



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

## Issued by the Chief Inspector

Name of designated centre:	Lifford Accommodation
Name of provider:	RehabCare
Address of centre:	Donegal
Type of inspection:	Short Notice Announced
Date of inspection:	30 September 2020
Centre ID:	OSV-0002678
Fieldwork ID:	MON-0030522

## About the designated centre

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

Lifford Accommodation provides full-time residential care and support to eight adults (male and female) with a disability. The designated centre comprises of two interconnected semi-detached houses. Residents in each house have their own bedrooms and also have access to shared bathroom facilities on both the ground and first floors. In addition, the house includes a communal sitting room, kitchen dining room and laundry room for residents' use. The centre is located in a residential housing estate in a town and is close to local amenities such as shops, cinema and cafes. Residents are supported by a team of support workers, with staffing arrangements in each house being based on residents' assessed needs. In house one, during the week staff support is provided at set times in the evening to assist residents to maintain their independence skills. Whereas in house two, a staff member is available in the morning and evening to support residents when they are not at their day placements. In addition, the support worker will undertake a sleep over duty in house two in order that they are available to support residents at night if required. The sleep over staff are also available to residents in house one and accessed through the operation of a buzzer system. At the weekend, residents in both houses are supported by one staff member who undertakes a sleep over duty, with an additional staff member being available at set times during the day and evening. In addition, management support is available to staff outside of office hours through the provider's on call system if required.

Residents can access a number of amenities in the local community including an equine centre, cinema, community garden and shops.

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

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Wednesday 30 September 2020	09:30hrs to 15:35hrs	Stevan Orme	Lead

## What residents told us and what inspectors observed

Due to the impact of Covid-19, the inspection of Lifford Accommodation was conducted under current public health guidance for visitors to residential settings with personal protective equipment such as face masks being worn by the inspector during the course of the inspection. The inspection was conducted also in only one of the adjoining houses although the inspector spoke with residents in the house not visited through the connecting door to facilitate their views on care and support provided at the centre.

During the inspection, the inspector met with five residents who lived at the centre, and spoke with three of these about the care and support they received and also their experiences living under public health restrictions.

Residents told the inspector about how they had coped with the previous public health restrictions as well as recent level three restrictions imposed in Donegal. Residents said they missed being able to visit or be visited by their families and hoped that restrictions would be lifted in October and the current situation with COVID-19 improved. Residents also told the inspector about how they had maintained links with their families when visiting was restricted, which included the use of video messaging and regular phone calls.

Residents also spoke about how they were revising their weekly activities due to COVID-19, such as thinking about changing the location of their slimming classes from a venue in Northern Ireland to a nearby town in Donegal. Residents also spoke about how due to being unable to go to church services, they had attended them on line and how they were upset they had not been able to go to church services at Easter.

Residents spoke about activities they had done due to their day services being temporarily closed due to COVID-19. Residents told the inspector about walks they had done, meals they had cooked and art work they had completed. Residents also spoke about how when restrictions had been lifted they had enjoyed going back to the local cinema, but again they were unable to do this due to the new restrictions. When accessing the cinema, residents were very knowledgeable about the preventative measures they needed to take such as wearing a face mask and keeping two metres social distance from others.

When asked about the care and support they received, residents said that they liked living at the centre and the staff were very good. However, one resident said that they got upset by one of their peer's behaviour. When asked how staff supported them when this occurred, they said that staff came to their assistance promptly and were supporting them with ways of how to manage these situations when they occurred. The supports provided by staff as described by the resident were reflected in safeguarding plans reviewed as part of the inspection.

Throughout the inspection, residents appeared happy with the care and support they received at the centre and appeared to have a good relationship with staff who supported their needs in a timely and dignified manner.

## Capacity and capability

Governance and management arrangements at Lifford Accommodation were comprehensive in nature and ensured that residents received a good standard of care and support which reflected their assessed needs, interests and personal preferences. Practices at the centre had been subject to change in line with public health guidance and community restrictions associated with COVID-19, however residents were supported to understand the reasons behind the changes and told the inspector that they continued to enjoy living at the centre. .

