



Office of the Chief Inspector

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

Name of designated centre:	Realta Services
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	21 March 2019
Centre ID:	OSV-0002616
Fieldwork ID:	MON-0021479

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.

Current registration end date:	07/03/2021
Number of residents on the date of inspection:	4

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
21 March 2019	09:05hrs to 14:50hrs	Anne Marie Byrne	Lead

Views of people who use the service

The inspector met with three of the residents who avail of this service; however, none spoke with the inspector about the care and support they receive. The inspector observed staff to engage respectfully with residents and staff demonstrated a strong understanding of the communication needs of these residents. On the morning of the inspection, staff were supporting residents to trial a horse-riding lesson and residents appeared very comfortable in the company of staff who were on duty. The provider had systems in place to consult with residents on a regular basis about the care and support they receive.

Capacity and capability

The inspector found the provider had various arrangements and systems in place to ensure that residents residing at this centre received a good quality of care.

The person in charge was responsible for the overall service and she was based full-time at the centre, which had a positive impact on her oversight of care delivery and on her engagement with staff and residents. She held regular meetings with staff who worked at the centre and also met regularly with her line manager to discuss operational issues arising within the service. The provider had effective monitoring systems in place, which ensured the service delivered to residents was regularly monitored and reviewed. Six monthly provider-led visits and the annual review of the service were occurring and where improvements were required, time bound action plans were put in place, with persons responsible for addressing the improvements required.

The provider had ensured adequate staffing levels were in place to meet the assessed needs of residents. The person in charge told the inspector of how additional social care support hours were allocated to the centre each week, which had a positive impact on ensuring sufficient staff were at all times available to support residents' social care needs. Where nursing care was required, it was provided in-line with the statement of purpose and was subject to regular review by the person in charge. A well-maintained roster demonstrated that residents received continuity of care and also clearly identified the start and finish times worked by staff at the centre. Staff had access to training and refresher training programmes, as required, and received regular supervision from their line manager, which had a positive impact on overall staff development.

Although the statement of purpose was in place, it required review to ensure it contained all information as required by Schedule 1 of the regulations. Subsequent

to the inspection, written assurances were provided to the inspector that this was updated.

Regulation 14: Persons in charge

The person in charge was found to have the qualifications and experience required to meet the regulations. She was based full-time at the centre and had access to the supports she required to fulfill her role.

Judgment: Compliant

Regulation 15: Staffing

There were adequate staffing levels in place to meet the needs of residents and these levels were subject to regular review by the person in charge. A well-maintained roster clearly identified the names of staff and their start and finish times worked at the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had a system in place to ensure all staff received mandatory training and a refresher training programme was also in place, as required. Staff also received regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had systems in place to ensure the service delivered to residents was regularly monitored and reviewed. The annual review and six monthly provider-led visits were occurring in-line with the requirements of the regulations.

Judgment: Compliant

Regulation 3: Statement of purpose

Although there was a statement of purpose in place, it did not contain all information as required by Schedule 1. Subsequent to the inspection, a revised statement of purpose was provided to the Chief Inspector.

Judgment: Compliant

Quality and safety

Residents who availed of this service had multiple opportunities to access their activities of choice and to have regular engagement with their local community. Residents' rights were promoted at the centre and effective staff support ensured positive outcomes for residents who availed of this service.

The provider had ensured adequate staffing and transport arrangements were in place to support residents to have good quality of social care, with residents regularly accessing the local area, attending day services and participating in their chosen activities. The provider had also put additional support hours in place, which ensured an adequate number of staff were at all times available to support residents social care needs. On the morning of the inspection, residents were preparing to trial horse-riding with the support of staff who were on duty. Some residents had assessed communication needs and the provider ensured that supports were available to ensure that they could express their wishes in-line with their needs and abilities. Staff demonstrated to the inspector how the use of pictorial references supported them to communicate with residents about what daily activities were planned.

The centre comprised of one large two-storey dwelling, located in a town in Co.Sligo. Residents had access to their own bedrooms, some en-suites, a shared bathroom, two offices, a large hallway, two sitting rooms, a kitchen and dining area and utility room. Residents also had access to an enclosed garden area and to a separate roof top garden space. The centre was laid out in a manner that met residents' assessed mobility needs, with a lift to the first floor of the centre and built in manual handling equipment available, as required. The person in charge also told of the plans in place to complete re-decoration works in the coming months. Overall, the centre was found to be clean, spacious and provided residents with a homely environment.

Some residents had assessed health care needs and the provider ensured that arrangements were in place to provide these residents with the care and support they required. Although clear documentation was in place to support staff to care for residents with assessed health care needs, some clarity was required to the documentation in place to support the nutritional needs of some

residents. Subsequent to the inspection, written assurances were provided to the inspector that this was since rectified.

Residents requiring behavioural support had adequate behaviour support plans in place and all staff had received up-to-date training in how to adequately support these residents. Although good practices were in place for the management and review of identified restrictive practices, further clarity was required to ensure staff were sufficiently guided on how to identify if other practices being used at the centre were restrictive in nature or if they were enabling residents with their daily activities of living. In addition, some restrictive practices had not been assessed in-line with the centre's restrictive practice procedures, for example, the use of seat belts.

The registered provider had systems in place for the identification, assessment, response and review of risks at the centre and staff demonstrated their competency in effectively identifying and responding to risk. Although the person in charge had regular oversight of the centre's staffing arrangement, there wasn't a supporting risk assessment in place to demonstrate the measures implemented by the provider to ensure adequate staff were at all times rostered to meet the nursing care needs of residents. Subsequent to the inspection, written assurances were provided to the inspector that this was rectified.

