



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

## Issued by the Chief Inspector

Name of designated centre:	Castlebar Supported Accommodation
Name of provider:	RehabCare
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	11 November 2021
Centre ID:	OSV-0002672
Fieldwork ID:	MON-0026886

## About the designated centre

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

Castlebar supported accommodation provides a full-time residential service to four residents for 52 weeks per year. The centre is located in a large town in Co. Mayo and is central to the local amenities in the town. There are two females and two males using this service and there is one vacancy in the centre. All residents have a mild learning disability and one resident also has a physical disability. The service consists of a large two-storey detached building in a housing estate in the town. Residents are supported by one social care staff member in the morning and the evening with a staff sleepover at night. The centre also has an apartment attached to the side of the house, where one individual who has transitioned out of the service lives; however, this apartment is not registered with HIQA and staff do not provide support to this individual.

**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
Thursday 11 November 2021	10:45hrs to 17:40hrs	Catherine Glynn	Lead

## What residents told us and what inspectors observed

The inspector met with all four residents as they returned home in the evening after attending their day programme activities. The residents welcomed the inspector and were happy to chat and talk about their home, their lives and activities of interest, especially sporting events.

From observation in the centre, conversations with staff, and information viewed during the inspection, it was evident that residents had a good quality of life. Residents had choices in their daily lives, and were supported by staff to be involved in activities that they really enjoyed both in the centre and in the local community. Throughout the inspection it was clear that the person in charge and staff prioritised the wellbeing and quality of life of residents.

The inspector met with four residents who lived in this centre. Residents were able to verbally express themselves and their views on the quality and safety of the service, they were observed to be in good spirits and comfortable in the company of staff. Residents were smiling and were clearly relaxed and happy in the centre. Staff were observed spending time and interacting warmly with residents, and were supportive of residents' wishes and preferred activities. Observations and related documentation showed that residents' preferences were being met.

There were measures in place to ensure that residents' general welfare was being supported. Residents' likes, dislikes, preferences and support needs were gathered through the personal planning process, by observation and from information supplied by families. This information was used for personalised activity planning for each resident. There were sufficient staff on duty in the centre to ensure that residents' support needs were met. The provider had ensured that day service provision was in place for all of the residents living in the centre. On the day of inspection, the residents spend their day engaging in their day service programme and returned in the evening to the centre.

During the inspection it was clear that staff communicated calmly and kindly with residents. Communication plans had been prepared for residents to help them to communicate their needs. Some of the communication techniques used included photographs to identify staff on duty and clear pictorial information.

The centre was laid out to create a comfortable, accessible and safe atmosphere for residents. The centre was warm, clean spacious, suitably furnished and decorated and equipped to meet the needs of residents. Communal areas were decorated and equipped to meet the needs of residents. There was internet access, television, games, and music choices available for residents. There was suitable colour schemes, and comfortable soft furnishings and decor. There was adequate communal and private spaces for residents, a well equipped kitchen and sufficient bathrooms.

At the rear of the house there was a spacious, secure garden that was planned to suit the needs of all residents and to support their enjoyment of this outdoor space. There was garden furniture so that residents could choose to maintain their space whilst enjoying the outdoors.

They said they felt safe living in the centre, and got on very well together. It was apparent that the staff were very familiar with and responsive to the resident's communication and to their wishes and preferences.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives.

## Capacity and capability

The providers management arrangements ensured that a good quality and safe service were provided for people who lived at this centre. There were strong structures in place to ensure that care was delivered to a high standard and that staff were suitably supported to achieve this.

There were sufficient staff on duty on the day of the inspection in order to meet and support the needs of the residents living in the centre. These staff were employed on a regular basis by the provider and had developed good relationships with the residents. The inspector observed warm and engaging interactions between residents and staff and it was clear that the relationships were mutually respectful and beneficial to the residents and staff members supporting them. The provider had a clear roster in place, which ensured that there were sufficient staff on duty at all times. Where necessary, staff provided overnight cover on a sleeping or waking night basis, as residents needs required.

Staff training records demonstrated that the provider had continued to ensure that staff received regular training and refresher training with an emphasis on mandatory training, due to the current COVID-19 restrictions. The provider had also committed to offering bespoke training to ensure staff were supported to meet the needs of residents in the centre. Additional training in various aspects of infection control had also been provided to staff in response to the COVID-19 pandemic.

The person in charge held team meetings with the staff in the centre as scheduled at which a wide range of relevant information was discussed and shared. These included ongoing care, support and progress of each resident, and actions from previous staff and COVID-19 were included at every staff meeting. A sample of staff members' supervision records were also reviewed, it was found the person in charge was ensuring that the staff team were appropriately supervised.