Clear governance arrangements ensured oversight of all aspects of the centre's operation and ensured that residents' needs were met. The person in charge had started in their role as 'Community Services Manager' in June 2020 and was responsible for the running of the centre as well as the provider's day service provision also located in the town and attended by some of the residents who lived at the centre. The person in charge was present at the centre two to three days a week and was supported in the day-to-day management of the centre by a team leader. Staff also told the inspector, that the person in charge was readily available when not at the centre through both telephone and email contact. Throughout the inspection, the person in charge showed a good knowledge of both the needs of residents and the operations of the centre and provider entity. In addition, the person in charge was suitably qualified and experienced in accordance with the regulations.

A suite of management audits were undertaken by the person in charge and team leader on practices at the centre which ensured their ongoing effectiveness. These audits included reviews of practices such as fire safety, resident finance management, safeguarding arrangements and accidents and incidents. The outcome of completed audits were shared both with senior management and the centre's staff team through monthly team meetings. Where areas of improvement were identified, associated action plans were developed with clear time frames and person responsible identified to achieve the required outcome. Action plans sampled during the inspection, showed that these documents were 'live' in nature with updates recorded and desired outcomes achieved in a timely manner.

In addition to management audits, an annual review of care and support provided at the centre was completed as required by the regulations. The content of the annual review was comprehensive in nature and looked at all aspects of the centre's operation and incorporated the findings of audits and six monthly unannounced visits conducted by the provider which are also required under the regulations. In addition, the review also included the views of residents and their representatives on

the care they received at the centre. With comments made by both residents and their representatives being positive in nature.

As referenced earlier, the provider undertook six monthly unannounced provider visits at the centre, with the most recent visit in July 2020 being facilitated through a desktop review and telephone calls due to the impact of COVID-19. However, although six monthly visits were undertaken and reports available at the centre showing that visits examined all aspects of the centre and included residents' viewpoints, the provider had not ensured that the unannounced visits were conducted at six monthly intervals with the July visit being carried out eight months after the previous visit in November 2019.

Due to residents' independence, only one member of staff was rostered during the day and night to meet their needs. Residents when not subject to public health restrictions would independently travel to a range of activities both educational and leisure-related in their local area without staff support. However, both rosters and discussions with staff showed that when residents' day services had been temporarily closed due to public health restrictions, additional staffing had been made available to meet residents' needs during the day. In addition, staff told the inspector that when additional staff was required for planned social activities this was provided which was further reflected in sampled rotas.

The person in charge ensured that staff knowledge and skills were kept up-to-date through a range of measures. The person in charge facilitated regular monthly team meetings, which provided staff with an opportunity to gain clarity on and raise concerns about the care and support provided at the centre. Staff meetings further ensured that staff were regularly updated on any operational changes at the centre, ensuring that their knowledge was up-to-date and a consistency of approach was maintained in meeting residents' needs. The person in charge had also adapted their approach to facilitating team meetings in light of COVID-19, with video conferencing software being used as opposed to face-to-face meetings.

In addition to regular team meetings, the person in charge and staff also spoke about regular one-to-one supervision meetings they participated in which enabled them to identify any additional training needs they required and offered ongoing support with their personal career development. Supervision was provided by the person in charge to staff on a quarterly basis, but where required by either party it could occur more frequently.

Staff also had access to both mandatory, organisational and resident-specific training opportunities. Training records and discussions with staff showed that all mandatory training was kept up-to-date with regular refresher training being scheduled in line with the provider's policies. In addition, to mandatory training such as fire safety, safeguarding and medication administration, staff also undertook training associated with residents' needs such as epilepsy and asthma awareness. Records also showed that staff had also undertaken a range of COVID-19 related training since March 2020, which included COVID-19 hand hygiene, 'breaking the chain of infection' and the putting on and taking off of

personal protective equipment.

The provider's risk management practices ensured that residents were kept safe from harm and procedures were in place to effectively respond to adverse incidents which might occur. Risks identified at the centre were captured within the risk register and risk management interventions implemented which clearly showed both existing and additional measures to mitigate the risk and safeguard residents and staff. Staff were knowledgeable about risk interventions at the centre, and management plans were subject to regular review, to ensure their effectiveness and suitability.

