



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

## Issued by the Chief Inspector

Name of designated centre:	Navan Adult Residential Service
Name of provider:	RehabCare
Address of centre:	Meath
Type of inspection:	Short Notice Announced
Date of inspection:	06 October 2020
Centre ID:	OSV-0002674
Fieldwork ID:	MON-0030646

## About the designated centre

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

Navan adult residential services is located on the outskirts of a town in Co.Meath and is operated by RehabCare. It provides community residential services for a maximum of five adults with a diagnosis of autism spectrum disorder, male or female, over the age of 18. The designated centre is a two storey house which consists of two living rooms, kitchen/dining area, conservatory, a staff sleep over room, two bathrooms and five individual bedrooms (two of which were en-suite). There is a garden to the rear of the centre which contained an ancillary building which consisted of an office, utility room and sensory room. The centre is located close to amenities such as shops, cafes and banks. The centre is staffed by a person in charge and social care workers.

**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
Tuesday 6 October 2020	10:00hrs to 16:30hrs	Noelene Dowling	Lead

## What residents told us and what inspectors observed

The inspector met with all four residents at various times during the day and observed some of the daily routines, including making their breakfast and going about their activities with staff support. The residents communicated with the support of the staff but their wishes in regard to having a strange person in their home was respected.

It was clear that they were very much at home with all of their favourite possessions and had their own independent lives and routines, including their daily tasks within the house. They liked their own private time and so spent time in their rooms or the sensory room listening to music or watching their films. Plans were made on the day as to what the residents wished to do, and some went out to their individual day supports with their assigned staff. A resident was looking forward to going out to the local library but was concerned that this may not be available with the revised restrictions imminent at the time. It was clear that their preferences were respected and the one-to-one supports needed to allow for this was available. The inspector observed that the interactions with staff were comfortable and that they were very attentive to the residents.

It was apparent that the residents had found the public health restrictions difficult, with limited access to their preferred routines and to family members and visits home, and they told the inspector of this. The person in charge had initiated various systems to support this, including use of mobile phones and video calls, if this suited the residents.

## Capacity and capability

This risk based inspection was undertaken, at short notice, to ascertain the providers continued compliance with the regulations and the arrangements in place to manage the continued COVID-19 pandemic. The previous inspection of the service which took place in January 2018 found a number of non-compliances, including residents fire safety, management of emergency medicines and access to appropriate assessments for the residents. The inspector found during this inspection that provider had addressed these satisfactorily.

Overall, this inspection found good management systems in place, which supported the welfare and quality of life of the residents living in the centre. The person in charge was suitably qualified and experienced, and demonstrated very good knowledge of the responsibilities of the post and the individual residents. There were reporting and support systems evident with clear lines of accountability for

various areas of service provision within the organisation.

There were a range of systems for quality assurance implemented, including unannounced quality and health and safety reviews, and audits, which had continued in an altered format, during the current public health crisis. These systems identified areas for change and improvement which the person in charge implemented. These included the updating of risk assessments and increasing staffing levels in the evening times. A status report was forwarded to the service manager by the person in charge monthly. Nonetheless, despite these good systems, improvements were required in the oversight of and the actions taken, to address issues within the centre. For example, a more robust review of the significant number of medicines errors which had occurred and incidents of behaviours of concern was required to prevent re-occurrences or more serious incidents occurring.

The provider had ensured that the staffing levels and skill mix were appropriate and flexible to the individual residents' assessed needs for support. The provider had made contingency arrangements to support the residents where formal day services were not available, due to the COVID-19 pandemic and there were two staff available overnight. Where relief staff were used these were seen to be specifically assigned to maintain consistency and stability for the residents. From a review of a small sample of personnel files the process for recruitment of staff were safe.

The records reviewed by the inspector indicated that mandatory training was up-to-date for the staff and any deficit for relief staff due to the COVID -19 pandemic was now scheduled. However, the records in relation to specific COVID-19 training indicated that these were not undertaken in a timely manner to ensure staff were familiar with all aspects of the illness and prevention of its transmission in this type of service. However detailed protocols were implemented promptly in relation to this and the staff outlined these procedures to the inspector.

There were good quality ongoing staff support and supervision systems implemented and regular team meetings, continued via technology, which addressed pertinent matters and ensured the residents' care was being monitored and appropriately supported.

