



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

Issued by the Chief Inspector

Name of designated centre:	Greenacres Lodge
Name of provider:	The Rehab Group
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	04 May 2023
Centre ID:	OSV-0005741
Fieldwork ID:	MON-0039340

About the designated centre

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

Greenacres Lodge is a residential service run by RehabCare. This centre can support up to four female and male residents aged over 18 years with a diagnosis of an intellectual disability, and who require moderate to high levels of support. This service comprises of one house in a rural location on the outskirts of a village in Co.Clare. Transport is provided to access local amenities, such as, shops, churches, restaurants and pharmacists. All residents have their own bedrooms and access to shared communal areas and large garden space. Staff are on duty both and night to support the residents who live at this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 4 May 2023	11:00hrs to 18:00hrs	Cora McCarthy	Lead

What residents told us and what inspectors observed

This inspection was unannounced and was completed to ensure compliance with the regulations. The centre provided very good person centred care to the residents and they led meaningful and happy lives.

On the day of inspection the residents were out at various activities and day service, so the inspector completed a documentation review and a walk around of the house. The centre was a bungalow and was maintained to a high standard internally and there was a lovely enclosed garden at the back of the house. The resident had limited access to parts of the garden at the time of inspection as there was building work ongoing to develop a bespoke living space for residents. On the previous inspection there was some issues with the flooring and the bathroom but on this inspection the house had been renovated to a high standard. The flooring and the skirting had all been replaced and the bathroom had been newly renovated. The spacious bathroom met the needs of the residents and had supports in place for them. The house was lovely and bright and comfortable. The residents bedrooms were beautifully decorated with lovely cushions and throws and bed linen chosen by the individual residents. There were sensory materials in one of the living spaces, a light bubble tube and tactile sensory items of the walls. There was bright modern artwork and photographs of family occasions decorating the house. There was a modern kitchen with all the residents' favourite food and drinks available.

The residents engaged in lots of activities locally. They went to the local beaches, parks, the playground and shops. They enjoyed eating out, they went to pantomimes and shows in the city and for picnics. The residents engaged in the local community also went to an equestrian centre nearby. The residents in this centre lived very busy sociable lives. Family members visited the centre and some residents went home also. The staff utilised the principles of social role valorisation with the residents and the residents appeared confident and proud of their roles in the community and in their families.

The inspector had the opportunity to engage with the residents when they returned in the afternoon. The inspector spent some time with the residents and through gestures, vocalisation and facial expressions was able to ascertain that they were very happy and content in the centre. The staff were very knowledgeable about the residents and met all of their needs promptly and with great care and respect. The residents were very relaxed and comfortable with staff the atmosphere in the centre was very pleasant.

The residents led very person centred and meaningful lives in this centre. They were treated with respect and had control over their day. The residents rights were maintained and they were happy and received good care and support. The staff were very kind and respectful toward the residents and they seemed happy in their home.

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 to each resident living in the centre.

Capacity and capability

The centre had good governance and management systems in place and the residents enjoyed a good quality of life. The service provided was safe, appropriate to residents' needs and consistently and effectively monitored. The residents had meaningful activities in their day and were happy in the centre.

The centre had a clearly defined management structure with an appropriately qualified and experienced person in charge who was very knowledgeable regarding the residents' needs. The centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose and the needs of the residents.

The provider had ensured that there were sufficient staff to meet the needs of the residents; staff spoken with were knowledgeable regarding the residents' needs. Staff had received mandatory training in areas such as training in safe administration of medication, fire precautions, positive behaviour management and safeguarding of vulnerable adults. Staff also received refresher training and specialist training in line with the needs of the residents. Staff received supervision in line with policy, by their line manager.

The provider had ensured that there were management systems in place in the centre to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. There was an audit system in place in the centre which included medication and health and safety audits to ensure quality and safety of care was to a high standard. The provider had completed two unannounced audits and an annual review. The annual review sought the views and opinions of both the residents and family members through consultation throughout the year. Areas for improvement identified during audits had been addressed on the day of inspection.

