



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

Issued by the Chief Inspector

Name of designated centre:	Listowel Accommodation Service
Name of provider:	RehabCare
Address of centre:	Kerry
Type of inspection:	Short Notice Announced
Date of inspection:	09 April 2021
Centre ID:	OSV-0005892
Fieldwork ID:	MON-0032072

About the designated centre

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

Listowel Accommodation Service consists of a large detached bungalow located in a rural area but within short driving distances to some towns. This designated centre provides residential care for four male residents over the age of 18 with intellectual disabilities, Autism and mental health needs. Each resident has their own bedroom and other rooms in the centre include bathrooms, a kitchen/dining room, a sitting room, a conservatory, a utility room and a staff office. Residents are supported by the person in charge, a team leader and care workers.

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
Friday 9 April 2021	10:40hrs to 16:40hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

From what residents told the inspector, what was observed and what was read, active efforts were being made to support residents in various areas to meet their needs in a respectful manner. However, notifications received for this centre had raised some concerns around aspects of the service provide to residents.

Prior to this inspection, HIQA had received a number of notifications from this centre which detailed some negative interactions between residents. Such notifications involved verbal altercations between residents, items being thrown and some residents being moved from one area of the designated centre to another for their safety amongst others. It had also been noted in some notifications that some residents were asking other residents to go away or to be left alone.

This inspection occurred during the COVID-19 pandemic with the inspector adhering to all national and local guidelines. Social distancing was maintained when communicating with residents and staff while personal protective equipment was used. On arriving at the designated centre the inspector entered the centre by a designated entry point and was greeted by the person in charge who carried out COVID-19 checks to ensure that the safety of those present in the centre was maintained.

Throughout the inspection day, it was observed that there was a calm atmosphere in the designated centre. Upon entering the centre, the inspector met one resident who appeared relaxed and engaged with the person in charge in a jovial manner. The three other residents met during this inspection also appeared either calm or happy. Staff members present engaged with residents in a warm, positive and respectful manner during the inspection. For example, one resident requested assistance from staff and this was provided promptly while staff members were heard asking what activities residents wanted to do.

Residents were supported to engage in various activities during the COVID-19 pandemic and resulting restrictions such as going for walks and drives, feeding birds, visiting nearby beaches, board games and painting. It was seen that there was a daily art work board on display in the kitchen/dining room showing works which residents had completed and one resident pointed out to the inspector some work they did on this board. Another resident was noted to spend most of the inspection day away from centre engaged in activities with a staff member. The person in charge outlined an intention to support residents to engage in more activities as COVID-19 restrictions were eased. These included social farming and volunteering at an equestrian centre.

Support was also given to residents to maintain contact with family and friends. For example, some residents met family members in outdoor locations while, following risk assessments, some residents were facilitated to visit their family homes which was particularly important to these residents. On the day of inspection it was seen

that one of these residents left the centre to visit their family. Telephones and video calls had also been used to help residents keep in touch with people who were important to them. It was noted that during the COVID-19 pandemic one resident had been supported to use these to re-establish contact with some family and friends.

Family members of residents had given feedback on the service provided to their relatives by surveys that had been completed in 2020. Such surveys focuses on staff, supports for residents, the residents' home and visiting. All family survey responses were very positive. Residents had also been given an opportunity to feedback on the service they received through questionnaires which were presented in an easy-to-read format and focused on areas like residents' rights and their home. Again all responses to these questionnaires was very positive.

One resident spoke to the inspector multiples times during the inspection and indicated that they liked living in this designated centre while describing it as their home. This also talked about new glasses they had recently gotten and going to the shop to get some ice cream. The inspector was shown some jumpers which the resident owned and their bedroom. The resident appeared very proud of these. It was observed that their bedroom was well furnished and decorated with plenty of family photos and drawings on display.

The other residents' bedrooms were maintained to a similar standard and it was seen that the premises of the designated centre overall was presented in a very homely manner while the garden area was well kept with a polytunnel provided also. Within the premises it was seen that there was a notice board in the main hall area of the centre which contained information such as the residents' guide, safeguarding and advocacy contact information. When reviewing documentation in the centre it was noted that all residents were given information on advocacy individually and offered the opportunity to access an advocate if they wanted with support being given to one resident to avail of this at the time of inspection.

