in place to ensure all residents were subject to regular assessments and clear personal plans were in place to guide staff on how to support them with their assessed needs. An effective key-worker system ensured that all assessments and plans were reviewed on a minimum annual basis.

Judgment: Compliant

### Regulation 6: Health care

Where residents had assessed health care needs, the provider had ensured these residents received the care and support they needed. All residents had access to a variety of allied health care professionals, as and when required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had ensured that adequate resources and supports were in place for residents requiring behavioural support. Systems were also in place to ensure that where restrictive practices were in use, that these were subject to regular assessment and that clear protocols for their use were available to staff. However,

the use of a lapbelt as part of one resident's fire evacuation plan had not been reviewed in line with the centre's restrictive practice policy.

Judgment: Substantially compliant

### Regulation 8: Protection

The provider had procedures in place to guide staff on the identification, response, reporting and monitoring of any concerns to the safety and welfare of residents.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were very much respected at this centre, with each resident's preferences and wishes at the core of all care practices. The centre was operated in manner that was considerate to the age, changing needs and capacity of each resident and all efforts were made by staff to ensure residents had the freedom to exercise choice over how they wished to spend their time.

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>	
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
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Realta Services OSV-0002616

Inspection ID: MON-0030858

Date of inspection: 04/11/2020

## 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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:            The Person In Charge will review the existing controls in the risk assessments in particular in relation to Staff Shortages during COVID-19.            An audit tool is currently been developed by the Behavior Therapist / Psychologist in relation to Restrictive Practices. The Person in charge will use this audit ensure effective monitoring of the service.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:            The Person In Charge will review the current fire evacuation procedure to ensure that an effective plan is in place in the event of all scenarios.            The Person In Charge will ensure a full evacuation is carried out with the maximum number of residents that would potentially be in the center including shared care.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant

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

The Person In Charge will ensure that the Lapbelt used for one resident during a fire evacuation is referred to the restrictive practice committee for review and will be notified to the regulator as required.

## 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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	14/11/2020
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	20/11/2020
Regulation 28(5)	The person in charge shall	Substantially Compliant	Yellow	14/11/2020



	ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	12/11/2020