



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

Issued by the Chief Inspector

Name of designated centre:	Kilcummin Accommodation Service
Name of provider:	RehabCare
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	18 November 2019
Centre ID:	OSV-0005231
Fieldwork ID:	MON-0025542

About the designated centre

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

The designated centre is a four bedded residential bungalow which provides a person-centred environment to support both residents and their families in a home away from home environment. The centre provides accommodation for up to 4 adults with Autism, Learning Disability and or dual diagnosis. The house itself had ample space both inside and out, with a large garden to the front and rear and an accessible layout within with separate living, dining and sun rooms. A homely environment was provided and residents had access to a number of private spaces if needed. The designated centre is managed by a team comprised of a person in charge, a team leader and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
------------------------------------------------	---

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
18 November 2019	10:00hrs to 17:30hrs	Cora McCarthy	Lead

What residents told us and what inspectors observed

The inspector met with all four residents on the day of inspection. Some residents were able to verbally express the opinions of the service and others were able to express their satisfaction with the care provided through facial expressions, gestures and vocalisations. One resident told the inspector that she was happy living in the centre and was smiling when speaking about the staff. The inspector observed one resident being supported to get ready for a doctors visit, the resident was supported in a very respectful manner and was clearly very comfortable with the support provided by the care staff. A new resident had just transitioned into the centre and there was great care taken to note if she was content or if she needed or wanted anything. All the residents were facilitated in a very person centred to go about their daily activities and one resident spoken with said they felt safe in the centre, they expressed that they had good friends and were out an about a lot for lunch, shopping and activities of choice. They had regular visits from family and friends and were involved in decisions made in the centre such as meal choice.

Capacity and capability

Governance and management systems were in place in this centre, and there were clear lines of accountability and responsibility.

The centre had a clearly defined structure which included a suitably qualified and experienced person in charge. The person in charge was present regularly and was always accessible to the staff. They had good oversight of the operational management of the centre and was effective in their role as person in charge. There was evidence of improvements since the last inspection and actions identified at that time had been addressed. In addition, the provider completed unannounced visits and an annual review of the care and support provided to the residents was completed in November 2018. The inspector noted that these reports were comprehensive and recommendations for service improvements were followed up in a timely manner. There was evidence of improvements since the last inspection and actions identified at that time had been addressed.

Staff spoken with on the day of inspection had a good knowledge of the residents' needs. Interactions observed with residents, showed that care and support was provided in-line with the residents' assessed needs and in a person centred manner. The inspector observed staff members supporting residents with activities and they were facilitated in a dignified manner that promoted their independence. The inspector noted that staff members were very good at interpreting the residents needs particularly residents who were non verbal.

The person in charge had a training matrix in place for the inspector to view. The inspector found that all staff had received mandatory training and that there was refresher training scheduled as necessary. The provider has ensured that the person in charge was in receipt of supervision and this cascaded to the staff in the designated centre to ensure all staff received supervision from their line manager.

The inspector viewed actual and planned rosters and these were in-line with the statement of purpose. Staffing arrangements ensured the number and skill mix of the staff working in the centre met the assessed needs of the residents at the time of the inspection.

During the inspection, the person in charge and the inspector reviewed the notifications submitted to the Office of the Chief Inspector as per the regulatory requirements. The person in charge had notified the Office of the Chief Inspector of all incidents that occurred in the designated centre.

The registered provider had ensured systems were in place for the receipt and management of complaints. There were no open complaints at the time of inspection. Where complaints had been received, the provider had been responsive ensuring that the complaint was investigated and the outcome recorded. Two such complaints were reviewed by the inspector and both were resolved locally to the satisfaction of all involved.

The registered provider maintained a directory of residents in the designated centre which included the information specified in Schedule 3.

Regulation 15: Staffing

The registered provider had a planned and actual roster in place and this was in line with the statement of purpose

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had a training matrix in place for the inspector to view. The inspector found that all staff had received mandatory training and that there was refresher training scheduled as necessary.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of residents in the designated centre which included the information specified in Schedule 3.

Judgment: Compliant

Regulation 23: Governance and management

Clear management structures and lines of accountability were in place. A range of audits were in place. The provider had also undertaken unannounced inspections of the service on a six monthly basis and an annual review of the quality and safety of service. These audits resulted in action plans for improvement of services and records indicated that these actions were addressed.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider ensured that each resident had in place an agreed and signed contract outlining the terms of residency.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge notified the Office of the Chief Inspector of incidents that occurred in the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints at the time of inspection. The registered provider had arrangements in place which ensured that both residents and their representatives were aware of their right to complain about the care and support provided.

Judgment: Compliant

Quality and safety

Overall, the inspector observed that the quality and safety of the service received by the residents' was very good. The health and well-being of the residents' was promoted in the centre. The residents were noted to be very happy in their home and with the staff and management working in the designated centre.

The inspector found that the assessments of the residents' health and social care needs were completed to a good standard and were effective in meeting the needs of the residents. There was a staff member (a key worker) identified to support each resident.

The residents who had communication assessments were supported and assisted to communicate in accordance with their needs. All residents had access to television, newspapers and radio.

The provider had systems in place to ensure that residents were safeguarded against potential abuse and staff were found to have a good knowledge of the procedures used to protect residents' from abuse. Staff were facilitated with training in the safeguarding of vulnerable persons.

