



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:	The Rehab Group
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	05 October 2021
Centre ID:	OSV-0005626
Fieldwork ID:	MON-0029877

About the designated centre

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

Laccabeg Accommodation Service is a detached dormer bungalow located in a rural area but within a short driving distance to a nearby town. It provides a full-time residential service for up to four male residents, between the ages of 18 and 65 with intellectual disabilities, autism and mental health needs. Each resident in the centre has their own bedroom and other rooms provided include a sitting room, a living room, a dining room, a kitchen and bathrooms. Residents are supported by the person in charge, team leaders and care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

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
Tuesday 5 October 2021	10:20hrs to 18:25hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Residents were found to be well supported and were being treated in a respectful manner. Support was given to residents to participate in activities and to maintain contact with family members.

At the time of this inspection three residents were living in this designated centre, all of whom were met by the inspector. Upon the inspector's arrival at the centre, only one of these residents was present but they immediately left to go for a drive with staff members. As the designated centre had two vehicles available to it, another resident was also out for a drive with another staff member at this time while the third resident was attending a day service away from the centre for most of the day. As no resident was present when the inspector entered in the centre, a walk around of the premises with the person in charge was carried out.

It was seen that overall, this premises was presented in a homelike manner with plenty of art works and photographs on display throughout. However, the inspector did observe that some personal information relating to individual residents was on display on a whiteboard in a communal area which impacted residents' privacy. The premises was also seen to be well decorated and well furnished. However, during the walk around with the person in charge, the inspector was informed that one of the bathrooms provided required refurbishments which was due to take place the week following this inspection.

It was seen that each of the three residents had their own particular areas of the premises which had items of interest for them. For example, one resident liked to draw and it was observed that they had their own drawers with paper and supplies in place. Another resident was particularly active and to support this, equipment such as a punch bag, an exercise bike, a go-kart and a basketball hoop were available for them. A computer and a printer were also provided for residents to avail of if they wished. While some restrictive practices were in use within the centre, it was seen that these were being reviewed with efforts made to reduce their use so residents had more freedom in moving around their home.

The two residents who were out for drives at the start of the inspection were seen to come and go from the centre throughout the inspection day but did return for home cooked meals while the inspector was present. One of these residents did not engage with the inspector but the inspector did speak with the other resident. This resident indicated that they liked living in the designated and liked the staff supporting them. Some of the places they had gone to were also talked about by the resident who also said that they did not like one of the meals they were having. The person in charge made sure to offer the resident an alternative meal in response to this.

Towards the end of the inspection, the resident who was at day services returned. This resident did not communicate verbally with the inspector but it was seen that

they appeared calm, content and comfortable with staff present. Throughout the inspection, staff members on duty were observed and overheard to interact with residents in a pleasant, warm and respectful manner. For example, one resident was overheard to be gently encouraged to wash their hands on returning to the designated centre while another was seen to be supported to complete a puzzle in an unhurried fashion.

The support that was given to residents by staff members received positive feedback from residents' family members. During the inspection, specific questionnaires that had been completed by family members of all three residents were reviewed. Such questionnaires asked these family members to give their views on various areas relating to residents' support such as staffing, rights and residents' home. It was seen that positive responses were provided by the family members to all areas raised in the questionnaires.

Included within the most annual review for the centre was some further brief feedback from another family member which was also noted to be positive. This annual review provided for consultation with residents with the annual review suggesting that residents were happy living in the designated centre. Residents were also consulted on a frequent basis by residents' meetings that took place in the designated centre as facilitated by staff. From records reviewed of such meetings, topics discussed included food and activities.

Such meetings generally had all residents involved but systems were in place for individual residents to be given information and consulted on a one-to-one basis also. This was done through a key working system where each resident had a specific member of staff assigned to them as a key worker. This key worker who then meet with a particular resident on a regular basis to give them information and consult with them. For example, one resident, who had recently commenced social farming, had met with their key worker to go over farm safety.

Social farming was one of the activities which residents participated in. Such activities were identified as being important or beneficial to residents through a person-centred planning process that was followed in this designated centre. It was also noted how activities which were meaningful to residents were being pursued. For example, the inspector was informed how a project to erect, maintain and use a poly tunnel was currently underway in the centre with the express of intention of ensuring that residents were actively involved in this project.

