



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:	Short Notice Announced
Date of inspection:	29 July 2020
Centre ID:	OSV-0004442
Fieldwork ID:	MON-0029811

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 Sunday 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. There are no staff overnight in either of the locations that comprise the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 29 July 2020	10:35hrs to 17:30hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

The designated centre consisted of two houses which were located nearby each other. On the day of inspection, there were two residents in each location of the centre. The inspector was informed that three residents had chosen to go home to their families during the COVID-19 public health crisis, and had not as yet returned to the centre.

Due to the COVID-19 pandemic, the inspector spent time in one house only and met with residents and staff while adhering to public health guidance in relation to face masks and physical distancing. In addition, the inspector got the opportunity to speak with the residents from the other house via telephone calls on the day. Overall, residents stated that they liked living at the centre, with one resident stating that they 'loved it here'. Two residents stated that they were missing their peers while they were at home adding that their house was much quieter at the moment.

The inspector met with one resident briefly on arrival to the centre in the morning. The resident showed the inspector a carpentry project that they were working on at present, and also showed some art work that was on display in the centre that they had completed. The resident had to attend a medical appointment during the day and spoke with the inspector on their return to the house again. The resident spoke about the activities in the house that they were involved in during COVID-19 and said that at times they were bored due to the public health restrictions, but were supported by staff. They showed staff a photo of their family and spoke about a trip to London that they had undertaken before COVID-19.

The inspector met another resident on their return from work in the evening. The resident spoke about their work and the public health measures that they take while at work, including wearing a face visor. The resident stated that they like to watch television in their bedroom in the evenings, and enjoy going on the internet adding that they had recently purchased a laptop. They spoke about what they had planned for dinner and told the inspector about how they use an air fryer and what the benefits of this was.

Two residents who were living at the second location of the designated centre agreed to speak with the inspector individually via telephone call. They spoke about how they were getting on at the moment with the COVID-19 restrictions and appeared to be very knowledgeable about the public health measures required to reduce the risk of contracting the virus. One resident spoke about how they maintained contact with family at this time and how they used a social media application which they found very useful to keep in contact with family. They spoke about how they liked to do jobs around the house and how they were currently planning to redecorate their bedroom and spoke about plans to get new curtains over the weekend. One resident spoken with said that they were keen to get back to work and said that it was 'annoying' that they were not back at work. They informed the inspector that somebody links in with them every week to keep

them informed about the progress in this regard.

Residents said that they spent time cleaning, baking, gardening, building lego projects and doing jigsaws while in the house. In addition, residents spoke about their community activities including meeting up with friends regularly, going for walks and going shopping. One resident said that they felt 'upset' at not getting out for more spins on the bus and said that they may bring this up with staff at the weekend. When the inspector brought this to the person in charge's attention, she advised of how this situation would be addressed in the coming weeks and explained why there was a delay in this issue which had been impacted by COVID-19 restrictions.

Capacity and capability

This inspection was carried out to monitor compliance with the regulations and to follow up on actions required to bring the centre into compliance. There were two HIQA inspections completed in 2019 where a number of actions had been identified to bring the centre into compliance with regulations under the Health Act 2007. While some improvements were noted in the governance and management of the centre which improved the overall quality of care and support of residents, further improvements were required in the oversight and monitoring systems by the management team. This was found in relation to actions required in areas of staff training, gaps in documentation and risk management. This will be discussed in further detail throughout the report.

The staffing levels had improved in the centre to meet the support needs of residents. Staff were now available to support residents seven days per week and residents confirmed that this was the case. All residents spoken with said that overall they liked living at the centre and were happy with the supports given. The staffing complement in the centre included a team leader and two community support workers who worked across a seven day roster. A new community support worker had been in place since April and the person in charge informed the inspector that there was a vacancy at present but that this would be filled within the coming weeks. A planned and actual rota was in place which demonstrated that there was staff working every day; and which included the person in charge's hours at the centre. A sample of staff files were reviewed and demonstrated that Schedule 2 requirements were met with regard to information required for staff.

There was a training record in place in the centre which detailed training programmes completed by staff. The inspector found that the record was not accurate as it was found that some training was not included on the document; such as behaviour management training and the most recent fire training for the person in charge. The person in charge later verified that this training had been completed. In addition, the inspector found that staff who had commenced working in the centre in April had not been offered training in behaviour management or any

suitable alternative to support their continuous professional development in this area. An online alternative to this training was sourced on the day of inspection by the person in charge after this gap was highlighted by the inspector.

