



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

Issued by the Chief Inspector

Name of designated centre:	Rathedmond Community Group Home
Name of provider:	North West Parents and Friends Association for Persons with Intellectual Disability
Address of centre:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	19 October 2020
Centre ID:	OSV-0001934
Fieldwork ID:	MON-0030684

About the designated centre

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

Rathedmond Community Group Home provides residential care and support to adults with a mild to moderate intellectual disability and/or autism for five days a week. The centre comprises of a two-storey semi-detached house in a residential area of a town. The centre is located close to the town with access to a range of local amenities such as restaurants, cafes, cinema and shops. In addition, to their own bedrooms, residents living at the centre have access to community facilities which include a sitting room and kitchen/dining room. One resident's bedroom has its own en-suite toilet, with a separate toilet and communal bathroom located on the top floor of the house. Care and support is provided to residents by a team of care assistants. One staff member is available at morning and evening times to provide support to residents. At night-time, the staff on duty undertakes either a sleep over or waking night shift dependent on the needs of the residents accessing the centre. Residents stay with their families at the weekend, and therefore no care and support arrangements are required at the centre on Saturdays and Sundays. In addition, the provider has arrangements in place to provide management assistance to staff at the centre if required outside of office hours.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

0

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
Monday 19 October 2020	12:30hrs to 17:10hrs	Stevan Orme	Lead

What residents told us and what inspectors observed

Due to the impact of COVID-19, the inspector was not able to meet any of the residents who lived at Rathedmond Community Group Home as from March 2020 they had chosen not to return to the centre and were living with their families.

However, through reviews of available documentation such as personal plans, goal planning updates and minutes of resident house meetings as well as discussions with staff, the inspector was assured that residents' needs were met at the centre. The person in charge and staff also gave examples of care and support to residents that showed a responsive and proportionate approach to the changing needs of residents which ensured that practices were regularly reviewed at the centre to ensure they met residents' need effectively.

Goal planning documents and daily notes along with house meeting minutes also illustrated that when at the centre, residents were supported to access a range of leisure and social activities which reflected their likes and personal interests. Records and discussions also illustrated that residents were encouraged to actively participate in making decisions about the day-to-day running of the centre and were aware of their right to make a complaint if they were unsatisfied with any aspect of the care and support they received.

The inspector also observed that the centre's décor was homely in nature and residents had personalised the communal rooms with photographs which showed the activities they had participated in such as holidays, parties and other celebrations.

Capacity and capability

Although residents had chosen not to stay at Rathedmond Community Group Home as a consequence of the global pandemic, a review of documentation and discussions with staff showed that prior to March 2020, residents received a good standard of care and support in line with their assessed needs. Evidence reviewed showed that residents were supported to achieve their personal goals and access their local community. Furthermore, governance arrangements ensured that support provided was subject to regular review and where required revised to effectively meet residents' changing needs. However, although governance arrangements were responsive in nature, further improvement was required to ensure effective oversight of the day-to-day operations of the centre and the review of residents' personal plans.

Clear governance and management arrangements were in place at the centre,

although the person in charge was responsible for other designated centres in the surrounding area, the inspector found that they were regularly present at the centre in order to meet with both staff and residents and actively participate in the running of the centre. Discussions with staff and documents reviewed described team meetings between staff on duty at the centre and the person in charge which examined the day-to-day running of the centre, residents' changing needs and enabled staff to raise concerns or seek clarification on their work practices. In addition, staff told the inspector that the person in charge was both approachable and easily contactable when not at the centre if required. In addition, to team meetings, staff and the person in charge further explained one-to-one supervision and annual appraisal arrangements at the centre to the inspector and how these supported them to undertake their roles. In addition, staff told the inspector that following consultation they had decided to only undertake formal supervision annually as this was felt adequate by both parties due to the frequency of the person in charge's presence at the centre. However, staff said if they required more frequent formal meetings with the person in charge this could be requested and facilitated without issue. Staff also spoke about the appraisal process where they discussed with the person in charge their career development and any supports they may require.

Governance arrangements further ensured that staff knowledge and skills were kept up-to-date through regular access to training opportunities throughout the year. Records showed that staff received regular refresher training in mandatory areas such as fire safety and manual handling to ensure their practices were in accordance with current good practice developments. In light of the impact of COVID-19, the provider had also accessed resources such as on line training to ensure staff skills were continually updated, which included the training of staff in infection prevention and control measures such as 'breaking the chain of infection', use of personal protective equipment (PPE) and hand washing techniques. Staff also spoke about training they had undertaken which was specific to individual residents' needs and the person in charge stated that the provider always tried to facilitate staff's training requests.