The provider had a comprehensive contingency plan to reduce the risk of COVID-19 entering the centre, and for the management of infection should it occur.

Furthermore, the centre was suitably resourced to ensure effective delivery of care and support to residents.

Records viewed during the inspection, such as staff training records, personal plans, COVID-19 and infection control, were comprehensive, informative and up-to-date. There was an informative statement of purpose which gave clear description of the service and met the requirements of the regulations.

Overall, the provider and person in charge had ensured that there were effective systems in place to provide good quality and safe service to residents.

### Registration Regulation 5: Application for registration or renewal of registration

The provider submitted an application for the registration of the centre to the chief inspector in the form determined by the Chief Inspector and included the information set out in schedule 1.

Judgment: Compliant

### Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of the inspection. Planned staffing rosters had been developed by the management team and these were accurate at the time of inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training, in addition to other training relevant to their roles.

Judgment: Compliant

### Regulation 22: Insurance

The provider had ensured a contract of insurance against injury was in place in the

centre and was in-date as required.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good and safe service to residents.
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
There was a statement of purposed which described the service being provided to residents and met the requirements of the regulations.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
The inspector was satisfied that the provider and person in charge was submitting the required notifications to the Chief Inspector.
Judgment: Compliant
<b>Quality and safety</b>
<p>Residents were provided with a good standard of care and support, enabling their welfare and well-being to be maintained, and their rights to be upheld. The care and support embraced a person centred culture, developing the skills and independence of residents, while promoting their participation in their home and broader community life.</p> <p>Each resident had an assessment of need completed, which was informed by views and recommendations by allied healthcare professionals. Assessments were regularly reviewed, and as needs changed. Personal plans were developed and detailed the support residents required to meet their needs. The inspector found</p>



that there were detailed health care plans outlining the support needs required. Staff spoken with were found to be knowledgeable on these needs and to support requirements, In addition, residents healthcare needs were monitored in an ongoing basis, in accordance with plans, and residents had regular access to the appropriate healthcare professionals as required.

The provider had systems in place to ensure that residents were supported with their emotional needs and could access the services of a psychiatrist, psychologist and behaviour therapist. Behaviour support plans were developed and regularly reviewed. Restrictive practices were implemented in accordance with best practice and there was evidence of regular reviews.

The provider had systems in place to ensure that residents were safe. Arrangements were in place to safeguard residents from harm. These included safeguarding training for all staff, development of personal and intimate care plans to guide staff, the development of safeguarding plans and support of a designated safeguarding officer as required.

There was a system in place to manage risks in the centre and to report and respond to adverse incidents. Individual risks had been identified and control measures were in place to mitigate the risks presented. Adverse incidents had been reported and recorded, with follow up actions taken to prevent re-occurrence and to inform learning.

There were suitable systems in place to control the spread of infection in the centre. There was extensive guidance and practice in place to reduce the risk of infection. including robust measures for the management of COVID-19. These included adherence to national public health guidance, availability of personal protective equipment.

## Regulation 10: Communication

The residents were supported to communicate in their preferred manner and had communication plans in place, with pictorial images and easy read documents to assist them where necessary. They also had access to technology and their own phones to stay in touch. It was apparent from observation that the staff and the residents communicated easily and warmly.

Judgment: Compliant

## Regulation 17: Premises

The house was homely and welcoming on the day of this inspection.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider had prepared a guide in relation to the centre, which was available for residents. This included information, in user friendly format, about staff on duty each day, residents' rights, how to make complaints. COVID-19 information and personal planning. There was also a written guide to the service that met the requirements of the regulations.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were arrangements for the control and management of key risks in the centre, which were recorded on a risk register. These were kept under regular review.

Judgment: Compliant

### Regulation 27: Protection against infection

The person in charge had ensured that control measures were in place to protect against and minimise the risk of infection of COVID-19 to residents and staff working in the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect the residents and staff from the risk of fire in the centre.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The inspector found that there were appropriate and suitable practices relating to the prescribing and storage of medication.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The inspector reviewed two residents' personal plans. The inspector found that the person in charge had ensured a comprehensive assessment of residents' health, personal and social care needs had been developed based on these assessed needs.

Judgment: Compliant

## Regulation 6: Health care

The health needs of the residents was assessed and supported in the centre. The residents also had good access to a range of healthcare supports, such as general practitioner, dentist and other allied healthcare professionals.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges.

Judgment: Compliant

## Regulation 8: Protection

The provider had arrangements in place to safeguard resident's from any form of harm.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	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