



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

Issued by the Chief Inspector

Name of designated centre:	Larassa
Name of provider:	RehabCare
Address of centre:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	08 June 2020
Centre ID:	OSV-0002687
Fieldwork ID:	MON-0029523

About the designated centre

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

Larassa provides full-time residential support to four adults with an intellectual disability. Residents may also have a secondary diagnosis of mental health difficulties. The service at Larassa is based on a social care support model and provides low to medium support to residents. Residents attend work activities during the week and one resident is retired and is supported on a 1:1 basis by staff during the day. Larassa is located in a residential area on the outskirts of a town, but close to local amenities such as shops and leisure facilities. The centre is a purpose built bungalow with five bedrooms of which four are used by residents. Residents' bedrooms have access to en-suite bathroom facilities and an additional communal toilet is also available. In addition, residents have access to an integrated kitchen, dining and sitting room area as well as a separate sun room and small conservatory. The centre also has a rear garden with an accessible patio area. Residents are supported by a team of support workers, with one support worker being available at all times, and increasing to two workers dependent on residents' needs and planned activities. One support worker provides night-time support through the undertaking of a sleep over duty, with an alert system in place for residents can gain assistance as and when required during the night.

The following information outlines some additional data on this centre.

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
Monday 8 June 2020	11:00hrs to 15:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector met with three residents who were using this service on the day of inspection. Whilst maintaining social distancing, the inspector observed that residents appeared happy and content as they went about their daily routines. Residents had free access to all areas of their home and they were observed to make their own tea and relax as they had their breakfast. Residents were also relaxed in the company of staff members who were on duty and there was a very pleasant and homely atmosphere in the centre.

Residents who met with the inspector talked about their lives and how they missed some aspects socialising in the local town since the guidance in relation to Covid 19 had been introduced. Residents stated that they liked living in their home and that staff were very nice and helped them to pass the time. Staff members who met with the inspector had detailed knowledge of the residents' needs and appeared to have a very good rapport with each person who was using the service.

As the inspection was concluding, a resident requested to speak with the inspector and the person in charge. At this point they disclosed that they had some concerns about the service which they wished to discuss further with the person in charge. The person in charge stated that they would be following up with the resident and any further reviews or notifications would be completed, if required, subsequent to the inspection.

Capacity and capability

Overall, the inspector found that the resources and governance arrangements supported residents to live a good quality of life.

There were improvements in the overall governance arrangements since the last inspection of this centre with an additional team leader scheduled to commence working in the centre in the coming weeks. The person in charge indicated that this staff member would assume day-to-day management of the centre which would facilitate the person in charge to assume more oversight of the care practices. There was a range of audits in place which examined the quality and safety of care which was provided to residents and overall the inspector found that these arrangements assisted in improving the quality of the service which residents received. However, some improvements were required in regards to the annual review and in regards to the reporting of safeguarding issues to the provider's designated safeguarding officer. Although, the annual review was completed, this review was not robust in nature and it was not apparent how this review was used to better the lives of residents. There was evidence of ongoing consultation with residents through meal

planning and regular house meetings and the inspector observed that residents were consulted with throughout the inspection, however, the annual review failed to take into account the overall views of the residents which was a missed opportunity to further develop the service. The centre also had an active safeguarding plan and the measures which were implemented assisted in safeguarding residents; however, two incidents which had been notified to the chief inspector had not been referred to the designated officer for review.

The provider had a training and refresher programme in place which assisted in ensuring that residents were supported by staff members who could meet their needs. A review of a sample of training records indicated that staff were up-to-date with training needs and as mentioned earlier in the report, staff members were found to have a good knowledge of residents' needs.

The inspector found that some improvements were required, but overall the service had monitoring systems in place which supported residents to have a good quality of life.

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced. Additional management structures were also planned to be implemented subsequent to the inspection.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a rota which indicated that residents were supported by staff members who were familiar to them. The inspector observed that residents were relaxed in the company of staff and that staff members had a kind and considered approach to care.

