



Office of the Chief Inspector

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

Name of designated centre:	Larassa
Name of provider:	RehabCare
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	20 and 21 March 2019
Centre ID:	OSV-0002687
Fieldwork ID:	MON-0022491

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.

Current registration end date:	15/11/2019
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
20 March 2019	16:00hrs to 20:00hrs	Thelma O'Neill	Lead
21 March 2019	09:30hrs to 15:00hrs	Thelma O'Neill	Lead

Views of people who use the service

During the two days of inspection, the inspector met with the four residents who lived at the centre. They told the inspector that they were very happy living in the centre and that they had busy active lives. The residents showed the inspector around their home and it was nicely decorated and personalised with pictures of their sporting achievements and family members located throughout the house. One resident told the inspector about her hobbies such as knitting and showed the inspector handbags that she had knitted for herself. Another resident told the inspector of her gardening activities that day and a visit to her parents' grave to sow the flowers.

The residents told the inspector about all of the facilities they accessed in the community and of their interests and daily activities in the local area. They told the inspector that they had activities planned for most evenings during the week. On the evening of the inspection, two residents were attending a dance and they were looking forward to meeting their friends. They also discussed their visits home to family and about how they were supported to maintain contact with their families. All of the residents said staff were very good to them and they were happy living with their peers at the centre.

Capacity and capability

The inspector found that the provider had ensured that residents living at the centre received individualised and person centred care. The service provision and quality of care delivered was found to be of a high standard in most of the areas inspected. However, improvements were required in the management of documentation and oversight of the centre.

There was a consistent staff team working in the centre that were familiar with residents' care and support needs. All staff working at the centre were recruited and supported through education and training as per the organisation's policies and procedures.

The provider had completed an annual review and the six monthly unannounced audits of the centre to ensure the quality and safety of care and support in the designated centre was robust. They had identified some actions required and these were being implemented at the time of the inspection.

The provider had appointed the person in charge to manage three designated centres in the local area. The person in charge was very respectful of residents

wishes and knowledgeable of each residents needs. She had arrangements in place to spend one to two mornings per week in this centre. However, the inspector found that a more active presence by the person in charge was required as there were gaps in the documentation reviewed and residents' notes were not kept up-to-date and risks were not appropriately documented. Furthermore, the team meeting consisted of the three designated centres coming together to discuss common issues, but specific areas of concern relating to this centre were not discussed at these group meetings.

Residents' rights were actively promoted in the centre. Monthly meetings were held with residents in the centre. These meetings provided residents with an opportunity to discuss areas such as activity planning, meal planning and any other topics of interests to them. Evidence reviewed showed that residents were very complementary of the care and support they received at the centre. A complaints register was maintained by the person in charge; however no complaints had been received to date at the centre.

Regulation 14: Persons in charge

The inspector found the person in charge had the required qualifications, skills and experience necessary to manage the designated centre and they were knowledgeable on the individual needs of residents at the centre. However, a review of the role and responsibilities of the person in charge was required to ensure they had adequate time to implement effective governance, operational management and administration of the centre.

Judgment: Substantially compliant

Regulation 15: Staffing

The provider had ensured that appropriate numbers of suitably 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. The person in charge gave assurances that the skill mix of staff was kept under regular review, due to the deterioration of two residents' health in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had arrangements in place for all staff to access regular training, which ensured they were suitably skilled to support residents' assessed needs.

Judgment: Compliant

Regulation 23: Governance and management

The governance, leadership and management arrangements at the centre required review, to ensure there was an active management presence in the centre and oversight by the senior management team. In particular, leadership was required in monitoring risks, behaviours of concern, audits, documentation, and implementing effective team meetings.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose containing all information set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints register was maintained at the centre. However, there was only one concern received from a resident, which had been effectively managed by the staff.

Judgment: Compliant

Quality and safety

Overall, the provider had ensured the service provided to residents was safe, met their health care needs and provided them with opportunities to engage in activities which reflected their assessed needs. However, the provider failed to ensure that appropriate records were maintained in the centre and healthcare assessments were

conducted in line with the organisation's policies and procedures and the regulations.

Person centred planning had ensured that residents were supported to achieve their social and personal goals. Residents told the inspector about a range of social activities they engaged in, in their local community. Furthermore, where residents required assistance with their health care needs, appropriate support was provided by staff. However, healthcare related information was not always consistently recorded in residents' notes. For example; residents' annual health reviews and medical checks throughout the year were not recorded and in some cases there was no plan of care to outline how chronic health conditions were being managed.

Where residents presented with behaviours that challenge, staff were trained in positive behaviour support management. The staff member on duty during the inspection was knowledgeable on residents' behaviour support plans and especially agreed escalation techniques. Furthermore, staff spoken with had supported residents for many years and were familiar with their assessed needs and agreed supports. However, not all residents had a positive behaviour support plan in place to identify the behaviours of concern or specific triggers which may elicit behaviours of concern. Furthermore, at the time of inspection there were three students on placement at the centre, who required guidance on how to manage similar situations should they occur in the future.

