



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

Issued by the Chief Inspector

Name of designated centre:	Oaklands Supported Accommodation
Name of provider:	RehabCare
Address of centre:	Longford
Type of inspection:	Unannounced
Date of inspection:	25 September 2019
Centre ID:	OSV-0002668
Fieldwork ID:	MON-0023801

About the designated centre

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

Oaklands is a designated centre operated by Rehabcare Ltd which provides a residential service to people with a disability. The service is provided in a detached two storey house with a large landscaped garden with recreational area. There are four bedrooms and various communal areas including a sensory room. The house is situated in close proximity to the local town. The house is staffed between 15.00 hrs and 09.30hrs on week days as residents attend various activities. The provider undertakes to provide additional staffing as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

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
25 September 2019	09:00hrs to 17:30hrs	Julie Pryce	Lead
25 September 2019	09:00hrs to 17:30hrs	Sarah Barry	Support

What residents told us and what inspectors observed

Inspectors spent time with two residents over the course of the inspection. One resident showed the inspectors their room and spoke about various interests they had. One resident had their own form of communication and staff interpreted what the resident wished to say to the inspectors, and were observed to have detailed conversations using the resident's preferred method of communicating.

Residents were observed to be happy and comfortable in their home. There were photographs of numerous outings and events on display in the centre. Inspectors observed warm and meaningful communication between residents and staff. Staff were observed to know the residents very well and residents were comfortable in the presence of staff.

Capacity and capability

The centre was effectively managed. There was a well defined management structure in place with clear lines of accountability. There were monitoring systems in place, although some key management strategies required to ensure robust oversight were insufficient.

The provider had ensured that key roles within the centre were appropriately filled. The person in charge was on long term leave at the time of the inspection, and appropriate deputising arrangements were in place. The person deputising was appropriately qualified and skilled, and was supported by local managers.

Systems were in place to ensure continual monitoring the support and care offered in the centre for the most part although improvements were required in the way the provider gathered and used information for the purposes of overseeing and improving the service. Six monthly unannounced visits on behalf of the provider had taken place, and any required actions identified had been addressed in a timely manner. However the provider had not prepared an annual review of the quality and safety of care and support as required by the regulations. This is a key governance activity which forms the basis for building compliance and improvement based on resident and audit feedback.

There was a schedule of auditing in place including health and safety, documentation and medication management. Some of the audits reviewed were detailed and effective, however others consisted of checklists and did not address the quality of the items on the list. The medication management audit reviewed any

inconsistencies which had been previously highlighted, but did not proactively check for discrepancies. Therefore the system was missing key opportunities for quality improvement.

The provider had arrangements in place to ensure a consistent and up to date staff team. The number and skills mix of staff was appropriate to meet the needs of residents under normal circumstances. The centre was not normally staffed for a few hours during the day on weekdays, while residents were out engaging in their daily activities. However, while the provider outlined in the Statement of Purpose and Function that contingency measures would be made available as required, this had not been the case on at least two occasions whereby the service had relied on family members to take responsibility for residents as no staff were available.

Staff were in receipt of regular mandatory training, and additional training relating to specific support needs of residents. Staff were knowledgeable about the support needs of residents, and were observed to be implementing any guidance on the support requirements of residents. Staff supervision took place regularly and it was apparent that staff were supported to provide safe and quality care to residents in accordance with their needs and preferences.

Overall the provider had systems in place to ensure issues were addressed in a timely manner, and that the quality of life for residents was upheld.

Regulation 14: Persons in charge

The person in charge was absent at the time of the inspection, but deputising arrangements were in place, and the person deputising was appropriately skilled and qualified.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels were adequate to meet the needs of residents for the most part and staff were knowledgeable about the support needs of residents. However not all occasions where staff were required during the day were accommodated.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were in receipt of all mandatory training and additional training specific to the needs of residents, and were appropriately supervised.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included all the required information.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place which identified the lines of accountability and authority. However the provider had not prepared an annual review of the quality and safety of care and support.

Judgment: Not compliant

Regulation 31: Notification of incidents

All the necessary notifications had been made to HIQA within the required timeframes.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place. A complaints log was maintained, and complaints were recorded and acted on appropriately.

Judgment: Compliant

Quality and safety

The provider had put arrangements in place to ensure that residents had support in leading a meaningful life and having access to healthcare.