Residents were given information on advocacy through social stories and staff in the centre used such stories to give residents other information of relevance to them. For example, social stories had been given to residents on COVID-19 vaccines and about this HIQA inspection the day before it took place. Residents were also consulted through weekly residents' meetings that took place in centre where areas such as activities, food menus and safeguarding were discussed. Such measures reflected a respectful approach to residents and it was also noted that where any resident refused to undergo certain interventions, such refusals were respected.

In summary, the inspector found that the designated centre on the day of inspection presented as a calm and relaxed environment with staff interacting with and supporting residents in appropriate manner. However, the notifications received for this centre and effects these were noted to have on some residents did highlight some concerns around aspects of the service provided.

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

While appropriate staffing arrangements were in place to support residents, the admission practices had not sufficiently taken into account the need to safeguard residents and the management systems in place had not ensured that the service provided was safe and appropriate to residents' needs.

This designated centre received its first inspection in February 2020 where an overall good level of compliance was found. However, since that inspection there had a significant increase in the amount of notifications submitted to HIQA for the centre. Such notifications involved safeguarding incidents which negatively impacted on some residents. Given the number of notifications received and the nature of some of these notifications, HIQA issued a provider assurance report in February 2021 seeking further information on how all residents were being kept safe. While the response received did provide some assurances, more notifications were received in March 2021 which raised further concerns.

As a result it was decided to carry out the current risk based inspection which was primarily focused on reviewing the safeguarding measures in place to protect residents and the overall environment which residents were living in. Prior to the current inspection HIQA were informed that there had been an increase in the number of residents living in the centre since the February 2020 inspection had been carried out. It was also noted that the increase in notifications received appeared to commence after the number of residents living in the centre increased. In light of this, the admissions practices in use in this centre were also reviewed during the current inspection.

It was seen that the most recent admission to this designated centre was given an opportunity to visit the centre before moving in on a permanent basis while a pre-admission assessment of needs for this resident had also been carried out which is important to determine if a particular designated centre is suitable for a potential resident. It is also important that admission practices followed take account of the need to protect residents from any potential safeguarding concerns. In the pre-admission assessment of needs reviewed, it was seen that it clearly highlighted instances of aggressive behaviour which had the potential to negatively impact others. Such behaviour was particularly evident in some of the notifications received by HIQA in recent months and the inspector was not assured that sufficient consideration had been given to the potential safeguarding concerns that could arise from the increase in resident numbers for this centre.

While the circumstances that led up to the increase in residents and limitations brought about by the COVID-19 pandemic were acknowledged, it was also noted that a recent compatibility assessment of all current residents had been carried out

which raised concerns around whether this designated centre was appropriate to meet all residents' needs given the mix of residents that was now living there. As such, while the provider did monitor the service provided the residents and there were positive aspects of this service, the admissions practices and the findings of this inspection in key regulations raised concerns around how the overall management systems operated to ensure that the centre was safe and appropriate to residents' needs.

However despite this, it was also acknowledged that the provider was making ongoing efforts to ensure that residents were appropriately supported in other areas. For example, on the day inspection it was noted that adequate staffing arrangements were in place and overall there was a good consistency of staff from rosters reviewed, although such rosters did not indicate when the person in charge was actually working in the centre. A range of training had been provided to staff to ensure that they had the necessary skills and knowledge to support residents. These included training in fire safety, first aid, medicines management, safeguarding, hand hygiene, PPE and infection prevention.

Regulation 15: Staffing

Appropriate staffing arrangements were in place to support residents on the day of inspection with a strong consistency of staff provided for also. While rosters were maintained in the centre, they did not indicate when the person in charge was actually working in the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A range of training was provided to staff in areas such as fire safety, first aid, medicines management, safeguarding, hand hygiene, PPE and infection prevention.

Judgment: Compliant

Regulation 23: Governance and management

The compliance levels found during this inspection relating to key regulations which impacted the safety and quality of service provided to residents, raised concerns around the overall management systems in place to ensure that that the designated centre was safe and appropriate to residents' needs.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The admissions practices followed in the designated centre had not sufficiently considered the potential safeguarding impacts that had been identified by a pre-admission assessment of needs. Contracts for the provision of services did not explicitly name the residents they related to.

Judgment: Not compliant

Quality and safety

The nature and amount of negative interactions between residents raised safeguarding concerns while a recent compatibility assessment highlighted that the current environment residents lived in was not suited to the needs of all residents.