The centre had a good medicines management system to support the residents' needs. There was evidence of review of residents' medical and medicines needs and self administration of medication assessments were completed with residents.

The residents were supported to spend their day in a manner that was meaningful and purposeful for them. This included availing of community facilities and amenities. The residents had access to recreation facilities and opportunities to participate in activities in accordance with their interests, capacities and developmental needs. The residents regularly went to their local cafes and restaurants. There were supports in place for residents to develop and maintain

personal relationships in accordance with their wishes.

Fire safety records were reviewed. These indicated that staff were undertaking routine checks of escape routes and fire safety equipment. Routine servicing of fire safety equipment, of fire detection, alarm systems and of emergency lighting was in place. Records of fire drills indicated that they were taking place approximately.

The residents had their own bedrooms, access to shared spaces and adequate room for family or friends to visit at each resident's request. The inspector observed that the residents' home was warm and personalised with photographs and other items. The house was maintained to a good standard however when the inspector arrived they noted several dehumidifiers in place in the hallway and bedrooms. These were for the purpose of addressing a leak in the centre. This issue is in the process of being resolved. Also the lease which the provider held with a housing agency was up for renewal in January 2020, the provider gave written assurance that the provider is in the process of purchasing the property and this will be complete in January 2020.

There was evidence that any incidents and allegations of abuse were reported, screened, investigated and responded to. There was one safeguarding plan in place at the time of inspection and appropriate practice was observed around this such as a seating plan in the house vehicle. Over the course of the inspection, staff engagement and interactions with the residents were observed to be positive in nature.

There was a risk management policy in place to address the risks present to the residents, visitors and staff. The policy advised that these risks were to be recorded on the organisational risk register, and this was evident. There were arrangements in place for the investigation of and learning from adverse events.

There were systems in place and supports available to manage behaviour that challenges in the designated centre. Inspectors noted that every effort was made to identify and alleviate the cause of residents' behaviour that challenges.

Regulation 10: Communication

The provider ensured that residents were assisted and supported to communicate in accordance with their needs and wishes. Residents were also facilitated to access assistive technology, aids and appliances.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to access and retain control of their personal property and possessions as per organisational policies and procedures.

Judgment: Compliant

Regulation 13: General welfare and development

The provider ensured that each resident received appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and their wishes. Residents' had access to facilities for recreation; opportunities to participate in activities in accordance with their interests, capacities and developmental needs and supports to develop and maintain personal relationships in accordance with their wishes.

Judgment: Compliant

Regulation 17: Premises

The centre reflected the residents' personal choices and interests. The design and layout was suitable for its stated purpose. However, when the inspector arrived they noted several dehumidifiers in place in the hallway and bedrooms. These were for the purpose of addressing a leak in the centre. This issue is in the process of being resolved. Also the lease which the provider held with a housing agency was up for renewal in January 2020, the provider gave written assurance that the provider is in the process of purchasing the property and this will be complete in January 2020.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge had ensured that the residents were provided with wholesome and nutritious meals which were consistent with each resident's individual preferences and dietary needs.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide in respect of the designated centre including a summary of the services and facilities provided, the terms and conditions relating to residency and arrangements for resident involvement in the running of the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured that there were systems in place in the centre for the assessment, management and on-going review of risk.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured procedures consistent with the standards for the prevention and control of healthcare associated infections were in place in the designated centre.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety records were reviewed. These indicated that staff were undertaking routine checks of escape routes and fire safety equipment. Routine servicing of fire safety equipment, of fire detection and alarm systems and of emergency lighting was in place. Records of fire drills indicated that they were taking place regularly. Personal egress plans were in place for residents and were effective in evacuating all residents safely.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that the designated centre had appropriate and suitable practices in place in relation to the ordering, storage, dispensing,

prescribing, administration and disposal of medication.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that a comprehensive assessment, of the health, personal and social care needs of each resident was carried out and plans put in place to support the residents' individual needs.

Judgment: Compliant

Regulation 6: Health care

The health needs of the residents were assessed and they had good access to a range of health care services, such as general practitioners, healthcare professionals and consultants. Where treatment was recommended by allied health professionals such treatment was facilitated.

Judgment: Compliant

Regulation 7: Positive behavioural support

The staff members had received training in how to support residents with behaviour that challenges. Where behaviour that challenges was identified this was supported by a comprehensive plan of care to ensure that consistency of care was provided to the resident. The inspector noted that every effort was made to identify and alleviate the cause of residents' behaviour that challenges.

Judgment: Compliant

Regulation 8: Protection

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. All staff had received safeguarding training and knew how to respond to a safeguarding concern.

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	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Kilcummin Accommodation Service OSV-0005231

Inspection ID: MON-0025542

Date of inspection: 18/11/2019

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • This issue is now resolved. The landlord has replaced the under floor pipes. The centres four dehumidifiers, have now been removed. No further action is required. • Rehabcare has claimed a Part 4 tenancy enabling the tenants to remain in the property. The landlord has acknowledged this legal entitlement. The deposit for the purchase of the property has been transferred by New Grove Housing Association to the Landlords Solicitors. • New Grove Housing Association is in frequent contact within the department of the Environment and Local Government, they have indicated that there is no reason why the funding will not be allocated to the purchase of this property. Once funding is allocated this will be a straightforward transaction as there are no works required to the property. 	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/04/2020