Each resident had a personal plan in place based on an assessment of needs and abilities, each of which were regularly reviewed and clearly implemented. There was a detailed healthcare assessment for each resident, and there were currently no healthcare needs. Sections in the plans included goal setting with residents, and many of these goals involved residents learning new life skills, for example using the telephone and money recognition.

Also included in the personal plans were detailed compatibility assessments which examined multiple aspects of shared living. These compatibility assessments had been used while considering the admission of another resident in the house to ensure that the rights of current residents were upheld.

There was further evidence of the rights of residents being upheld within their current living arrangements. Residents were regularly consulted in relation to the running of the home, and in their choices and preferences both in the home and of activities. However there was a recent sudden and significant cost to residents in relation to rent payments, which had not been adequately addressed by the provider. There was also inequity in the amounts residents were paying for transport to their day services, with some residents paying significantly more than others. There was, therefore, insufficient evidence that residents were being supported to have fair costs for services received.

Residents were supported to communicate in various ways, and staff members were very familiar with the ways in which residents communicated. Various aids and signs were used, and visual aids were evident. However, communication strategies were not documented, so that there was an over reliance on the knowledge of the current staff team to know how residents communicate. This did not support consistent practice in the area of communication.

A risk register was maintained in which all identified risks, both local and individual, were recorded. The information included a brief description and a risk rating and was reviewed regularly. Each entry referred to a full risk assessment and risk management plan which included guidance for staff in the management of the risk. The person in charge had oversight of all risks in the centre, and escalation, if required was to regional management, or the national risk register. There was a risk policy in place which included all the information required by the regulations. Additionally there was an ethos of supporting residents in positive risk taking as part of their personal development.

Accidents and incidents were recorded and reported, and oversight of incidents was managed by monthly trending. The record of any incidents included the identification of any required actions. These processes indicated that risk

management was robust, and that the safety of residents was prioritised.

Fire safety practices and equipment were in place in the designated centre. Fire safety equipment including fire doors, extinguishers, fire blankets and emergency lighting were in place and were regularly maintained. Each resident had an up to date personal evacuation plan, and residents and staff had all received fire safety training. The provider had ensured that the risk associated with fire was mitigated.

There were structures and processes in place in relation to the safeguarding of residents. All staff had had appropriate training and there was a policy in place to guide staff. There were no current issues relating to safeguarding of residents. Staff and the person in charge were aware of their roles in relation to safeguarding of residents.

Regulation 10: Communication

Communication was facilitated for residents in accordance with their needs and preferences, however methods of communication were not all documented.

Judgment: Substantially compliant

Regulation 17: Premises

The design and layout to the premises was appropriate to meet the needs of the residents.

Judgment: Compliant

Regulation 26: Risk management procedures

Appropriate processes were in place to assess and mitigate identified risks.

Judgment: Compliant

Regulation 27: Protection against infection

Effective measures were in place to ensure protection against infection.
Judgment: Compliant
Regulation 28: Fire precautions
Adequate precautions had been taken against the risk of fire.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
Each resident had a personal plan in place based on an assessment of needs which had been reviewed regularly.
Judgment: Compliant
Regulation 9: Residents' rights
There was inequity in transport costs for residents, and residents had not been adequately supported in relation to a rent increase.
Judgment: Not 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Oaklands Supported Accommodation OSV-0002668

Inspection ID: MON-0023801

Date of inspection: 25/09/2019

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • Going forward the PIC will ensure that staff are available to facilitate services users to remain in the service as and when they choose. This was discussed staff meeting on 26/09/2019 PIC reminded staff that home visits should only be arranged at the request of Service User or family members. 	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • The annual review of the service was completed and is on file at the service. This was completed on 06/11/2019. 	
Regulation 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: <ul style="list-style-type: none"> • Service User support plan and staff induction file will be updated with communication preferences of resident who uses adapted Lamh signs. Photographs will be provided to guide staff practice. This will be completed by 15/11/2019. 	

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none">• The rent increase had not yet been implemented. The PIC met with the Longford Housing Department. Service users will be granted the Rental accommodation scheme which will reduce with their rent significantly to €35 per week. This will be backdated from September 2019.• The PIC will contact the external day service provider with regard the weekly cost of transport for two service users to determine if a less costly arrangement could be put in place. This will be completed by 15/11/2019.	

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 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	15/11/2019
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	26/09/2019
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and	Not Compliant		06/11/2019

	safety of care and support in the designated centre and that such care and support is in accordance with standards.			
Regulation 09(2)(c)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability can exercise his or her civil, political and legal rights.	Not Compliant		15/11/2019