Effective fire precautions ensured that systems were in place for the detection, containment and response to fire in the centre. Regular fire drills demonstrated that residents could be effectively evacuated in a timely manner. Although there was a fire procedure in place, it required review to provide clarity on the procedure to be adhered to by staff in the event of a fire at the centre. Subsequent to the inspection, written assurances were received from the provider that was also rectified.

Regulation 10: Communication

Where residents presented with assessed communication needs, the provider had ensured arrangements were in place to support these residents to communicate their wishes.

Judgment: Compliant

Regulation 11: Visits

The provider had ensured that residents were free to receive visitors without restriction and suitable areas were available for residents to receive their visitors in private, if they wished to do so.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had ensured suitable arrangements were in place to provide residents with multiple opportunities to engage in social recreation and in activities of their choice, in accordance with their capacities, interests and developmental needs.

Judgment: Compliant

Regulation 17: Premises

The premises was found to be clean, spacious and provided residents with a comfortable environment to be in. Plans were in place to complete redecoration works in the months subsequent to this inspection.

Judgment: Compliant

Regulation 18: Food and nutrition

The provider ensured residents were provided with a choice at mealtimes and that meals were consistent with each resident's dietary needs and preferences.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a system in place to ensure risks at the centre were identified, assessed, responded to and reviewed on a regular basis. Although the person in charge had regular oversight of the staffing arrangement, there was no risk assessment in place to demonstrate what control measures were in place to ensure adequate staff were in place to meet the nursing care needs of residents. Subsequent to the inspection, written assurances were received from the provider that this had been rectified.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire precautions in place, including, emergency lighting, up-to-date fire safety training, fire detection and containment systems. Although the fire procedure was prominently displayed, it required some review to ensure it adequately guided staff on the procedures to be followed in the event of a fire. Subsequent to the inspection, written assurances were received from the provider that this had been rectified.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had systems in place for the prescribing, administration and storage of medicines. However, improvements were required to a resident's prescription record to ensure it adequately guided staff on the prescribed dosage of emergency medicines to be administered in the event of a seizure. The person in charge rectified this before close of the inspection.

Judgment: Compliant

Regulation 6: Health care

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

Judgment: Compliant

Regulation 7: Positive behavioural support

Although good practices were in place for the management of identified restrictive practices, further clarity was required to effectively guide staff to identify if other practices being used were restrictive in nature or if these practices were enabling residents with their daily activities of living. In addition, some restrictive practices had not been assessed for in-line with the centre's restrictive practice procedures, for example, the use of seat belts.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had arrangements in place to ensure residents were at all times safeguarded from the risk of harm and that all staff had received up-to-date training in safeguarding.

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
Views of people who use the service	
Capacity and capability	
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
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Realta Services OSV-0002616

Inspection ID: MON-0021479

Date of inspection: 21/03/2019

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 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>To ensure compliance with regulation 7:</p> <p>The provider has the following measures in place to ensure that:</p> <p>Where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy, evidence based practice and with the informed consent of each resident, or his or her representative:</p> <ul style="list-style-type: none"> > A restrictive practice committee who approved and review all restrictive practices. > A Multidisciplinary team which includes Psychology, Speech and Language, Behaviour Therapy, Psychiatry and Social Work. > Registered Nurses trained in Intellectual Disability. > Person Centred Care planning in place for each resident which is subject to a multidisciplinary review at least annually or should a change in need or circumstances arise. > A schedule of mandatory staff training which includes Positive Behaviour Support and Safeguarding Awareness training in line with national policy. > Regulatory 3 day and quarterly notifications to HIQA. > A suite of policies and guidelines for staff which include; <ul style="list-style-type: none"> *The use of Restrictive Procedures for the Management of Behaviours of Concern. * Positive Behavioural Support and Behaviour Management. *Risk Management and Emergency Planning *Safeguarding Vulnerable Persons at Risk of Abuse. *Open Disclosure policy <p>The person in charge ensures that;</p> <p>Where a resident's behaviour necessitates intervention under this regulation every effort is made to identify and alleviate the cause of the residents behaviour of concern, this includes;</p> <ul style="list-style-type: none"> > An individual assessment of need with a corresponding person centred plan which are 	

subject to review.

> Referral to other departments as appropriate such as Psychology, Behaviour Therapy, Speech and Language and the Mental Health team to ensure all alternative measures are considered before a restrictive procedure is used; and the least restrictive procedure, for the shortest duration necessary, is used.

>Residents are provided with information on advocacy services, the Confidential Recipient, the Safeguarding Team, Complaints Officer and HIQA and are supported to access these services if they so choose.

>Staff have up to date knowledge and skills, appropriate to their role, to respond to behaviours of concern and to support residents to manage their behaviour.

>Staff receive training including refresher training in the management of behaviour of concern including de-escalation and intervention techniques.

> Staff training records are monitored and training is maintained within the required time frames.

> Routine audits to ensure compliance with this regulation which includes the audit of ;

- restrictive practices,
- accidents and incidents,
- safeguarding,
- complaints
- resident's personal plans.

Response:

PIC attended Restrictive Practice committee meeting on the 26/04/2019 where the guidance document and the use of restrictive practice was discussed. Agreement was made that any necessary amendments will be closed out on the 20/05/2019.

Fire evacuation procedure reviewed and updated. The practice has been changed and the new procedure is as follows:

Both residents will be directed to a neighboring designated centre in the event of a fire, however during 8 weeks in the year when this house is closed, residents will be redirected on to the bus as previously stated, however the seatbelts will not be engaged.

Risk Assessment completed for same by PIC.

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 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	20/05/2019