Oversight of the centre was further supported by a suite of management audits conducted at various levels of frequency during the year by either the person in charge or delegated staff members. Audits looked at all aspects of the centre's operations and included areas such as fire safety, health and safety, medication management and residents' finances. The outcome of completed audits were then feed into the annual quality improvement plan for the centre with clear person responsible and time frames for improvements to occur. However, although audits were extensive in nature and completed, the inspector found that they had not ensured compliance with all regulations assessed as part of the inspection, namely the recording of fire safety equipment maintenance and the reviewing of residents' personal plans annually.

In addition, to management audits conducted by the person in charge and named staff, the provider also as required under the regulations completed both six monthly unannounced visits to the centre and an annual review into the care and support provided at Rathedmond. Although both the visits report and annual

review reports were comprehensive in content and examined practices at the centre to meet residents' needs, they still required improvement to ensure their effectiveness. The review of the six monthly unannounced visits showed that the visit was undertaken by the person in charge themselves, as opposed to a representative of the provider entity, therefore not ensuring an objective assessment of the effectiveness of the centre. Furthermore, the annual review although canvassing the views of residents' families did not include residents' views on the care and support they received, although according to both the person in charge and staff, residents would be very able to communicate their views on life at Rathedmond.

Staffing arrangements at Rathedmond reflected the five day a week nature of the centre as well as the assessed needs of residents. Residents were supported by one member of staff when at the centre, with night-time support being either a sleep over or waking night arrangement subject to the assessed needs of residents at the centre each night. Residents enjoyed accessing their local community prior to the impact of COVID-19, and staff told the inspector that although staffing arrangements did not facilitate ad hoc activities, additional staffing was always made available for planned activities such as cinema trips, visits to places of interest and meals out in restaurants.

Staffing provision also reflected the risk management arrangements in place at the centre and overseen by the person in charge. Risk management practices were comprehensive and responsive in nature. An up-to-date risk register incorporating all identified risks at the centre was maintained, as well as associated risk assessments linked to residents' needs and the day-to-day operations of the centre. All risks were rated in line with the provider's risk management policy and where additional measures were required to mitigate the risk's impact this was evident. Risks once identified were subject to regular review and staff knowledge reflected all risk currently 'open' at the centre. Both staff and the person in charge discussed the changing needs of residents with the inspector, and how due to one resident's recent medical diagnosis, this had led to a risk review leading to them in consultation moving to a downstairs' bedroom. In addition, the identified risk had also resulted in a change to night-time staff arrangements when the resident stayed at the centre, with the sleep over shift being replaced with a waking night staff due to their needs.

Regulation 15: Staffing

Staffing arrangements were responsive to and reflected residents' assessed needs, with the provider ensuring that the appropriate number, qualified and skilled staff were available at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Training opportunities available to staff ensured that their skills were kept up-to-date and reflected current developments in health and social care practices.

Judgment: Compliant

Regulation 23: Governance and management

Although clear governance arrangements were in place at the centre, management audits did not effectively monitor all aspects of the centre's practices. In addition, six monthly unannounced visits were not objective in nature as conducted by the person in charge and the annual review did not include residents' views on the care and support they received.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Residents and their representatives were supported to raise concerns about their standard of the care they received. Where complaints had been received, these were investigated thoroughly and if improvements were identified these were addressed in a responsive and timely manner to the satisfaction of the complainant.

Judgment: Compliant

Quality and safety

Due to residents choosing not to stay at the centre from March 2020 due to the global pandemic, the inspector was unable to speak with them about the quality of care and support they received. However, discussions with staff and a review of all available documentation at the centre showed that residents' needs were met in accordance with their care plan with supports being responsive when needs were subject to change. However, as referenced earlier in this report, management arrangements had not ensured the effectiveness of all aspects of personal planning for residents and improvements were required with documentation relating to fire safety arrangements at the centre.