The provider had ensure there was a contract of care agreed upon with the resident on admission into the centre. This contract outlined the fees to be paid and the services to be provided; all contracts of care were signed by the resident or their representative.

The inspector reviewed a sample of accidents and incidents on the day of inspection and found that they were all submitted in line with required time frames and there was evidence in team meeting notes of learning from these incidents.

There was an effective easy read complaints procedure in place and evidence that

two complaints had been resolved to the satisfaction of the complainant.

Regulation 14: Persons in charge

The person in charge was full time in the centre and had the necessary qualifications and experience for the role, there was clearly identified roles and responsibilities. The person in charge had good oversight and monitoring of the centre and was effective in the role. The staff team were familiar with the reporting structures in the centre and who to escalate matters to.

Judgment: Compliant

Regulation 15: Staffing

There was an actual and planned rota in place and it indicated that there was continuity of care from a regular staff team. The staff numbers and skill mix were in line with the assessed needs of the residents and the statement of purpose.

Judgment: Compliant

Regulation 23: Governance and management

There were management systems in place in the centre to ensure a safe service was provided and which met the individual needs of each resident. An annual review of the centre was completed in 2023 for the year 2022 and the centre also had two unannounced visits in 2022.

As part of the review, the manager sought the views of family members, some issues were highlighted such as communication, engagement with the service and engagement with local management. These issues were resolved through an effective complaints process and ensured an open and transparent culture going forward.

Areas for improvement on the action plan were to replace defective flooring and resolve complaints which had been submitted, both of these were complete on the day of inspection.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector reviewed contracts of care and found that the provider had agreed in writing with each resident, the terms on which the resident would reside in the centre. The agreement included the support, care and welfare of the resident in the centre and details of the services to be provided for that resident and the fees to be charged. The contract of care stated that the residents assessed needs would be provided for in accordance with Regulation 5 (1) and the statement of purpose.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to make notifications of adverse events, including quarterly notifications, to the chief inspector, and these had been submitted in accordance with the guidance.

Judgment: Compliant

Regulation 34: Complaints procedure

There were two complaints received during the annual review period however there was an effective complaints procedure in place and these were resolved to the satisfaction of the complainant. There was a policy which was in date and gave clear guidance.

Judgment: Compliant

Quality and safety

Overall the centre provided a very good quality of care and support to the residents. The residents' rights were respected and they had a good quality of life in a person centred service.

The premises had been renovated to a high standard and was suitable for the number and for needs of the residents. It was warm and homely and personalised with resident belongings.

The person in charge had ensure that a resident had received support as they transitioned between residential services and hospital through the provision of information on the services and supports to help reduce their anxiety.

The centre had a very good fire precautions system in place. Staff all had fire training and the house had fire retardant materials and fire containment measures in the attic. The staff were knowledge about personal egress plans and maintaining good practice in relation fire prevention. The fire extinguishers, emergency lighting and alarm panel had been serviced in the last six months. There were both day and night time simulated drills which outlined that residents could be evacuated in a safe time period.

The person in charge had ensured that there was a suitable medicines management system in place in the centre and they had good oversight of same. There was a suitable locked storage cabinet for medicines and they were administered as prescribed by the physician and written up clearly by the administering staff. All staff were trained in safe administration of medication and could give details of side effects of medication and the reason the resident had been prescribed it.

The person in charge had ensured that residents have access to healthcare services and that they are supported to access appropriate health information as needed. There was also an end of life support plan in place for each resident which outlined the residents physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

The person in charge had ensured that all staff had 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. The staff and multi disciplinary team made every effort to identify and alleviate the cause of the resident's challenging behaviour.

The residents in this centre were protected and kept safe from any form of abuse and all incidents were investigated through the appropriate channels. There were protocols in place around personal and intimate care and all staff had training in safeguarding vulnerable adults.