The person in charge was responsible for two other designated centres and was supported in her role by a team leader who was responsible for the day to day operations including supervision of support staff and weekly checks on systems such as medication, residents' daily notes, daily chores, safeguarding and complaints. The person in charge completed monthly audits which included areas such as risk management, training records, supervision, team meetings and health and safety. However, the inspector found that these audits were not completed consistently and the person in charge acknowledged that she had missed a few months recently.

The governance and management systems required improvements to ensure that the centre was effectively and consistently monitored. The provider completed six monthly audits and a detailed audit had been completed in early March, which identified 33 actions. However, the inspector found that the associated action plan attached to the audit document did not clearly identify who was responsible for each action and the time-scale in which the action would be completed. When asked about the oversight and monitoring systems to ensure actions were completed in a timely manner, the person in charge said that the action plan would be discussed at meetings with the team leader. However, it was found on review of documentation that these meetings had occurred twice in 2020, with the last one at the end of March and there was no evidence that the provider audit had been reviewed at this meeting or subsequently with the team leader. While the provider had an online system for senior management review of action plans, the inspector found that the action plans were not consistently reviewed with some actions that had been completed not updated on the online tracking system. In addition, the inspector found that on discussion with the person in charge about some of the identified quality improvement actions that the person in charge was unsure whether they were completed or not, until she checked to see if they had been completed. The inspector found that the gaps in documentation and inconsistent monitoring meant that some actions identified were not met; such as completion of the centre's annual review, inaccurate training records in place and no evidence of team leader and person in charge meetings.

The provider ensured that there was a statement of purpose in place for the centre which had been reviewed recently and updated; however it was found that the conditions of registration which are required to be included under Schedule 1 of the regulations were not accurate and up-to-date. In addition, the inspector was informed that the annual review of the quality and safety of care and support in the centre which was due to be completed in March had been delayed due to COVID-19, and the inspector was informed that it was completed on 9th July. However, there was no evidence available on the day of inspection that it had been completed and about what the findings or associated action plan was. In addition, the inspector was informed that the questionnaires used for consultation with residents was not available at the centre, but was with a senior manager who was not available on the day of inspection.

Overall, while some improvements were found in the capacity and capability of the provider and person in charge, further improvements were required in the management systems to ensure that the service was consistently and effectively monitored at all times, and that actions identified through HIQA and provider audits to ensure compliance with the regulations were met in a timely manner with clear lines of responsibility for completion of any actions identified.

Regulation 15: Staffing

The centre had a staffing resource in place for seven days per week and the inspector was informed that the provider was in the process of recruiting a permanent staff member to complete the staff team. A rota was maintained in the centre which had been revised in light of COVID-19 and demonstrated that there was consistent staff to support residents at this time.

Judgment: Compliant

Regulation 16: Training and staff development

A training record of staff working in the centre was in place; however the inspector found that this was not accurate with some training that had been completed missing. A new staff member who had commenced working in the centre in April had not received training in behaviours that challenge and while an alternative was identified on the day of inspection, there was no date for completion.

Judgment: Substantially compliant

Regulation 23: Governance and management

The governance and management systems required review to ensure that the centre was effectively and consistently monitored at all times and that actions arising from audits were under ongoing review to ensure timely completion. The annual review of the quality and safety of care and support in the service was not available in the service for review, nor were any associated documentation such as resident questionnaires as part of the consultation process.

Judgment: Not compliant

Regulation 3: Statement of purpose

A Statement of Purpose was in place which was reviewed annually; however it did not contain the current registration conditions as required under Schedule 1 of the regulations.

Judgment: Substantially compliant

Quality and safety

Overall the inspector found that residents were supported to have a person centred and good quality service where choices and rights were promoted and respected. There was evidence of good consultation with residents about support requirements and what actions may be required to enhance the service that they received.

Assessments of needs were completed for each resident which assessed personal, health and social care goals. Support plans were developed with residents where this was required, and residents were facilitated to access multidisciplinary supports where this need was identified. Residents had regular meetings with their key workers where reviews of personal goals and associated actions, in addition to supports required, were discussed. Residents spoke to the inspector about goals that they had achieved and were currently working on; including being in paid employment that they enjoyed, art classes, carpentry, gardening, baking and redecorating their bedroom. In addition residents spoke about a trip that they had gone on before COVID-19 to the United Kingdom and there was photographic evidence on display in the room where the inspector was based which showed community activities that residents enjoyed before the COVID-19 restrictions, such as going to concerts and on holidays. One resident spoke about how they were keen to get back to work and one resident said that they found the time at home boring; however they showed good awareness about the effects of COVID-19 on the restrictions in the community and confirmed that they were supported by staff in doing alternative activities during the COVID-19 pandemic.