In response to COVID-19, the provider had developed a comprehensive procedure for the management of an outbreak of COVID-19, which had in turn been adapted and localised by the person in charge for the needs of the centre. Guidance and risk assessments clearly showed how risks such as the supply of personal protective equipment (PPE) or staff shortages would be mitigated against should they occur. Staff were also observed to be following procedures laid down in the guidance during the course of the inspection such as the wearing of face masks and hand hygiene techniques and were knowledgeable on the rationale behind the implemented COVID-19 measures at the centre.

The provider also had a robust online system in place for the recording and review of accidents, incidents and near misses at the centre. Once reports were completed by staff these were subject to review by the person in charge and their line manager, with additional measures if required being implemented. In addition, reviews of accidents and incidents were undertaken with the provider's risk manager and also discussed in the centre's monthly team meetings.

#### Regulation 14: Persons in charge

The person in charge was suitably qualified, experienced and employed in a full-time capacity. The person in charge was knowledgeable about residents' assessed needs and actively involved in the day-to-day governance and management of the centre.

Judgment: Compliant

#### Regulation 15: Staffing

The provider had ensured that an appropriate numbers of suitable skilled staff were in place at the centre to meet residents' assessed needs in a timely manner and support them to participate in activities of their choice.



Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to regular training, which ensured they were suitable skilled to support residents' assessed needs and their practices reflected current developments in health and social care including measures associated with an outbreak of COVID-19.

Judgment: Compliant

### Regulation 23: Governance and management

Governance arrangements ensured that practices at the centre were subject to regular review to ensure they were effective in meeting residents' needs. Management arrangements further ensured that appropriate resources were available at all times to support residents, keep them safe from harm and enable them to achieve their personal goals. However, although carried out, the provider had not ensured that unannounced visits as required under the regulations had been conducted at six monthly intervals.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The person in charge had ensured that arrangements were in place to inform the chief inspector of any adverse events occurring at the centre as described in the regulations, with all such events being reported within the required time frames.

Judgment: Compliant

### Regulation 34: Complaints procedure

Residents were aware of their right to make a complaint, and the provider's organisation policy ensured that all received complaints were appropriately investigated and resolved, with records indicating the complainant's satisfaction with the outcome of their complaint.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

Following the last inspection, the provider had put arrangements in place to ensure that all policies required under Schedule 5 of the regulations were subject to a review every three years to ensure they reflected changes and development in health and social care practices.

Judgment: Compliant

#### Quality and safety

Residents at Lifford Accommodation received a good standard of care and support which was in accordance and met their assessed needs. Care support arrangements further ensured that residents were kept safe from harm, supported to enjoy activities of their choice, achieve their personal goals and participate in positive risk-taking.

Residents due to their assessed independence participated; subject to public health restrictions, in a range of activities both at the centre and in the local community which reflected their personal goals, assessed needs, wishes and interests. Residents spoke to the inspector about activities they enjoyed such as going to the cinema, walks in the local area, attending slimming classes, as well as how these had been impacted upon due to COVID-19. Residents also attended day services in their local area, which they enjoyed. Access to day services, had been impacted upon by public health restrictions with some residents who previously had a five day a week provision, now only having one day a week. However, residents clearly understood why their provision was reduced and told the inspector that they enjoyed just having the opportunity to see their friends again. Some residents had also since the imposing of Level three public health restrictions in Donegal on the 26 September 2020, had chosen not to attend their reduced day services until restrictions were reviewed again on the 16 October 2020.

Personal planning arrangements for residents were comprehensive in nature and clearly guided staff on how to support residents with their assessed needs. Residents' personal plans were regularly updated to reflect changes in support, which ensured a consistency of care was provided. Furthermore, staff were knowledgeable on residents' needs and staff interactions with residents were observed to be both timely and dignified in nature. The provider had also since the last inspection, further ensured that residents were made aware of the supports they would receive through the development and introduction of accessible versions of their personal plans, which one resident shared with the inspector and were kept

in their bedrooms. The provider also had arrangements in place which ensured that residents' personal plans were reviewed at least annually to ensure their effectiveness. However, one resident's personal plan although up-to-date and reflective of their needs had not been subject to an annual review as planned in June 2020. Where annual reviews had occurred, they examined the effectiveness of all aspects of the resident's personal plan and assessed whether or not it met their needs and enabled them to achieve their personal goals. Residents and their representatives were actively encouraged to participate in their review meetings and the provider also invited multidisciplinary professionals associated with the residents' care and support to attend, which ensured a holistic approach to meeting residents' assessed needs.