Reference to this project was made in residents' goals and in their personal plans. There was also evidence that residents' families were involved and informed regarding such matters with records indicated that family members had attended meetings with the person in charge as well as person-centred planning meetings. It was also noted how residents were supported to maintain regular contact with their families either through telephone calls or by weekly visits to their family homes.

In summary, residents were being supported and facilitated to maintain contact with family members and to participate in activities. This was helped by the provision of two vehicles for the centre. Residents were seen to be well treated by staff

members on duty with residents appearing comfortable in staff's presence.

The next two sections of the report present 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 service being delivered.

Capacity and capability

Overall, a good level of compliance was found during this inspection and there was evidence of strong monitoring systems in place. It was noted that some improvement was required regarding the maintenance of staff rosters and the use of the annual review.

The Health Information Quality Authority HIQA had previously inspected this designated centre in February 2020 where strong levels of compliance with the regulations were found. Shortly after that inspection, the provider entity changed and following receipt of an appropriate registration application to reflect this, the centre had its registration renewed until June 2023 with no restrictive conditions to provide a home for a maximum of four residents. The purpose of the current inspection was to assess the levels of compliance with the regulations since February 2020.

As required by the regulations, the provider had ensured that appropriate staffing arrangements were in place to support the needs of the three residents living in this designated centre at the time of inspection. Such arrangements would need to be kept under review as the inspector was informed that it was intended that a fourth resident would come to live in the centre in the following months. Ahead of this it was seen that there was a core staff team in place which is important in the maintenance of the professional relationships with residents and the promotion of consistent care.

The core staff team in place was evident from the rosters maintained in the designated centre. Under the regulations planned and actual roster worked must be maintained, a sample of which were reviewed by the inspector. When reviewing these, some entries were noted in the actual rosters which suggested that some shifts were not filled. The person in charge indicated that such shifts had been filled but this was not adequately reflected in the actual staff rosters maintained. During the inspection, notes of staff team meetings were reviewed which indicated that topics such as accidents and incidents, complaints and residents' needs were discussed.

Such matters were also reviewed by the provider's monitoring systems in operation. These included a series of weekly and monthly audits while regulatory requirements such as annual reviews were being conducted. The inspector reviewed a copy of the most recent annual review carried out for the centre. While it was noted that this

provided a good overview of the designated centre, it did not sufficiently consider if the care and support provided in the centre was in keeping with national standards. While this was an area for improvement, overall it was found that the provider's monitoring systems contributed to a good level of compliance being maintained in the centre since February 2020.

Regulation 15: Staffing

Staff rosters were available in the designated centre but the maintenance of actual staff rosters worked need some improvement. Overall, the staffing arrangements provided were in keeping with the needs of the three residents living in this designated centre at the time of inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had reviewed the quality and safety of care and support provided in the designated centre on a six monthly basis. An annual review of the centre also was carried out which provided for consultation with residents and their families but this did not sufficiently assess if the care and support provided was in accordance with relevant national standards. Weekly and months audits were being conducted which contributed to a good level of compliance overall.

Judgment: Substantially compliant

Quality and safety

Residents were provided with personal plans while appropriate risk management processes were being followed in the designated centre. It was highlighted though that one resident did not have a positive behaviour support plan that was specific to their current placement.

The provider had systems in place for any accidents and incidents occurring in the designated centre to be recorded and reviewed. Such records were reviewed by the inspector and it was noted that the types of incidents occurring in the designated centre had been risk assessed in keeping with the provider's overall risk management policy. Where there were any risks specific to individual residents, it was seen that such residents had relevant risk assessments provided which outlined control measures intended to reduce the likelihood of such risks occurring. Overall,

this inspection found that such control measures were being implemented.

Risk assessments relating to individual residents were contained within their personal plans. These are required by the regulations and should reflect the needs of residents while also providing guidance for staff in supporting these needs. A sample of personal plans were reviewed by the inspector and it was noted how they were informed by relevant assessments of needs and had been recently reviewed while also generally providing a good level of guidance on how residents were to be supported. There was evidence during this inspection that suitable arrangements were in place to meet the needs of the three residents living in this designated centre.

