



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

Issued by the Chief Inspector

Name of designated centre:	Laccabeg Accommodation Service
Name of provider:	RehabCare
Address of centre:	Kerry
Type of inspection:	Announced
Date of inspection:	03 February 2020
Centre ID:	OSV-0005626
Fieldwork ID:	MON-0022656

About the designated centre

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

This designated centre was established in 2017 for a specific cohort of residents transitioning from a congregated setting. Full time residential services were provided; a maximum of four residents can be accommodated. A team of social care staff supported residents on a 24 hour basis. The provider aims to provide residents with the supports they require to meet their assessed and developmental needs in a safe and homely environment. The premises consists of a two storey house on its own private site in a rural but populated area. The premises had been refurbished and fitted to a high standard prior to its operation in 2017.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 3 February 2020	09:00hrs to 18:30hrs	Cora McCarthy	Lead

What residents told us and what inspectors observed

On arrival to the designated centre, two of the residents were being supported by staff members to get ready for the day ahead. The inspector had an opportunity to meet and observe the residents in their home. The residents appeared content in the presence of staff members and were able to communicate their needs to them. Staff members were very good at interpreting the residents needs and facilitating the residents to be as independent as possible. Interactions between staff members and the residents were noted to be very respectful in nature.

Later that afternoon the remaining resident returned from a visit home and the inspector had an opportunity to meet them. The resident had recently transitioned from home to the centre and this transition was done at the pace of the resident and regular visits home were facilitated. Information from family members was being noted and used to support the transition for the resident. The resident seemed happy to return to the centre and was enjoying supper they had chosen as the inspector was leaving.

All three residents the inspector met appeared very happy with the care and support provided to them. While the residents were not fully verbal they indicated through some words, gestures, vocalisations and expressions their satisfaction with the service. The inspector observed one resident during lunch and it was clearly a positive experience for the resident who interacted with staff throughout. The resident told staff about going to vote at the weekend and was very clear on the candidate they were going to vote for. They had been provided with the necessary information to make their decision and were being facilitated to vote on the day.

A second resident was relaxing in the sitting room and the inspector spoke with them about their day and whether they were happy in the centre. The residents stated that they were happy in the centre and said they preferred this centre to previous residence. They also indicated that they felt safe in the centre when asked. The inspector observed positive interactions with staff throughout the day and the residents appeared relaxed and happy in their home. The staff engaged in a warm and comfortable manner with the residents during the inspection and all discussions regarding the residents were very person centred.

Capacity and capability

The inspector reviewed the capacity and capability of the designated centre and found that clear management structures and lines of accountability were in place. The centre was managed by a suitably qualified, skilled and experienced person with

authority, accountability and responsibility for the provision of services.

A statement of purpose had been prepared and provided all the information set out in Schedule 1. An annual review of the quality and safety of care in the centre and two unannounced inspections in the previous twelve months had been carried out. The inspector found that the annual review and the six monthly were comprehensive in nature and the annual review included consultation with residents, their relatives and staff, .They had clearly outlined actions to be completed and there was evidence of completion of same. Records indicated that the implementation of these action plans was monitored on an ongoing basis.

The inspector viewed the staff training matrix and all staff mandatory training was up to date. The registered provider had ensured that the number and skill mix of staff was appropriate to the number and assessed needs of the residents. Staff spoken with had an excellent knowledge of the care and supports required for residents and were very person centred in their approach.

The provider had ensured that records of the information and documents in relation to staff specified in schedule 2 and residents in schedule 3 were available for the inspector to view. All necessary information for staff was on file including references, Garda vetting and full curriculum vitae. A directory of residents was viewed by the inspector and included the date the resident was admitted to the centre and the referring body responsible for the admission. The provider and the person in charge ensured that the resident had the opportunity to visit the designated centre prior to admission. A contract of care agreement outlined the terms on which the resident would reside in the centre and included the support, care and welfare the resident would receive in the centre. It also detailed the services to be provided and the fees charged.

During the course of the inspection the inspector viewed notifications and it was clear that 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 that the policies and procedures referred to in Schedule 5 were reviewed and updated at intervals not exceeding three years.

The registered provider had ensured that an effective complaints procedure was in place for resident's which is in an accessible and in age appropriate format. There were no open complaints at the time of inspection.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured an application to renew to the registration of the designated centre was submitted in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge
The person in charge demonstrated the relevant experience in management and had a good understanding of the regulations. The person in charge ensured there was effective governance and operational management in the designated centre.
Judgment: Compliant
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 ensured that the staff had access to appropriate training, including refresher training, as part of a continuous professional development programme and were appropriately supervised;
Judgment: Compliant
Regulation 19: Directory of residents
An adequate directory of residents was available within the centre.
Judgment: Compliant
Regulation 21: Records
The provider had ensured that records of the information and documents in relation to staff specified in schedule 2 and residents in schedule 3 were available for the inspector to view.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured.

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. The annual review included consultation with staff, residents and relatives. The provider inspections and annual review resulted in actions plans for service quality improvement. Records indicated that the implementation of these action plans was monitored on an ongoing basis.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider and the person in charge ensured that the resident had the opportunity to visit the designated centre prior to admission. A contract of care agreement outlined the terms on which the resident would reside in the centre and included the support, care and welfare the resident would receive in the centre. It also detailed the services to be provided and the fees charged.