The provider had a suitable system in place for the management of complaints. From a review of the records in relation to a number of complaints made these were addressed promptly, and satisfactorily in consultation with the residents or family members.

A review of the accident and incident records indicated that the required notifications had been forwarded to the Chief Inspector as required.

There are a number of matters detailed in the quality and safety section of this report in relation to supporting the rights of the residents with regard to their living environment and medicines management practices.

These findings were discussed with the person in charge and regional manager at

the close of the inspection.

#### Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced, and demonstrated very good knowledge of the responsibilities of the post and the individual residents.

Judgment: Compliant

#### Regulation 15: Staffing

The provider had ensured that the staffing levels and skill mix were appropriate and flexible to the individual residents' assessed needs for support. The provider had made contingency arrangements to support the residents where formal day services were not available due to the COVID-19 pandemic and there were two staff available overnight. From a review of a small sample of personnel files, the process for recruitment of staff were safe.

Judgment: Compliant

#### Regulation 16: Training and staff development

The records reviewed by the inspector indicated that mandatory training was up-to-date for the staff and any deficit for relief staff due to the COVID -19 pandemic was now scheduled. However, the records in relation specific COVID-19 training indicated that this was not undertaken in a timely manner to ensure staff were familiar with all aspects of the illness and prevention of transmission in this type of service.

Judgment: Substantially compliant

#### Regulation 23: Governance and management

Overall, this inspection found good management systems in place, with regular auditing, reporting and oversight which supported the welfare and the quality of life of the residents living in the centre. Some improvements were

required however, to ensure there was adequate oversight and response to specific issues identified including medicines management and resident rights.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

A review of the accident and incident records indicated that the required notifications had been forwarded to the Chief Inspector as required.

Judgment: Compliant

### Regulation 34: Complaints procedure

From a review of the records in relation to a number of complaints made these were addressed promptly, and satisfactorily in consultation with the resident so their family members.

Judgment: Compliant

## Quality and safety

There was evidence that overall the provider was providing a safe and person-centred service, with an individualised approach taken to meeting the different and complex needs of each of the residents. This is evidenced by the numbers of staff available and individual day programmes made available to the residents.

The residents had access to a range of multidisciplinary assessments, pertinent to their needs, including speech and language, dietitian, neurology, medical and psychiatric reviews. These assessments and the residents own preferences informed the detailed individual support plans for their daily lives to ensure the residents had the best opportunities for health and development. Their personal plans and goals were reviewed frequently by the multidisciplinary team, the resident and their family representatives. Their personal goals were in the main achieved, but obviously this had been severely impacted by the pandemic. Some level of individualised day supports had continued outside of the centre as this was considered vital for the residents well being.

While formal day care service had been suspended due to the COVID-19 pandemic the staff had initiated other recreations including of other activities and safe



activities to support the residents. There was a well-equipped sensory room which was used to good effect and the residents all had their preferred music DVDs and hobbies, and also their jobs in the house to encourage their independence. A plastic growing tunnel was purchased and was being used by the residents. At the time of the inspection other activities and home visits were being slowly reintroduced, in a manner so as to protect the residents' vulnerabilities. The inspector observed that the staff were very flexible in their approach to the activities and routines on the day and the residents made their own plans. However, the staff were also very cognisant of the need for routines and quiet personal times and supported this to reduce anxieties. The inspector observed this occurring.

The residents' healthcare needs, some of which were complex, were found to be very well attended to, monitored by staff, with frequent clinical review, evidence of follow-up referrals and the necessary tests being undertaken. Where necessary, gender appropriate screening was also available. Where necessary, the residents' weights and nutrition were monitored and they were seen to be consulted and involved in these plans. It was apparent that the staff had enabled the residents to understand the need for the current restrictions and rules regarding distancing and wearing masks for their own safety, in as far as possible.

The residents were protected by the systems in place to prevent and respond to any incidents or allegations of abuse, and there was evidence that the provider had taken the appropriate actions in response to any such concerns. The residents required supports with their finances. To this end, there was a system for oversight by the person in charge, with detailed accounts maintained and the provider regular auditing systems in place.

There was evidence of regular guidance and reviews by clinical behaviour supports specialists and psychiatry where this was needed. These supports had continued during the pandemic and staff were quick to respond to any changes observed and sought further advice. The detailed behaviour support plans were pro-active and staff understood the residents need for support in this area.