Residents' assessed needs and associated supports were comprehensively detailed in their personal plans. Sampled plans clearly guided staff on residents' daily needs and how they should be effectively supported. Plans were updated in line with residents' changing needs as well as the recommendations of multi-disciplinary professionals and residents' social and personal needs were reviewed by their key worker annually. Staff discussed residents' daily needs, health requirements and identified risks with the inspector and their knowledge reflected the detail of the personal plans examined. In addition, to the personal plans which guided supports offered by staff, residents were made aware of how their needs would be met at Rathedmond through an accessible personal plan called 'Book About Me', which included information on their likes, dislikes, personal goals and circles of support. Documentation reviewed and discussions with staff during the inspection further illustrated that residents were supported to achieve their personal goals, with goals being both focused on leisure pursuits and also the development of skills such as accessing local shops and learning a musical instrument. Goal planning records showed that progress towards achieving the goals was regularly monitored and updated by staff in conjunction with the resident, and where goals had been put on hold due to COVID-19 this was recorded.

However, although residents' personal plans were comprehensive and reflected their needs, the inspector found that the governance and management arrangements at the centre had not ensured the effectiveness of the plan was subject to an annual review for all residents or that said reviews were documented. Documentation available for one resident suggested that a personal plan review had not occurred since October 2017, although staff assured the inspector this was not the case. In addition, where annual reviews had been held these did not show that the resident was actively involved in the meeting as their attendance was not recorded, although again staff told the inspector that residents would attend and be actively involved in their reviews. Also review minutes indicated that not all aspects of the residents' personal plans were subject to review on their effectiveness, with the focus in one of the reviews sampled being only on staffing and health issues.

Although residents were not present at the centre on the day of inspection and had chosen to stay with family since March 2020 due to COVID-19, the inspector found that when living at the centre they were active participants in their local community. As well as attending their day service placement in the local town, they participated in education classes, visited local places of interest, enjoyed meals out in local venues and went to see films at the cinema. In addition, staff supported them in the Rathedmond to develop cooking skills and complete day-to-day household chores. Residents were also actively supported to make decisions about the running of the centre through their involvement in weekly house meetings. Minutes kept of these meetings showed that as well as deciding on the weekly menu for the centre, residents discussed arrangements for social activities, were updated by staff about changes at the centre and were encouraged to raise any concerns or complaints they had about the care and support they received. Residents were also supported to have a greater awareness of their rights through access to easy-to-read literature on subjects such as how to make a complaint, registering to vote, reporting a safeguarding concern and how to be actively involved in their personal

planning arrangements.

Fire safety arrangements were reviewed as part of the inspection, and clear arrangements were in place to support both residents and staff in the event of a fire and the evacuation of the centre. Residents were supported to participate in regular simulated fire drills and staff had received up-to-date fire safety training facilitated by the provider. Simulated fire drills showed that residents could effectively evacuate the centre and staff were guided on their individual needs by up-to-date personal emergency evacuation plans (PEEPs) for each resident. The centre was also equipped with a wide range of suitable fire safety equipment such as fire extinguishers, emergency lighting, a fire alarm, smoke detectors and fire doors, and information was displayed at the building's exits to further support an evacuation of the premises. However, although arrangements were in place for the in-house checking of fire safety equipment, this was not consistently the case with equipment requiring servicing by an external contractor. A review of documentation relating to the fire alarm and emergency lighting did not evidence that the alarm was serviced quarterly with the last service to ensure it was in full working order being in March 2020. In addition, there was no evidence available or documented to provide assurance to the inspector that the centre's emergency lighting had been subject to regular servicing and was in full working order. The provider was requested immediately by the inspector to provide assurances that the fire alarm and emergency lighting were in full working order, in response the person in charge arranged for the external contractor to inspect the equipment on the day of inspection. Subsequent to the inspection, evidence was forwarded by the provider to confirm that both the fire alarm and emergency lighting were in full working order. However, further action was required by the provider to ensure that regular servicing of said fire equipment occurred and was appropriately documented.

Although the centre had been unoccupied since March 2020, prior to residents deciding to remain with their families, the provider had put measures in place to ensure the effectiveness of infection control measures at Rathedmond. On arrival at the centre, the inspector was greeted by staff wearing face masks, and had their temperature taken as well as discussing if they had any signs and symptoms of COVID-19. Once inside the centre, the inspector observed a range of easy read information to guide residents about hand washing techniques, PPE requirements, social distancing and the signs and symptoms of COVID-19. In addition, records showed that in March 2020, residents had been supported to understand the importance of and application of effective hand washing techniques at the centre. In addition, to education and information being made available to residents, staff had undertaken a range of infection control and COVID-19 related training which supported their practices when the centre was used by residents as well as in their subsequent redeployment to other centres operated by the provider; when residents had chosen not to return to the centre after St. Patrick's Day.