Judgment: Compliant

Regulation 16: Training and staff development

Staff members were up-to-date with their training needs and additional training was facilitated in response to resident's individual care needs.

Judgment: Compliant

Regulation 23: Governance and management

The annual review was not robust in nature and failed to take into account the views of residents. Improvements were also required to ensure that safeguarding procedures were fully implemented.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that residents were enjoying their lives and prior to the Covid 19 pandemic, residents were supported to maintain their independence and engage in activities which they enjoyed. The inspector met with three residents and two of these residents explained how they really liked their home and the staff members who supported them. Residents were observed to go about their home in a carefree manner and they were observed to chat warmly with each other and staff members. Residents spoke about how prior to Covid 19 that they used to go independently into the local town for shopping, cinema trips and to meet friends. Residents stated that they were looking forward to doing this again and that they missed these outings, but overall they didn't mind the measures which were taken in response to Covid 19.

The premises was bright, spacious and very homely in nature and pictures of family and events in residents' individual lives decorated the centre. There were no restrictive practices in place, but there were some support plans in place to assist staff in supporting residents who may have behavioural needs. These plans were recently reviewed and a staff member who met with the inspector had detailed knowledge of the sampled plans and they could detail the measures which were implemented to alleviate anxieties and behaviours for some residents.

The inspector observed that residents were actively consulted throughout the inspection and a staff member explained that regular house meetings occurred with residents in which activities and the running to the centre was discussed. A resident who met with the inspector explained that residents took turns in choosing what they wanted for dinner and this resident told the inspector that they were going to cook a stir fry with salmon on the day of inspection, a meal which they really liked.

Each resident had an assessment of need which was recently completed and comprehensive personal plans were in place to guide and support staff in the delivery of care. Individual objectives had been identified by residents and goals

such as pottery making, medication knowledge and activities had been fulfilled. Resident's individual healthcare needs had been identified and there was evidence of ongoing review by medical professionals, including specialist consultants and general practitioners. However, some improvements were required as there was no comprehensive healthcare plans in place to guide staff in the delivery of this area of care.

Regulation 26: Risk management procedures

Comprehensive risk management plans were in place to assist in maintaining the residents' safety. These documents were also reviewed on a regular basis.

Judgment: Compliant

Regulation 28: Fire precautions

Residents had individual evacuation plans in place and a review of fire drills indicated that residents could be evacuated from the centre in a prompt manner. A review of documentation also indicated that all fire equipment was serviced as required.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents were supported to self-medicate and a review of a sample of medication administration records indicated that medications were administered as prescribed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had an assessment of need completed and individual personal plans were reviewed on a regular basis.

Judgment: Compliant

Regulation 6: Health care

Healthcare plans were required to guide staff in this area of care.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

There were no restrictive practices in place and staff members had a good knowledge of resident's individual behavioural support plans.

Judgment: Compliant

Regulation 8: Protection

There was one active safeguarding plan in place. Two incidents which had been notified to the chief inspector had not been referred to the provider's designated officer for review; however, confirmation of this referral was submitted subsequent to the inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had free access to all areas of their home and they were actively consulted in regards to to running of the designated centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Larassa OSV-0002687

Inspection ID: MON-0029523

Date of inspection: 08/06/2020

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> <ul style="list-style-type: none"> • The Rehab Group has developed a new Annual Review format which includes increased consultation with Residents and families. This will be used in this Designated Centre on the 23rd of June. • Going forward all notifications with a safeguarding element will be discussed with the Designated Officer (DO). The Inspector concerns were discussed with both the DO and the safeguarding team and it was agreed to submit a formal safeguarding plan to address the concerns raised. This was completed on 23/06/20. 	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> • A comprehensive Health Care Plan which pulls together all aspects of the resident's health needs will be developed by Friday 25th June. This will be reviewed every 6 months or when health needs change, whichever is more frequent. 	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	23/06/2020
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	23/06/2020
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide	Substantially Compliant	Yellow	23/06/2020

	for consultation with residents and their representatives.			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	25/03/2020