Restrictive practices were not currently implemented in the centre. The inspector saw that where medicines were prescribed for behaviour or anxieties on a PRN (administer as required) basis this was monitored, with clear protocols in place for its use.

While medicine management practices were not fully reviewed on this inspection there was evidence that improvements were required to ensure they were safe. Medicines audits took place regularly. However, despite this, the number of medicine management errors seen by the inspector was of concern, with obvious trends evident. While not of a high risk category these had not been robustly reviewed to avoid re-occurrences.

The systems for the management of risk were balanced and appropriate. However, the risk register, while detailed, was generic and organisational and therefore not useful as a working tool to monitor and review practices and risks for this environment. This was discussed with the area manager at the feedback meeting

who agreed to review the register. However, each resident had a detailed risk assessment and management plan implemented for their own identified risks, such as self-harm or personal safety and these had been updated to reflect the current public health risks. These were also reviewed regularly.

The residents were protected by the systems for the management of fire safety. Since the previous inspection the provider had installed all of the fire doors required for containment purposes and ensure the residents could be evacuated safely. All of the fire safety management equipment was seen to have been serviced as frequently as required. Practices drills had been held frequently with the residents.

Infection prevention and control and procedures had been revised to help manage the COVID-19 pandemic. Contingency plans were in place and a COVID-19 lead was appointed within the organisation with advice and guidance taken from the relevant public health agencies. Where possible, footfall had been decreased within the centre to avoid unnecessary crossover and risk. Increased sanitising systems and protocols regarding the use of PPE were implemented. The inspector saw that staff were adhering to these guidelines and residents were also being helped to do so, in so far as possible. The person in charge was also revising arrangements to ensure compliance with the revised public health guidelines and restrictions coming into force at the time of the inspection.

The provider supported the resident's right to privacy and dignity in their daily lives, with consultation regarding their preferences, routines and their own choices. These included any restrictions placed on them due to the COVID-19 pandemic and their vulnerabilities to this. The provider also sought advocacy and independent support for the residents' where this had been required to ensure they received the care and support necessary for their lives. This had resulted in the provision of additional staff and day service provision. The inspector observed that the residents were supported to live their own lives in the centre, independent of each other, in a manner which recognised their individual needs.

However, it was evident from a number of incident reports reviewed, that there were many occasions, where the residents day-to-day lives within their home, was negatively impacted on by behaviours of concern. These were not intentional or targeted towards other residents, and there were good support plans and clinical review evident. However, the behaviours did result in residents being diverted to other areas of the house or out of their own routines at various times. The impact of the noise and tension within the house on such occasions was not considered in any of the actions taken or reviews of these incidents. The residents or their representatives where appropriate, were not consulted or their views on how this impacted on them elicited. This was especially relevant where the residents may not be able to directly communicate this. Although cyclical in nature, the incidents occurred with frequency. Following a review of the records and from speaking with staff, the inspector formed the view that the threshold of an acceptable level of this type of experience on residents' everyday lives was excessive.

<b>Regulation 10: Communication</b>
The residents were supported in various ways to communicate and staff were familiar with their communication needs.
Judgment: Compliant
<b>Regulation 17: Premises</b>
The premises was spacious, comfortable and suitable to meet the needs of the residents.
Judgment: Compliant
<b>Regulation 25: Temporary absence, transition and discharge of residents</b>
There were detailed documents available in the event that a resident required transfer to acute services , so as to ensure that all of the pertinent information was known in such an event.
Judgment: Compliant
<b>Regulation 26: Risk management procedures</b>
The systems for the management of risk were balanced and appropriate and each resident had an individual risk management plan for their identified needs.
Judgment: Compliant
<b>Regulation 27: Protection against infection</b>
Infection prevention and control and procedures had been revised to help manage the COVID-19 pandemic. Contingency plans were in place with advice and guidance taken from the relevant public health agencies. Where possible, footfall had been decreased within the centre to avoid unnecessary crossover and risk. Increased

sanitising systems and protocols regarding the use of PPE were implemented. The inspector saw that staff were adhering to these guidelines and residents were also being helped to do so, in so far as possible.

Judgment: Compliant

### Regulation 28: Fire precautions

The systems for the prevention and management of fire safety were satisfactory with suitable fire containment systems installed and fire management equipment was seen to have been serviced as frequently as required. Practices drills had taken place with the residents.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Improvements were required to ensure the medicine management systems were safe. Medicines audits took place regularly. However, despite this, the number of medicines management errors occurring was of concern with obvious trends evident. These had not been robustly reviewed to avoid re-occurrences.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

The residents had access to a range of multidisciplinary assessments including speech and language, dietitian, neurology, medical and psychiatric intervention. The residents social care and developmental needs were also well supported and based on their needs and preferences.