Residents were protected from possible harm through the provider's arrangements for the reporting of safeguarding concerns. Where safeguarding concerns had been identified, the provider had ensured that they were managed effectively and in line with their policies, ensuring all affected parties were protected from future re-occurrence of the identified concern. Staff were very aware of safeguarding arrangements at the centre and had access to regular training to ensure their knowledge was up-to-date and reflected current best practices in health and social care.

Comprehensive infection control measures were in place at the centre which were subject to regular review and enhancement in line with the provider's policies and public health guidance. Daily cleaning schedules were in place to ensure good hygiene levels and both staff and residents had easy access to supplies of PPE such as face masks and alcohol sanitizer throughout the centre. In addition, staff had completed training relating to the signs and symptoms of COVID-19 as well as the donning and doffing of PPE. Information was available throughout the centre on measures relating to COVID-19, including pictorial and easy-to-read material to assist residents. Throughout the inspection, residents and staff who spoke with the inspector were very knowledgeable on infection control arrangements at the centre as well as COVID-19. In addition, both staff and residents had access to a range of information on all aspects of the management of COVID-19 preventative measures such as social distancing and wearing a face mask in the community.

Resident's knowledge on infection control measures and COVID-19 was further assisted through their attendance at regular house meetings. Separate meetings were held in the two houses, and residents told the inspector that they discussed any changes in the day-to-day running of the centre as well as updates on health and safety arrangements. Residents and sampled meeting minutes also showed that the meetings were used to plan social activities and significant celebrations (e.g. birthdays) as well as organising the weekly menu and grocery shopping. Residents also said that they were asked at the meeting whether or not they had any complaints about the centre, and staff guided them on how to lodge a complaint.

## Regulation 13: General welfare and development

Residents were supported to both access and participate in a range of activities which reflected their assessed needs, wishes and interests and assisted them to achieve their personal goals. Where activities were impacted upon due to public health restrictions, staff supported residents to explore and enjoy alternative options available to them at home or in the local community.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risk management arrangements ensured that possible risks to residents were identified, assessed and appropriate control measures were implemented. Review arrangements ensured that all implemented risk management interventions were regularly monitored to ensure they were effective in keeping residents safe from harm.

Judgment: Compliant

### Regulation 27: Protection against infection

Infection control practices at the centre were comprehensive in nature and subject to review to ensure they meet all current guidance. Where required cleaning schedules had been enhanced along with the availability of PPE to both residents and staff.

Judgment: Compliant

### Regulation 28: Fire precautions

Appropriate fire safety equipment and arrangements were in place at the centre. Following the last inspection, arrangements had been put in place to ensure that regularly conducted fire drills at the centre included all circumstances to ensure the effectiveness of the centre's fire evacuation plan.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents' personal plans clearly described how their assessed needs would be met by staff and were subject to regular review to ensure they were up-to-date. However, not all residents' personal plans had been subject to an annual review. Following the last inspection, the provider had developed and implemented an accessible version of each residents' personal plan to inform them about how their needs would be met at the centre.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had access to a range of healthcare professionals in line with their assessed needs as and when required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Although residents did not require support from staff in relation to behaviours that challenge, all staff had received training in positive behaviour management in line with the provider's policy.

Judgment: Compliant

### Regulation 8: Protection

Clear and comprehensive safeguarding reporting arrangements were in place at the centre with all staff having received up-to-date safeguarding training to ensure their knowledge reflected current health and social care practices.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were supported by staff through participation in regular house meetings and access to easy-to-read materials to play an active part in the day-to-day running

of the centre and make choices about their daily life.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	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	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Lifford Accommodation OSV-0002678

Inspection ID: MON-0030522

Date of inspection: 30/09/2020

## 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 provider has now devised a new system for completing six monthly unannounced visits during the COVID pandemic, this will ensure going forward all visits will take place within the required timeframe.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> <li>• All resident’s annual reviews will be completed by the 13/10/20. Going forward the PIC will include an annual review update as part of the local monthly audits.</li> <li>• All resident’s annual reviews and circle of support meetings will be facilitated face to face, or through video and phone calls.</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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	12/10/2020
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more	Substantially Compliant	Yellow	13/10/2020

	frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.			
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