Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Sligo Semi Independent Accommodation
Name of provider:	RehabCare
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	09 and 10 December 2019
Centre ID:	OSV-0004442
Fieldwork ID:	MON-0027563

About the designated centre

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

Sligo Semi-Independent Accommodation provides residential support to male and female adults with an intellectual disability. The centre provides support to residents based on the social care model and provides low support to residents to assist them to maintain and develop independence in all aspects of daily living. The centre is located in a residential area on the outskirts of Sligo town, but close to local amenities such as shops and leisure facilities. The centre is also a short walk or accessible by public transport to further facilities and amenities in the town centre. The centre comprises of two houses in close proximity to each other. Residents have varied levels of independence and support needs. One house provides accommodation for three residents. Residents have access to a communal sitting room and kitchen/dining room as well as two bathrooms with shower facilities in each. The house also contains a staff office which caters for the administrative needs of both houses within the centre. The second house provides accommodation for four residents. Residents have access to a communal sitting room and kitchen/dining room along with a bathroom with a shower facility and an additional downstairs toilet. Both houses have rear gardens, which are accessible to residents at the centre.
Residents are assisted by a staff team comprising of a team leader and community support workers. Staffing arrangements are provided at key times during the day Monday to Saturday to support residents with their assessed needs and to develop their independence skills.
Support to residents on weekdays is provided by one/ two staff members for set times in the morning and evening in line with individuals' assessed needs. Staff support is reduced at the weekend, with evening staffing arrangements in place on Saturdays, and no support provided on Sundays and on public holidays. In addition, no staff support is provided at the night-time

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

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
09 December 2019	16:30hrs to 19:30hrs	Thelma O'Neill	Lead
10 December 2019	09:00hrs to 13:30hrs	Thelma O'Neill	Lead

What residents told us and what inspectors observed

The inspector met with all of the residents who lived in the centre over the course of the inspection. Residents told inspector, that there had been a lot of changes at the centre since the last inspection and these were all positive. One resident told the inspector that he had been supported to get a new job and was very happy with this change. The second resident living in this house was also complementary of the support he had received around cooking and self administering their medication. Another resident told the inspector that they were getting daily individualised support from staff and they were now able to participate in social activities in the evenings with staff support. The residents living in the second house said they liked that the staff visiting them daily and that they they felt supported by the staff team.

Residents also told the inspector that they were all looking forward to Christmas and some of the residents were going home for the holidays to their families.

Capacity and capability

Since the last inspection of the centre on the 29 May 2019, the governance and operational management arrangements at the centre had significantly improved leading to improvements in the care and support provided to residents and compliance with the regulations.

The person in charge was responsible for managing three designated centres in the locality. Since the last inspection, she had reviewed her work arrangements, and now allocated at least ten hours per week to the operational management of the centre. The increased presence of the person in charge at the centre, had lead to improved management oversight of the centre, along with increased support for residents and day-to-day supervision arrangements for staff. In particular, the inspector found improvements in fire safety management, risk management, safeguarding of residents, medication management, complaints' management and the arrangements for the submission of statutory notifications.

Improvements had also occurred in areas such as positive behaviour management, staffing, policies and procedures, however, further review was required to ensure compliance with the regulations, mostly in the are of updating documentation and ongoing management oversight. There were two regulations that remained non-complainant and these were the assessments of residents individual needs and staff training and development. These are discussed in more detail below.

The centre had a clearly defined management structure. With the person in charged

telling the inspector that following the last inspection, there had been an increase in the frequency of support and supervision meetings between herself, staff and senior management. She further told the inspector this change had assisted her in implementing the centre's strategic business plan and reviewing the future care and support needs of residents.

The provider had ensured that there were systems in place to monitor and evaluate the quality of care provided to residents. Annual reviews and unannounced six monthly audits, as well as internal audits on practices at the centre were in place, and regularly completed. However, the inspector found that although some audits reviewed stated that identified tasks were completed, this was not the case and inaccurate. For example, residents' individual support and safeguarding plans were not reflective of residents needs, despite the reviewed audits stating that these had been done.