Some relevant guidance was available for staff supporting residents to engage in positive behaviour and it was also noted that quarterly reviews of residents were being conducted by a behavioural therapist. However, when reviewing the notes of the most recent quarterly review for one resident, reference was made to the resident not having a positive behaviour support plan that reflected their current placement. Having such plans is important to ensure that staff had tailored and specific guidance when supporting residents in this area. The inspector was informed that work on such a plan was in progress.

Other records reviewed indicated that staff members had undergone relevant training to support residents in various areas such as de-escalation and intervention, safeguarding and infection prevention and control. Measures were in use in the centre in response to the ongoing COVID-19 pandemic. These included regular cleaning and symptom monitoring of residents and staff. It was also seen how a COVID-19 lead was in place for this designated centre to oversee the response to any potential outbreak while the infection prevent and control arrangements along with preparedness for an outbreak were noted to have been recently assessed.

Regulation 13: General welfare and development

Support was given to residents to maintain contact with their families while activities both at and away from the centre were facilitated.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises provided was seen to be homely and well maintained although some works were outstanding at the time of inspection for one bathroom.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place. Systems were in place for accidents and incidents to be recorded and reviewed. A centre specific risk register was in place while identified risks related to individual residents were reflected in relevant risk assessments.

Judgment: Compliant

Regulation 27: Protection against infection

Infection prevention and control practices being followed in the centre included regular cleaning, symptom monitoring, the use of personal protective equipment and relevant staff training.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had individual personal plans in place which were informed by assessments of needs and contained a generally good level of guidance on supporting residents' needs. Overall, this inspection found that appropriate arrangements were in place to support the existing residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

The designated centre had the input of a behavioural therapist. Guidance was available on supporting residents to engage in positive behaviour but one resident did not have a positive behaviour support plan that reflected their current placement. Staff members' were provided with relevant training in de-escalation and intervention. Any restrictive practices used in the centre had been recently reviewed with efforts made to reduce the use of these where appropriate.

Judgment: Substantially compliant

Regulation 8: Protection

Staff members had undergone safeguarding training. Where necessary safeguarding plans were in place and it was seen that these had been recently reviewed. The appropriate bodies were notified where any incidents of a safeguarding nature arose.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were seen to be treated respectfully throughout this inspection while residents were consulted and given information through regular keyworker meetings and residents' meetings. It was noted though that some personal information relating to residents was on display on a whiteboard in a communal area throughout the inspection.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Laccabeg Accommodation Service OSV-0005626

Inspection ID: MON-0029877

Date of inspection: 05/10/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • Team leader front line hours as well as office admin hours are now documented on the planned rota. The worked rota is maintained and updated to reflect actual hours worked. This was completed 01/11/2021. 	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • PPIM will consult with members of the Quality & Governance team to adapt the annual review template to ensure it captures both regulation and standards when conducting the annual review for the residential service. This will be completed by 30/11/2021. 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • Downstairs wet room upgrade works have commenced, tiles will be replaced with high grade sanitary plastic suitable for the environment, these works will be completed by 01/12/2021. 	

Window ventilation and larger window have been ordered, this will be completed by 01/12/2021.

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

- Positive Behavior Support Plan (PBSP) for one resident will be completed by 30/11/2021.
- Update reports from Mental Health Intellectual Disability Team has been returned for the resident this is being used to inform the development of the behaviour support plan.
- Psychology report has been returned, this is being used to inform the development of the behaviour support plan.
- Currently all of the staff team follow and have read and signed the interim guidelines.
- Behavior therapist is onsite weekly for observations and Activate support training for all staff as an ongoing practice.
- Quarterly BPSP practices monitoring in place and feedback and reflection on all incidents as a mandatory topic in all monthly team meeting.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- All staff have been reminded that personal information to be recorded in the resident personal files and that personal information should not be on display in the service. This was completed by 06/10/2021.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	01/11/2021
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	01/12/2021
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in	Substantially Compliant	Yellow	30/11/2021

	accordance with standards.			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	30/11/2021
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	06/10/2021