In addition to staff training, a comprehensive COVID-19 contingency plan and associated risk assessments were in place to guide staff in the event of the centre receiving residents again, with said plans being subject to regular review to ensure it reflected current public health guidance. Staff were knowledgeable about all aspects of infection control measures introduced at the centre and ample supplies of PPE

and items such as alcohol sanitizer were observed throughout the inspection.

Regulation 13: General welfare and development

Prior to March 2020, residents were supported to access a range of activities which reflected both their social and developmental needs, and were active members of their local community.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements at the centre were both responsive and comprehensive in nature. Identified risks were assessed and where required additional measures implemented to mitigate any negative impact. The effectiveness of introduced risk management interventions were also subject to regular review to ensure their ongoing effectiveness.

Judgment: Compliant

Regulation 27: Protection against infection

Although the centre was not used by residents on the day of inspection, the provider had introduced enhance infection prevention and control measures at the centre due to the global pandemic. As well as previously ensuring residents received information on COVID-19 and effective hand washing techniques, staff at the centre had received up-to-date training on both infection control and COVID-19 related aspects such as the 'putting and taking off of PPE'. In addition, a comprehensive COVID-19 contingency plan was in place for the centre covering all aspects associated with a possible outbreak.

Judgment: Compliant

Regulation 28: Fire precautions

The centre was equipped with suitable equipment for the detection, containment and extinguishing of fires. In addition, both staff and residents were aware of the fire evacuation arrangements in place at the centre. However, although suitable

fire safety equipment was in place, the provider had not ensured that documentation was in place to assure the inspector that both the fire alarm and emergency lighting was in full working order, although appropriate assurances were received on the day of and subsequent to the inspection's conclusion.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Personal plans were up-to-date, however, governance arrangements had not ensured that an annual review into the effectiveness of said plans had consistently occurred, and where they had it did not illustrate residents' involvement and look at the effectiveness of all aspects of the plan in meeting the residents' needs.

Judgment: Not compliant

Regulation 6: Health care

Residents were supported by staff to access a range of healthcare professionals in line with their assessed needs when at the centre.

Judgment: Compliant

Regulation 8: Protection

Although there were no ongoing safeguarding concerns at the centre on the day of the inspection, clear arrangements were in place to support both residents and staff to report concerns and staff had received up-to-date training in this area of care and support.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to play an active part in the day-to-day running of the centre through weekly residents meetings. In addition, a range of easy read materials were available to residents to support them with their awareness

and understanding of their rights such as how to make a complaint and vote in elections.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rathedmond Community Group Home OSV-0001934

Inspection ID: MON-0030684

Date of inspection: 19/10/2020

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Board of Directors have nominated a senior Manager other than the PIC who is not involved in the day to day running of the designated centre to carry out unannounced visits every 6 months together with the Annual Review of the Quality and Safety of Care in the Centre. This Senior Manager will prepare written reports to be approved by the Board of Directors.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A system has been put in place while this Centre is vacant for isolation purposes where a member of the Administration Team will ensure that the electrical contractor signs off when he has all tests completed, i.e. fire alarm and emergency lighting. A 3 monthly audit has also been developed and added to the Audit Bank to ensure compliance.</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant

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

An easy to read personal plan for each resident is being developed in consultation with the resident in a format that they can understand and have ownership of and shared with their family representatives. Annual review dates have been forwarded to each service user, family representative and relevant MDT. Minutes of previous annual review will be gone through taking into account the effectiveness of the overall plan and taking into account changes in circumstances. The full participation of each service user will be paramount.

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 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	11/11/2020
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	24/02/2021
Regulation 28(2)(b)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	19/10/2020
Regulation 05(6)(a)	The person in charge shall	Not Compliant	Orange	10/12/2020

	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 multidisciplinary.			
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 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.	Not Compliant	Orange	10/12/2020
Regulation 05(6)(c)	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,	Not Compliant	Orange	10/12/2020

	which review shall assess the effectiveness of the plan.			
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