The inspector found that there was good measures in place to ensure the safety of residents including; staff training in safeguarding, adherence to safeguarding procedures and facilitating residents' access to advocacy and legal services where required. Safeguarding plans were kept under ongoing review. Staff spoken with demonstrated knowledge about what to do in the event of an allegation of abuse, and residents spoken with said they would go to staff if they were not happy about something. The regular key worker and resident meetings also allowed for opportunities for staff and residents to discuss any concerns that may affect the safety and welfare of residents.

The inspector was informed that residents that required supports with behaviours of

concern now had updated plans in place and had access to multidisciplinary supports. While the support plan was not reviewed by the inspector at this time, both staff spoken with were consistent in describing what supports were in place and what strategies were useful in supporting residents. There were no restrictive practices in place in the centre at this time, and the person in charge had completed a self-assessment checklist in relation to reviewing any restrictive practices.

The provider had systems in place in relation to infection prevention and control (IPC) including; a specific COVID-19 folder which contained information relating to the virus, personal protective equipment (PPE), staff training in IPC and posters regarding IPC measures such as hand washing. Residents spoken with had awareness of measures required to minimise the risks of contracting COVID-19 including use of face coverings when out in public, use of hand gel and physical distancing. There were task analysis checks in place for residents to assess their knowledge about COVID-19 and to identify if any further supports were required. Risk assessments were completed with regard to specific activities that residents may be engaged in while out in the public to mitigate against the risk of contracting the virus. In addition a risk assessment had been completed for COVID-19 risks affecting residents and staff; however the inspector found that this assessment was generic and not centre specific. For example a control measure was included which stated the need to 'have a plan for how the service would manage core services' if there was an outbreak; however the person in charge stated that while there were plans to manage aspects relating to COVID-19, there was no site specific contingency plan documented. The person in charge informed the inspector about what the contingency plans were; however this gap in documentation meant that staff who were working alone in the centre were unsure of what the exact plan was in relation to staffing of residents who displayed symptoms. The person in charge agreed that there would be a need to put something in writing in relation to the plans in the event that she was unavailable for work.

Regulation 26: Risk management procedures

The inspector found that while risks associated with COVID-19 were in place, that a control measure that related to the need for a plan for the centre in the event of an outbreak was not documented and in place.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had systems in place for infection prevention and control; including availability of PPE, staff training, task analysis for residents to identify where support

may be required and an enhanced cleaning schedule.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A sample of resident files reviewed demonstrated that residents' needs were assessed regularly with regard to their personal, health and social care needs. There was maximum participation by residents at their annual reviews, and key-workers met with residents regularly also to review goals and actions required to progress goals.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required support with behaviours of concern had plans in place to support them and had been facilitated to access external supports as required. At the time of inspection the centre did not have any restrictive practices in place and self-assessment reviews were carried out.

Judgment: Compliant

Regulation 8: Protection

Staff received training in safeguarding residents and staff spoken with were aware of what to do in the event of an allegation of abuse. Where incidents occurred, the inspector found that safeguarding procedures were followed and plans put in place where required. Residents were supported to access advocacy services and legal services where appropriate and in line with residents' wishes.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Sligo Semi Independent Accommodation OSV-0004442

Inspection ID: MON-0029811

Date of inspection: 29/07/2020

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> •The Training Report for the service will be updated to reflect all training by the 31st August 2020. •The PIC will ensure that any locally sourced training will be communicated to Learning & Development so that the service record accurately reflects training completed. •The Community Support Worker, who started in post in April 2020, will have completed all essential training by the 31st August 2020. •The PIC and Team Leader will complete on line MAPA Refresher course by the 31st August 2020. 	
Regulation 23: Governance and management	Not 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 report of the Annual Review completed on July 9th will be available in the service by the 31st August. This includes evidence of consultation with residents. • At local level all actions arising from internal and external audits will be monitored via monthly PIC/Team Leader meetings and the monthly staff meeting. 	

- In addition, all actions arising from internal and external reviews will continue to be uploaded and updated by the Person in Charge on the provider's online action tracking system. Actions linked to areas of non-compliance in this report will be monitored by the Quality and Governance Directorate and reported to the Board of Management on a monthly basis.

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

- The Statement of Purpose was reviewed on the 14th August and now accurately reflects the conditions of registration.

Regulation 26: Risk management procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

- A Covid-19 site specific plan is now available in the service.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/08/2020
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/08/2020
Regulation 23(1)(f)	The registered provider shall ensure that a copy of the review referred to in subparagraph (d)	Not Compliant	Orange	31/08/2020

	is made available to residents and, if requested, to the chief inspector.			
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	25/08/2020
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	14/08/2020