Judgment: Compliant

### Regulation 6: Health care

The residents' healthcare needs, some of which were complex, were found to be very well attended to, monitored by staff, with frequent clinical review and evidence

of follow-up referrals and the necessary tests being undertaken.
Judgment: Compliant
<b>Regulation 7: Positive behavioural support</b>
Behaviours of concern or anxieties were supported by regular review and guidance from clinical behaviour supports specialists and psychiatry where this was needed. These supports had continued during the pandemic and staff were quick to respond to any changes observed and sought further advice. Restrictive practices were not currently implemented in the centre but any medicines prescribed for behaviour or anxieties on a PRN (administer as required) basis were monitored, with clear protocols in place for their use.
Judgment: Compliant
<b>Regulation 8: Protection</b>
The residents were protected by the systems in place to prevent and respond to any incidents or allegations of abuse, and there was evidence that the provider had taken the appropriate actions and responded to appropriate to any such concerns. There were effective systems in place to monitor the management of the residents' finances, where full support was needed.
Judgment: Compliant
<b>Regulation 9: Residents' rights</b>
The provider supported the resident's right to privacy and dignity in their daily lives, with consultation regarding their preferences and routines. The provider had sought and acted on the advice of external advocates where this was needed. Nonetheless, it was evident from incident reports reviewed that the residents' day-to-day lives within their home, was negatively impacted on by behaviours of concern. This factor was not considered in any of the actions taken or reviews of these incidents. The residents or their representatives where appropriate, were not consulted or their feelings on how this impacted on them elicited. This was especially relevant for residents who could not directly communicate this.
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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Navan Adult Residential Service OSV-0002674

Inspection ID: MON-0030646

Date of inspection: 06/10/2020

## 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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> <li>• The provider has now ensured that all mandatory training in respect of Infection Prevention and Control including refreshers are now readily available to all existing and new staff.</li> </ul>	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> <li>• All incidents of behaviours that challenge are recorded on the organisation’s incident management system. The PIC along with the staff team review incidents on a monthly basis in order to ensure the learning from incidents informs practice. The Behaviour Therapist is also involved in this process.</li> <li>• As part of overall monthly medication incident analysis the Quality and Governance Directorate will continue to monitor the service. Reports will be made available to the PIC and kept locally on monthly basis following reviews.</li> </ul>	

Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> <li>• Two meetings with the organisation’s Practice Development Lead (Health and Medicines Management) were held on 12th and 14th October to discuss recently reported medication trends in the service, to consider if there are opportunities for improvements in procedures and support any staff queries.</li> <li>• PIC to continue to monitor monthly and quarterly RIVO reports looking at numbers / categories of incidents to identify trends and ensure that these are escalated as required within the organisational structure.</li> <li>• Incidents are discussed at monthly team meetings (or more frequently if required) to ensure there is learning from incidents and practices adapted accordingly.</li> <li>• As part of overall monthly medication incident analysis, Quality and Governance Directorate to continue to monitor this service. Reports will be made available to the PIC and kept locally on monthly basis following reviews.</li> <li>• Where a serious incident or trends are identified the organisation’s Practice Development Lead (Health and Medicines Management) will complete a review with the PIC and where appropriate the PPIM and provide guidance in relation to same.</li> <li>• All staff will continue to complete Safe Administration of Medication Training on commencing employment and a refresher course 2 yearly thereafter. This training will be completed more frequently if required.</li> </ul>	
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"> <li>• Risk assessment to be completed for the impact of risk behaviours on other residents. The Risk Assessment will outline control measures that are in place to minimize the impact of behaviour that challenge on other residents and will be used to inform staff practice in this regard.</li> <li>• Protocol to be put in place to provide staff with guidance on how to support other residents in event of a resident experiencing behaviours that may impact on others.</li> <li>• There will be ongoing monitoring of impact of behaviour that challenge on other residents and regular reviews of the existing safeguarding plans in place.</li> </ul>	



## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	15/10/2020
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	15/10/2020
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable	Not Compliant	Orange	15/10/2020

	practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	30/11/2020