Staffing arrangements at the centre had improved since the last inspection, A resident with additional staffing support needs had been allocated four hours per week and a business case for increased staffing hours in the centre was agreed by the provider's financial funder. While the person in charge told the inspector that additional resources would be available in the new year, to increase the staffing in the centre, this staffing resource was not yet available in the centre and there continued to be no staff support available on Sundays, bank holidays, or at night.This was required to support residents with their medication, cooking, and general well-being and protection.

Following the last inspection, there had been changes in staff engaged at the centre, with two new staff starting working at the centre since August 2019. However, the provider had not ensured that these staff had received mandatory training in line with the provider's policies in areas such as safe moving and handling, epilepsy training and infection control, managing behaviors of concern and medication management. This finding had been identified in the last inspection on the 29 May 2019 and continued to not be effectively addressed by the provider, resulting in not all staff being suitably trained to meet the assessed needs of residents at the centre.

Regulation 14: Persons in charge

The person in charge was responsible for management of three designated centres. Since the last inspection, she had reviewed management arrangements across three centres, and was present at least 10 hours a week in the centre to ensure effective governance. In addition, additional resources had been secured to appoint an additional team leader for the centre, which would further enable the person in charge to allocate more time to management duties.

Judgment: Compliant

Regulation 15: Staffing

Although increases in available staff support for residents had occurred since the last inspection, further support was required particularly at the weekends and during holiday times.

Judgment: Substantially compliant

Regulation 16: Training and staff development

As identified in previous inspections of the centre, the provider had not ensured that arrangements were in place to ensure all staff were suitably skilled to meet the assessed needs of residents . For example, two staff appointed since August 2019 had not completed mandatory training in safe moving and handling, epilepsy management, positive behaviour management, food hygiene and infection control.

Judgment: Not compliant

Regulation 23: Governance and management

The provider had strengthened its internal oversight of the service since the last inspection However, further improvements were needed to ensure that the assurances given in audits or internal reviews were accurate.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider has prepared a statement of purpose which contained all requirements as described in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had notified the chief inspector of all notifable events at the centre in line with the requirements of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an effective and regularly reviewed complaints management procedure in place at the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had ensured that all policies required under Schedule 5 of the regulations were available at the centre. However, they were not reviewed within the organisation's policy of every three years. For example, both the medication management and training and development policy were out of date from March 2019.

Judgment: Substantially compliant

Quality and safety

The inspector found that the quality and safety of care in this centre had improved since the last inspection. Residents told the inspector they were much happier living at the centre, and felt supported and their care needs were being met. Residents' care and support needs were being met in line with their assessed needs, however, the documentation supporting these changes were not always updated in the residents care plans to reflect the changes.

Since the last inspection, residents told the inspector that they felt protected and issues around peer-to-peer intimidation was being managed more effectively. When issues arose, staff recorded residents' concerns, and they were being dealt with in line with the provider's policies and procedures. Where required safeguarding plans were in place for residents; however, they required review to accurately reflect residents' protection needs.

On the last inspection, inspectors found a review of each resident's individual care and support plans were required. This was reviewed on this inspection and the

inspector found that, although completed management audits stated that residents' files were updated and reviewed by management personnel, two residents' personal files, did not reflect their changing care needs. For example, one resident assessment of need plan was not updated since 11/1/2019 despite several changes in the resident's needs having occurred during the year. This included the introduction of additional support and supervision for the resident with their medication and cooking activities. The second resident's file also did not reflect their changing care needs, and did not reflect additional staff support in relation to the self administration of medication, safeguarding needs and changes in their behaviour support plan recommendations.

Since the last inspection, one resident who displayed behaviours of concern towards their peers and staff members at the centre, had been assessed by a behaviour support therapist, and their support plan updated. However, although the updated behaviour support plan had been available to the person in charge since September 2019, it was not available to staff at the centre to guide their practices in supporting the resident, with no copy of the plan in the resident's support file.

Risk management procedures had been improved upon since the last inspection, and the inspector found that the provider had responded effectively to adverse incidents at the centre. Residents' assessments were also updated, with risks identified being escalated onto the centre's risk register, and senior management informed.