The residents were consulted regarding the running and organisation of the centre and the provider had ensured that each resident's privacy and dignity were respected in relation to their personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Regulation 17: Premises

The premises had recently been painted and had new flooring fitted throughout with

new skirting boards also. There were new windows fitted throughout the centre and a new cooker installed in the kitchen. The bathroom had been renovated and was fresh and spacious to meet residents' needs. This work was completed in line with the compliance plan submitted following the previous inspection. The premises was maintained to a good standard internally and externally.

Judgment: Compliant

Regulation 20: Information for residents

There was information available for residents to support their understanding of the service available to them and their rights. There was information noted on the notice board regarding advocacy, the confidential recipient and how to make a complaint and the complaints officer details. There was also notes from the residents' meetings which indicated that these areas had been discussed at house meetings. There was a residents' guide available in visual format for the resident.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge was fully cognisant of their responsibilities in terms of providing information about the resident to the person taking responsibility for the care, support and well being of the resident. One resident had recently returned from a stay in hospital and there was documentation regarding their stay and a plan of care for their return home. The resident received very good support when attending the hospital and accommodations were made in line with their assessed need to reduce their anxiety. For example the staff attended with the resident at a time when they were informed would be the quietest time so they resident would not be overwhelmed.

Judgment: Compliant

Regulation 27: Protection against infection

The centre had good practices in relation to infection prevention and control. There was a cleaning schedule in place and good practices in relation to laundering residents' clothes. Residents' clothes were washed separately at the correct temperature and alginet bags were used for soiled clothing. Residents were supported with hand washing and reminded about cough etiquette and social

distancing. There were full, clean hand sanitising units throughout the centre. There was adequate personal protective equipment available for staff when supporting residents with personal care.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensure that effective fire safety management systems were in place. There were fire doors throughout the centre with magnetic closing arms on all fire doors. There were regular fire drills completed and all residents could be safely evacuated within a two minute time frame. The residents had a personal egress plan which outlined specific accommodations for each individual. The fire equipment was all serviced bi annually and there was a fire management policy available for guidance for staff.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The centre had a good medicines management system in place and the person in charge had good oversight of this and completed a monthly medication audit. There were good practices in relation to the ordering, receipt and storage of medicines. There was a system in place for return of out of date medication to the pharmacy. The medication administration record was clear with all required details outlined including known allergies, doctors details and method of administration.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured there was an assessment of need for the residents which met their social care, health and personal needs. An individual medication management plan was completed annually or as required. The assessment of need informed the support plans and an overall personal plan was developed which maximised resident's personal development. The supports included a hospital passport, a medicines management plan, epilepsy care plan, mental health supports and a mobility support plan.

Judgment: Compliant

Regulation 6: Health care

The person in charge ensured all residents had access to appropriate health care having regard to that resident's personal plan and assessed needs. There was evidence of health care appointments with the resident's general practitioner, psychiatrist, speech and language therapist, optician and dentist. Any treatment or recommendations from clinicians were promptly followed up particularly in relation to medication reviews and amendments to resident's medication.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that all staff received training in the management of behaviour that is challenging including de-escalation and intervention techniques. There was a behaviour support plan in place which provided clear guidance and outlined proactive and reactive strategies for staff in the event of a challenging incident occurring. The behaviour support plan was developed by a behaviour therapist with input from a speech and language therapist and psychiatrist. The provider had a positive behaviour support policy which was in date and reviewed at regular periods.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that each resident was assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection through education and support at resident and key worker meetings. There were no active safeguarding plans in place although the person in charge had developed safeguarding protocols to provide guidance to the staff. All staff had received training in relation to safeguarding residents and the prevention, detection and response to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that the rights of each resident were respected in the centre and the residents participated and consented to decisions about their care and support such as whether to be tested for COVID 19 or take a vaccine. There was notes of resident meetings where residents had the opportunity to choose activities, meals or discuss any concerns they may have indicating that they had the freedom to exercise choice and control in their daily life. The residents had access to advocacy services but also had family and staff support in the event that they required assistance with making a complaint or accessing the confidential recipient.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	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
Regulation 9: Residents' rights	Compliant