Judgment: Compliant

Regulation 3: Statement of purpose

A suitable Statement of Purpose was in place. An accessible edition of this was available to residents.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers in the designated centre at the time of inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of accidents and incidents within the centre confirmed that the provider was submitting notifications to the office of the chief inspector as required.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had ensured that an effective complaints procedure was in place for resident's which is in an accessible and age appropriate format. A copy of the complaints procedure was displayed in a prominent position within the designated centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had ensured that the policies and procedures referred to in Schedule 5 were reviewed and updated at intervals not exceeding three years.

Judgment: Compliant

Quality and safety

The inspector observed that the quality and safety of the service provided to

residents was of a very high standard. The registered provider had ensured that the premises was designed and laid out to meet the needs and objectives of the service and the number and needs of residents. It was evident that the centre had been decorated in line with residents' personal plan.

The registered provider had ensured that appropriate health care was provided for each resident, having regard to the individual residents' personal plan. A document had been completed for all residents to provide important information to acute health care professionals in the event of the resident requiring hospital admission. The person in charge had ensured that the designated centre had appropriate and suitable practices relating to the ordering, receipt, prescribing and administration of medicines. This included nightly and weekly medication checks. The person in charge informed the inspector that the centre was moving to a new medication recording system in the coming months to better support staff and to reduce risk of medication error. There was also an annual medication audit completed by the pharmacy and evidence of recommendations having been implemented. Overall there was very good oversight and monitoring of medication management.

Arrangements were in place to meet residents' health, personal and social needs. Residents had individual personal plans which were informed by comprehensive assessments of needs. However some identified goals for residents were required greater clarity and progress tracking.

Residents were supported to communicate in accordance with their assessed needs. All residents had access to Internet and television. The residents had access to and retained control over their personal property and possessions and where necessary, were provided with support to manage their financial affairs. Inspectors viewed an inventory of residents' belongings and financial records. Weekly financial checks were being carried out by staff members. Residents rights were supported in the centre through consultation and provision of information, some of the residents intended voting in the upcoming election and were being supported with this and indicated to the inspector who they were going to vote for.

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. All residents' had opportunities to participate in activities in accordance with their capacities and developmental needs. The person in charge had ensured that residents received support as they transitioned between services through the provision of information on the services and supports available. A new resident who had recently transitioned to the centre had been supported appropriately with the transition and the inspector viewed the transition plan which was to a high standard.

The provider had a number of fire safety precautions in place, including, regular fire drills, regular fire checks and internal and external emergency lighting. There were fire doors throughout and fire containment measures in place. A well-maintained fire panel ensured that staff would be alerted to the occurrence and location of fire within the centre. There was a garden shed which housed some electrical appliances and it was not connected to the fire system in the house and had no alarm in place.

However the person in charge and team leader ensured that this was rectified on the day of inspection. One fire drill had highlighted an issue for a new resident in that the resident was unable to hear the fire alarm, a new alarm was fitted closer to his bedroom and the volume raised for the resident to ensure that they would hear it in the event of a fire. Staff who met with the inspector spoke with confidence about how they would respond to a fire in the centre and support residents to evacuate. All staff had completed fire safety training.

The registered provider had ensured that there were systems in place in the designated centre for the assessment, management and ongoing review of risk. An emergency plan was in place which provided guidance for staff in the event of an emergency. An 'emergency pack' was held in an easily accessible location which contained items which may be required in the event the emergency plan needed to be enacted.

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 resident's behaviour that challenges.

Regulation 10: Communication

Residents were supported to communicate in accordance with their assessed needs. All residents had access to Internet and television.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge had ensured that each resident had access to and retained control over their personal property and possessions and where necessary, were provided with support to manage their financial affairs.

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. All residents'

had opportunities to participate in activities in accordance with their capacities and developmental needs.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the needs and objectives of the service and the number and needs of residents.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had ensured that each resident was provided with food which was nutritious and consistent with each residents' dietary needs.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured that residents received support as they transitioned between services through the provision of information on the services and supports available.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that there were systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies

Judgment: Compliant

Regulation 28: Fire precautions
The person in charge had ensured that a robust fire management system was in place including servicing of equipment and regular fire drills.
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services
The person in charge had ensured that the designated centre had appropriate and suitable practices relating to the ordering, receipt, prescribing and administration of medicines.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
Arrangements were in place to meet residents' health, personal and social needs. Residents had individual personal plans which were informed by comprehensive assessments of needs. However some identified goals for residents required greater clarity and progress tracking.
Judgment: Substantially compliant
Regulation 6: Health care
The registered provider had ensured that appropriate health care was provided for each resident, having regard to the individual residents' personal plan.
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 resident's behaviour that challenges.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured that systems were in place to protect residents from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured that the designated centre was operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	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 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
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	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Laccabeg Accommodation Service OSV-0005626

Inspection ID: MON-0022656

Date of inspection: 03/02/2020

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 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> • PIC to complete work shop on monitoring PCP action plans with the care worker team on March 24th. • Support Plan/ PCP training will be delivered on the 8th and 9th of April for all staff. • All residents PCP meeting have been arranged and will be facilitated by April 31st. • Assigned Key worker will monitor all PCP action plans to ensure goals are tracked and progressed. • All action plans will be audited monthly by the PIC. • Action plan progress will be on the agenda for all monthly team meetings. 	

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 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	01/05/2020