During the inspection it was seen that ongoing efforts were being made to support residents to engage in positive behaviour. As part of this detailed positive behaviour support plans were in place to provide guidance for staff on how to encourage positive behaviour when responding to residents. Relevant training in de-escalation and intervention was also provided. However, in the months leading up to the current inspection, there had a significant increase in the amount of notifications received for this centre. Such notifications had detailed negative interactions between residents which were resulting in safeguarding concerns.

Such incidents had involved items being throw and verbal exchanges amongst others. Following some of these incidents, residents were being moved to another area of the designated centre for their safety while in other incidents it was seen that one resident was particularly upset by the incidents. In response to such matters, safeguarding plans were in place, the appropriate statutory bodies were notified and additional one-to-one staff support was provided for residents. The additional staff support was a recent change and was a positive development although the inspector was informed that this was to be reviewed in May 2021.

Given such incidents, it was seen that, in the weeks leading up to this inspection, additional behavioural support had been provided for the centre with a view to reducing such incidents while the provider had also carried out a compatibility assessment for the centre which focused on how the existing residents lived together. While this compatibility assessment did highlight that there were some positive interactions between residents, it outlined how living with others might not suit the particular needs of one resident. It was also indicated that the behaviours of

some residents could act as a trigger for other residents which could result in negative interactions between residents. From records reviewed, such interactions were noted to lead to incidents of a safeguarding nature. As such the inspector was not assured that the current environment was suited to meet the needs of all residents on a consistent basis.

Matters relating to the safeguarding of residents had been risk assessed as part of the risk management process in operation in the designated centre. In line with this process, accidents and incidents occurring in the centre were recorded and analysed while a risk register was in place detailing identified risks present in the centre. Risk assessments were also carried out that were specific to individual residents. Such assessments outlined the controls that were being implemented in response to any risks identified and it was seen that these assessments had been recently reviewed. Risks related to COVID-19 had also been taken into account when risk assessments and the centre's risk register had been reviewed.

It was seen during the inspection that appropriate precautions were being followed to prevent any possible spread of COVID-19 in line with proper infection prevent and control practices. For example, it was seen that the designated centre had specific entry and exits points, those arriving at the centre had their temperatures recorded, logs were maintained for contact tracing, there was regular temperature checking of residents and staff, PPE was in use by all staff and cleaning was taking place multiple times daily. Such measures provided assurances that the dangers posed by the COVID-19 pandemic had taken seriously and were being managed in a satisfactory manner.

Regulation 13: General welfare and development

Residents were supported to participate in various activities during the COVID-19 pandemic and resulting restrictions such as walks and drives, feeding birds, visiting nearby beaches, board games and painting. Residents had been facilitate to keep in contact with family and friends or to re-establish contact.

Judgment: Compliant

Regulation 26: Risk management procedures

A risk management process was in operation for this designated centre which provided for assessment of risks and the implementation of control measures to reduce the potential harm from such risks. Identified risks were subject to regular review and risks related to COVID-19, such as residents visiting their family away from the centre, had been considered.

Judgment: Compliant

Regulation 27: Protection against infection

Various measures were in operation to ensure that residents were protected by appropriate infection prevention and control practices. These included, the use of PPE, staff temperature checks, resident temperature checks and regular cleaning.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A compatibility assessment carried out by the provider had highlighted that living with others might not suit the particular needs of one resident and that the behaviours of some residents could act as a trigger for other residents and lead to negative interactions between residents.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Behaviour support plans were in place to provide guidance to staff while additional input was being received by a behavioural therapist. Relevant training in de-escalation and intervention had been provided to staff.

Judgment: Compliant

Regulation 8: Protection

There had a significant increase in the amount of notifications received for this centre. Such notifications detailed negative interactions between residents which were resulting in safeguarding concerns. In some notifications it was clear that some residents were particularly upset by such interactions.