There were no safeguarding concerns reported in the centre at the time of the inspection. Safeguarding arrangements ensured that residents were protected from possible abuse in-line with the provider's policy. In addition, a designated safeguarding officer was assigned to the centre, which ensured a timely response and investigation of any safeguarding concerns should they occur.

The provider had also ensured that risks occurring in the centre were effectively managed and residents were protected from harm. However, individual risk management arrangements were not recorded or updated in line with the risk management policy to ensure that risks such as fall management were addressed in accordance with the requirements of Regulation 26.

Appropriate fire safety precautions and measures were in place at the centre with their effectiveness being assessed regularly through fire drills and checks of fire fighting equipment. Furthermore, staff knowledge on what to do in the event of a fire was kept up-to-date through regular access to fire safety training.

Regulation 13: General welfare and development

The provider had arrangements in place for residents to access facilities for recreation in accordance with their interests, capacities and developmental

needs. The residents were also supported to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the premises met the aims and objectives of the service and residents' assessed needs. Furthermore, the premises were of sound construction and in a good state of repair.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured that the residents were safe in the centre and there were arrangements in place to manage individual and corporate risks in the centre. However, while risks were identified, analysed and control measures implemented to reduce any possible harm to residents, the risk management documentation did not reflect the actual risks, and how the risks were being managed in the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Appropriate fire safety measures and equipment was in place at the centre, which were assessed regularly to ensure their effectiveness in evacuating residents in the event of a fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had suitable practices in place in relation to ordering, receipt, prescribing, storing and administration of medication. While a number of medication errors had occurred in the centre, evidence showed that these had been reviewed and managed in accordance with the organisation's medication management policies.

and procedures.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A comprehensive annual health assessment was not completed for each resident living in the centre that identified all of the residents' healthcare needs. In addition; residents did not have an associated health care plan in place to manage their health care issues.

The residents told the inspector that they had active lives and were supported to achieve their social goals throughout the year.

Judgment: Not compliant

Regulation 6: Health care

The registered provider ensured that the residents were provided with appropriate health care in line with their personal plans.

In addition, the residents had access to a medical practitioner of their choice and residents were supported to access allied health professionals; such as a physiotherapist and occupational therapist as part of a falls management plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provider failed to provide access to a positive behaviour support therapist to assess residents' behaviours of concern. In addition, where therapeutic interventions were in use, they had not been reviewed by a qualified behaviour support specialist, and included in the residents' annual reviews.

Judgment: Not compliant

Regulation 8: Protection

There were no safeguarding concerns reported in this centre. However, the provider had arrangements in place to ensure that safeguarding concerns were identified, reported and managed appropriately and kept residents safe from harm.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found the registered provider had ensured that the residents' living in this designated centre had their rights respected, in accordance with their wishes, age and the nature of their disability. The residents told the inspector that they were empowered to make decisions about their own lives and had the freedom to exercise choice and control over their daily lives.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Larassa OSV-0002687

Inspection ID: MON-0022491

Date of inspection: 20/03/2019 and 21/03/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 14: Persons in charge	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The role and responsibilities of the person in charge will be reviewed by the 17th May 2019 with the Integrated Services Manager.</p>	
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>Internal 6-monthly audits will continue. These will include a review of risks, behaviours of concern, new monthly person in charge audits and all documentation.</p> <p>Team meetings have been reviewed and will now focus on individual designated centres.</p> <p>A new comprehensive audit checklist has been devised. The person in charge will complete these audits in all services on a monthly basis.</p>	
Regulation 26: Risk management procedures	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The risk register will be reviewed by the 10th May 2019 and will reflect the risks in the centre.</p> <p>A Falls Management Plan will be devised for one resident by the 10th May 2019. This will build on and develop the information contained in risk assessments.</p>	
<p>Regulation 5: Individual assessment and personal plan</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Annual health screening assessments are completed for all residents. These will be reviewed by the person in charge by the 17th of May to ensure that all healthcare needs have been identified and the appropriate supports are in place.</p> <p>Health care plans are developed for all residents. These will be reviewed by the person in charge by the 17th of May to ensure that all health care needs are being addressed and that comprehensive health care plans are in place.</p>	
<p>Regulation 7: Positive behavioural support</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Two residents have been referred to RehabCare's Behavioural Therapist. The Behavioural Therapist will visit the service in the week commencing the 13th May 2019.</p> <p>Behaviour Support Plans will be developed/reviewed by the 17th May 2019.</p>	

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 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Substantially Compliant	Yellow	17/05/2019
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	Substantially Compliant	Yellow	10/05/2019

	and effectively monitored.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	10/05/2019
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Not Compliant		17/05/2019
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of	Substantially Compliant		17/05/2019

	the plan.			
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Not Compliant		17/05/2019