Fire safety arrangements at the centre had been reviewed since the last inspection. Fire safety checks were undertaken by staff to ensure the effectiveness of equipment and arrangements at the centre, and training records showed that all staff had received up-to-date fore safety training. In addition, residents who had been risk assessed to remain in the centre unsupported by staff were aware of the fire evacuation procedure and where to go to in the event of a fire. The inspector also noted that the centre's fire evacuation plan had been updated, as well as residents' personal emergency evacuation plans (PEEPS) being reviewed to include known medical conditions, and support needs in the event of an emergency.

The management of medication and administration practices had also been reviewed since the last inspection, and although the inspector was informed of identified concerns relating to residents' self -administering, these were being more closely supervised by staff and appropriate support was being provided to residents.

Regulation 26: Risk management procedures

There was a good management system in place to ensure risks were identified, and records showed that individual and corporate risks were subject to regular review. In addition, robust procedures were in place for the management of adverse events at the centre and the provider's risk management policy was compliant with the

requirements of regulation 26.

Judgment: Compliant

Regulation 28: Fire precautions

There were good fire safety management systems in place which promoted the safety of the residents. Fire drills were carried out regularly and residents had personal emergency evacuation plans in place. Staff were trained in fire safety, and procedures for evacuation was displayed in a prominent place in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication administration practices had improved since the last inspection and were in line with the organisation's medication management policy and procedures.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The needs of residents were appropriately assessed and care plans developed where required. However, a number of residents who's needs had changed did not have their care and support plans updated to reflect changes in their support needs regarding medication administration, support while cooking and safeguarding concerns.

Judgment: Not compliant

Regulation 7: Positive behavioural support

A resident who had a support plan reviewed to support them with behaviours of concern, did not have access to this plan and it was not available to staff to guide their practices and ensure the resident's needs were consistently met. Furthermore, not all staff engaged at the centre had received training in the management of behaviors of concern.

Judgment: Substantially compliant

Regulation 8: Protection

There were four residents with safeguarding plans in plan in this centre. However, the plans required updating, as they did not detail how each resident would be supported to feel safe.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	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	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Sligo Semi Independent Accommodation OSV-0004442

Inspection ID: MON-0027563

Date of inspection: 09/12/2019 and 10/12/2019

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • The budget for an increase in Team Leader hours and an extra Community Support Worker post has now been agreed. • The increase in Team Leader hours will start on the 1st February. • The new Community Support Worker post will be advertised by the 7th February. • A revised rota, which will ensure that Service Users are supported by staff 7 days per week, will be implemented by 1st March.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • New staff will attend mandatory training courses between the 15th January and the 2nd April 2020.	
Regulation 23: Governance and	Substantially Compliant

management	

Outline how you are going to come into compliance with Regulation 23: Governance and management:
• The provider has recently introduced a new process and tool for the completion of 6 monthly internal audits. This tool will be used to complete the next internal visit in this designated centre. Included in this process is a review of effectiveness of local monthly audits. This will be completed by March 13th.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
• The Medication Management Policy has now been reviewed and is available in the service. The required amendments to practice are being implemented. Completed.

• The Staff Learning & Development Policy has been reviewed and is available in the service. Completed.

Regulation 5: Individual assessment and personal plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
• The Support Plan for one Resident has been reviewed and updated to reflect the changes in support regarding medication administration and the development of awareness and skills in independent cooking. Completed.

• Support Plans for all Resident where there are safeguarding measures in place will be updated by the 31st January 2020.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: • All staff are now familiar with the revised Behaviour Support Plan for one Resident. This is accessible to all on the Resident's file. Completed. • New staff have been booked on MAPA training on the 31st March and 1st April.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: • All safeguarding plans have been updated with detail on how each resident should be supported in order for them to feel safe. Completed.	

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	01/03/2020
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.	Not Compliant	Orange	02/04/2020
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in	Substantially Compliant	Yellow	13/03/2020

	place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	07/01/2020
Regulation 05(6)(b)	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 be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and	Not Compliant	Orange	31/01/2020

	the nature of his or her disability.			
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	01/04/2020
Regulation 08(1)	The registered provider shall ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.	Substantially Compliant	Yellow	30/01/2020