Judgment: Not compliant

Regulation 9: Residents' rights

The provider was supporting the residents to avail of advocacy services, was giving residents information about the centre and was respecting residents' choice around particular interventions. However, it was seen that in response to some safeguarding incidents residents were being moved to other areas of the designated centre which limited their choice and control on where they spent their time in the designated centre.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Listowel Accommodation Service OSV-0005892

Inspection ID: MON-0032072

Date of inspection: 09/04/2021

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: The roster now records when the PIC is actually on site in the designated centre. Completed on 26/04/2021.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • The PIC and PPIM (ISM) have oversight of incidents via the Provider’s Incident Management system. Monthly Status Reports completed by PIC are reviewed by the PPIMs and these provide an update on progress in the service. • On a monthly basis as part of the Monthly service audit the PIC will review incidents to identify any trends and ensure corrective actions are taken in a timely manner. This will be commence in May and every month thereafter. • The Quality and Governance Directorate will provide a report to the organisations Senior Management Team and Board on a monthly basis, in respect of actions linked to non-compliances in this action plan until all actions are closed off. • All action’s arising from this compliance plan will be uploaded to the organisations action tracking system. This system is updated by the PIC and validated and monitored by the PPIM (ISM) once the actions have been completed. 	

- At a minimum six monthly service reviews are completed with the Safeguarding and Protection Team, but happen more frequently when required. All Formal Overarching Safeguarding Plans are reviewed by the PIC, ISM and the Safeguarding and Protection Team.

Regulation 24: Admissions and contract for the provision of services

Not Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:

- An additional Behavioural Compatibility Assessment has been carried out by the Behavioural Therapist. Following from the assessment additional controls are now in place. Including enhanced behavioural supports and the approval for funding for the extension of the property to support one residents to live in a non-communal setting
- For all new admissions/ referrals into this service a comprehensive assessment will be complete taking into consideration all aspects of the individual's presentation.

Regulation 5: Individual assessment and personal plan

Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

- The compatibility assessment confirmed that one resident would be better suited to living alone in non-shared space. As an outcome of the report the Provider has agreed funding with the HSE to build an extension to the existing property which provide a self-contained living unit. It is anticipated this will completed by 30/03/2022.
- A Psychological assessment was completed on 16/03/2021. The PIC is currently working through implementing recommendations from the report. This includes a referral to a Sensory OT, assessment has been scheduled for 11th May 2021.
- The Provider has reviewed the Rota to ensure that three staff remain on duty during day time hours, this will remain in place as long as required.
- The PIC will ensure as COVID restrictions are lifted Residents are offered increased opportunities to engage community activities.

- Weekly on-site support in place from Behavioural Therapist, this commenced in February 2021 and will continue on an ongoing basis. Part of this work involves the Behavioural Therapist observing practice and providing staff with feedback and will complete active support training with all staff by 31st May 2021.

Regulation 8: Protection	Not Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

- Increased staffing during day time hours will remain in place for as long as long as required , this is in place since 17/03/2021.
- Quarterly reviews of the all behavioural incidents are completed with the PIC, BT and PPIM. With a strong emphasis on controls and measures to reduce the impact of individuals behaviours on other residents. These controls will be recorded on the quarterly review report along with the timeframes.
- The compatibility assessment confirmed that one resident would be better suited to living alone in non-shared space. As an outcome the Provider has agreed funding with the HSE to build an extension to the existing property which provide a self-contained living unit. It is anticipated this will completed by 30/03/2022.
- At a minimum six monthly reviews are completed with the Safeguarding and Protection Team, but happen more frequently when required. All Formal Safeguarding Plans are reviewed by the PIC, ISM and the Safeguarding and Protection Team at a minimum of six months or following any safeguarding review meeting.
- A Psychological assessment for one Resident was completed on 16/03/2021. The PIC is currently working through implementing recommendations from the report. This includes a referral to a sensory OT who will assess the resident on the 11th May 2021.

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

- Enhanced staffing during the day has enabled a more individualized approach to service delivery.
- The compatibility assessment confirmed that one resident would be better suited to living alone in non-shared space. As an outcome from the compatibility the Provider has agreed funding with the HSE to build an extension to the existing property which provide

a self-contained living unit. It is anticipated this will be completed by 30/03/2022. In the interim additional staffing are in place for as long as required, two vehicles are available to support community activities and engagement, one resident as restrictions are lifting will commence volunteering, two residents will return to their day services. An application has been submitted to the HSE lottery grant to fund a sensory space on the property.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	26/04/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/05/2021
Regulation 24(1)(b)	The registered provider shall ensure that admission policies and practices take account of the need to protect residents from	Not Compliant	Orange	27/04/2021

	abuse by their peers.			
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	27/04/2021
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).	Not Compliant	Orange	30/03/2022
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/03/2022
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	30/03/2022